

Governor's Lead Commission Meeting

APPROVED Minutes (2/6/14)

AERIS Conference Room
December 5, 2013

Members In Attendance

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

Members Not In Attendance

Patrick Connor, Melbourne Jenkins, Delegate Nathaniel Oaks, and Mary Snyder-Vogel.

Guests In Attendance

Dr. Clifford Mitchell – DHMH, Shaketta Denson – CECLP, Hosanna Asfaw-Means – BCHD, Ron Wineholt – AOBA, Eldesia Granger – DHMH, Josephine Johnson – self, Christina Peusch – Child Care, Annalyn O'Grady – Connor, Andrew Bonic – MMHA, Paula Montgomery – MDE Staff, and Tracy Smith – MDE staff.

Introductions

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

Future Meeting Dates

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

Approval of Minutes

Minutes from November 2013 meeting – motion by Ed Landon, seconded by Karen Staken Hornig to accept the minutes. All commissioners in favor and the minutes were accepted.

Old Business

Letters to Housing Authorities – a draft of the letter has not been prepared.
Letter from Barbara Mikulski was reviewed, with copies distributed to members.

New Business – Schedule and Priorities for 2014

Meeting dates for 2014 were distributed. Commissioners were asked to suggest priorities for 2014. Ed Landon indicated that he remains concerned about funding for all LPP activities in Maryland. He would like information to be provided in a table so the Commission can see where we were, where we are, and where we need to be. Such a table had been developed as part of 2010 review committee. Paula Montgomery stated that she felt we know where we are at: LPPP is a sustainable program, now this is a housing issue. Health has no funding but housing has not lost funding. Risk assessment (including continued assessment of at-risk properties) and primary prevention need to be funded. We may need to revamp some of our standards. Paula said she

felt terrible for BCHD – there are huge expectations but no money and the City must rely on partners to get by. This has been a problem for years. Could some of the \$58 million in housing dollars be provided to the Health Department? Ed noted that although the state gets lots of funding for codes, money does not all go for that. Paula indicated that the \$58 million was for energy and for lead. Linda Robertson noted this was an issue and asked if this money could be redistributed. Paula indicated that Maryland has lost \$1 million in CDC funding and is now moving to blood lead levels of 5µg/dL and pre-1978 housing. It is not possible to forecast penalties. Ed Landon indicated that grants for housing do not allow us to address issues associated with primary care.

Barbara Moore indicated that two of her key priorities were Medicaid reimbursement for case management and home inspections.

Ken Strong suggested focus on green and healthy homes initiatives, specifically the combination of healthy homes with energy. The State does not focus on investment in that area. A focus on lead poisoning and asthma would promote complementary funding integration of funding streams.

Cheryl Hall said the targeting plan for Maryland was a priority. We need to increase screening, particularly of Medicaid recipients, and need improved guidelines for testing and information for parents, particularly parents of children with BLLs 5-9µg/dL. In addition, targeted education is needed for primary care providers, child care providers, and parents in general. Barbara Moore suggested that tool boxes could be prepared for target groups.

Pat McLaine suggested further focus on lead exposure and educational outcomes.

Pat McLaine also suggested looking at what could be gained from better oversight/enforcement of existing regulations, beginning in Baltimore City. Paula Montgomery noted that contractors are already required to be RRP trained but suggested that we may need legislation to allow permitting jurisdiction to visit jobsite and ask who has been trained on the job and verify that contact information is correct. Ed Landon indicated that contractors are required to register and that a check could be done by the AG's office, possibly DLLR as part of the oversight of homebuilders. Karen Stakem Hornig indicated that this may be a regulatory issue. Pat McLaine suggested that a meeting might be needed to determine if this is in fact a regulatory, legislative or administrative issue.

Ken Strong suggested that the Affordable Care Act may open more doors to health care and housing that could be more fully explored.

Barbara Moore indicated that Point of Care testing and lead testing by the WIC program are both of interest to the Commission.

Pat McLaine suggested that several healthy homes issues might be examined including asthma, asthma triggers and carbon monoxide. Cliff Mitchell indicated that MDE and DHMH will be focusing on healthy homes next year and he would be happy to have input from the Commission. He indicated that the Children's Environmental Health and Protection Advisory Council has some similar interests to the Lead Commