

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Lead Poisoning Prevention Program
1800 Washington Boulevard • Suite 630 • Baltimore Maryland 21230-1719
410-537-3825 • 800-633-6101 x3825 • www.mde.maryland.gov

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
June 1, 2017

APPROVED Minutes

Members in Attendance

Anna L. Davis, Nancy Egan (via phone), Mary Beth Haller, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Sen. Nathaniel Oaks, Adam Skolnik

Members not in Attendance

Susan Kleinhammer, Barbara Moore, Manjula Paul, Leonidas Newton, Christina Peusch, John Scott

Guests in Attendance

Patrick Connor, Malik Burnett (DHMH), Lisa Horne (DHMH), Myra Knowlton (BCHD), Rachel Hess Mutinda (DHMH), Ruth Ann Norton (GHHI),

Welcome and Introductions

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

Approval of Minutes

A motion was made by Cliff Mitchell, seconded by Adam Skolnik to accept the minutes as corrected. All present commissioners were in favor.

Old Business

Hospital Insurance Issues – Nancy Egan will reach out to Barbara Moore regarding filing a complaint about insurance issues raised at the May meeting. The Insurance Administration can provide follow-up as needed to investigate the concerns.

Comments on RRP to EPA – Pat McLaine reported that the Commission's comments to EPA on the RRP Rule had been submitted in accordance with the wishes of the Commission.

Letter to the Maryland Delegation on funding for lead initiatives at CDC, HUD and EPA – letters will be sent out next week.

New Business

DHMH Update on Lead Screening – Cliff Mitchell noted that universal blood lead testing at one and two has now been in place for over one year. DHMH is working with community partners and MDE to increase testing. Official numbers are not yet available from MDE, but there appears to be an increase in the number of tests being done, particularly in areas with newer housing that had lower testing rates before 2016 (e.g. Howard, Carroll, counties along I-95 corridor). DHMH plans to look closely at testing done with the LeadCare II instrument. DHMH is doing outreach to providers – new

videos are now available. Cliff Mitchell stated that DHMH is meeting quarterly with case managers from local health departments regarding lead testing. There has been a significant increase in the number of children with a 5-9 μ g/dL blood lead level (BLL), resulting in higher workloads in Baltimore City, many of the counties and MDE. There has also been an increase in referrals for children with BLLs of 10+ μ g/dL. It is not possible to know

Lead Commission Minutes

June 1, 2017

Page 2

how much of the increase is due to the new regulations or to the increased use of point of care testing instruments. Cliff Mitchell said he did not know if increases in higher BLLs in the NE part of the state were associated with BRAC families moving into Aberdeen/Edgewood; these areas are high growth areas in our state.

Regarding the Magellan Lead Care II instrument, FDA and CDC released an advisory on May 17, 2017 related to the use of LeadCare II which has a CLIA waiver to be used outside the regulated laboratory environment. The FDA and CDC recommend that only capillary blood (e.g. from a heelstick or fingerstick) be used with LeadCare II. CDC recommends that children younger than 6 years of age as of May 17 2017 who had been tested with blood drawn from a vein and analyzed using any of the Magellan Diagnostic Lead Care instruments and who had been found to have a BLL less than 10 μ g/dL be re-tested now. In 2014, a number of states had concerns about tests where venous blood was analyzed with this system. For reasons not clear, use with venous blood resulted in lower level of results than would be seen normally using laboratory methods. The company was aware of this in 2014 as was FDA but the public was not notified. CDC and FDA recommend discontinuing use of venous blood with this instrument.

Cliff Mitchell stated that DHMH sent a Health Officer memo to local health departments, issued a press release, and spoke with MDE to ensure that Magellan communicated with all owners/users of LeadCare II in Maryland. CDC also recommends that if a provider is not sure if blood used in a prior test was venous or capillary, they should assume venous and re-test. If a test used a capillary blood sample, that test is considered valid. Tests with results of 5 μ g/dL or higher must be confirmed by a valid laboratory lead test. If the test used a venous specimen and the results were low, the child must be retested. A re-test done using any other laboratory technology is OK. Pat McLaine reviewed the Lead Commission's prior work and letter sent to the Laboratory Advisory Committee on April 6, 2014, recommending that Maryland increase opportunities for Point of Care testing in Maryland and adopt policies to address quality assurance/quality control, proficiency testing and the use of standard operating procedures. A similar problem was identified in 2006 for capillary testing, related to defective sensors, and a letter was published in *Clinical Chemistry* in May of 2007. Cliff Mitchell said that Maryland users must participate in proficiency testing. Ruth Ann Norton stated that the plaintiff's bar may further investigate this, saying that children's lead poisoning was understated. Cliff Mitchell noted that up until 2016, Maryland had less than 20 LeadCare II instruments in the state, a relatively small group of providers. Most do capillary testing and confirm with a commercial lab. Paula Montgomery stated that some providers were requesting standard laboratory analysis to validate elevated capillary reading.

Patrick Connor stated that MDE knows who has instruments, but when data comes in, how does MDE track if a result was analyzed using a LeadCare instrument? Are we clearly tracking capillary vs venous results for these tests? We should have information about this for the Annual Report.

Suggestion was made to talk with the providers using LeadCare II directly about whether they were doing capillary, venous, or both kinds of draws.

Patrick Connor asked if MDE had audited the proficiency testing done by LeadCare II users and suggested that Maryland has an opportunity to evaluate this now. Maryland mandated proficiency testing and required users to perform proficiency testing with Wisconsin. Does Wisconsin have an obligation to report to Maryland that any of the providers failed PT? Cliff Mitchell stated that he has been following up with Wisconsin and will follow-up on this matter.

Lead Commission Minutes

June 1, 2017

Page 3

Cliff Mitchell showed the provider and parent videos, noting that Rachael Hess Mutinda had done a lot of work on this project and that Ruth Ann Norton and GHHI had been very helpful. The videos are now posted on DHMH, MDE and GHHI websites. Links to the videos are available on DHMH's web page: <https://phpa.health.maryland.gov/OEhfp/eh/Pages/Lead.aspx>. The parent video is available at: <https://youtu.be/B1ycx4DtPfY>. The provider video is available at: <https://youtu.be/aJ6QGcBB0Nc> The videos were released just before the news about LeadCare II but the video states the need to do a venous confirmation at a laboratory. Ruth Ann Norton said that EPA has asked to have the video.

Other New Business – Ruth Ann Norton stated that Dr. Carson, HUD Secretary, is coming to Baltimore on June 29 2017. The Healthy Homes event will include applications, testing, etc. at UnderArmour Center. GHHI is developing an additional video on lead hazard control. HUD budgets for lead went up to \$130 million; Congressional budget included \$145 million. CDC will get additional funding for state Health Departments and for Flint. Ruth Ann Norton reported that many participants at the Regulatory hearing held at EPA were against rolling back EPA regulations and stated that Secretary Pruitt is looking to incorporate some of the recommendations received. Ruth Ann Norton noted that Secretary Carson has provided a lot of support for lead poisoning prevention work at HUD and she hopes to have a meaningful discussion with the Secretary on CDBG and Housing Choice Vouchers during his visit to Baltimore.

Regarding the May 16 article in the Daily Record, Nancy Egan stated that Maryland Insurance Administration did review this or a similar case several months ago, and upheld the position of the insurance company. Nancy Egan will verify if this is the same case and send out a blast email.

Pat McLaine stated she had received an email from David Fielder, formerly with Lead-Safe Baltimore County, who has taken a new position in the Community Development Office at Baltimore City.

Future meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, August 3, 2017 at MDE in the AERIS Conference Room - Front Lobby, 9:30 - 11:30 AM.

Agency Updates

Maryland Department of the Environment – Paula Montgomery indicated there was nothing more to report. A question was raised about when MDE will be publishing the RRP regulations. Paula Montgomery stated that there is no funding to enforce the regulations and the Secretary has made the

decision not to pursue this. Ruth Ann Norton said she met with Secretary Grumbles and Horacio Tablada on April 19, 2017 and was told that they would pursue this. She stated that it appears the Department has funding to do this. The bill was passed in 2012. Regulations have floundered. Given the large number of children with elevated BLLs who come from owner-occupied homes, this is a real concern. Ruth Ann Norton stated that one Maryland child getting poisoned costs our state \$1 million.

Paula Montgomery stated that MDE is working actively on rental property issues and is not in a position to take on additional regulatory responsibility without additional resources. Ruth Ann Norton stated that given EPA's move to push back environmental regulations, Maryland needs to move this forward. Paula Montgomery stated that when MDE gets a complaint about a contractor, MDE responds to that complaint regardless of whether the property is regulated or not. But MDE does not regulate pre-1978 owner-occupied property.

Lead Commission Minutes

June 1, 2017

Page 4

Paula Montgomery noted that instances of complaints about contractor performance on work done on owner occupied properties are very rare. Often these are neighbor disputes. MDE does go out on complaints and does make referrals to EPA. Ruth Ann Norton stated that the legislation passed included a requirement for dust testing on major renovation and repair, the only tool to know if a contractor was leaving a clean space. After additional discussion, a motion was made by Senator Nathaniel Oaks, seconded by Adam Skolnik, to set up a meeting with Secretary Grumbles to discuss the status of RRP regulations prior to the July meeting with invitation to Commissioners to attend. The motion passed: 6 votes in favor, 2 abstentions. Pat McLaine will contact Secretary Grumbles to set up the meeting and inform Commissioners of time and place.

Department of Health and Mental Hygiene – nothing more to report

Department of Housing and Community Development – no representative present

Baltimore City Health Department – nothing to report

Baltimore City Housing and Community Development – no representative present

Office of Childcare – no representative present

Maryland Insurance Administration – Nancy Egan reported that she had transferred to a new position as Director of Producer Outreach and will now be able to attend Commission meetings during session.

Public Comment – none

Adjournment

A motion was made by Senator Nathaniel Oaks to adjourn the meeting, seconded by Adam Skolnik. The motion was approved unanimously and the meeting was adjourned at 11:13 AM.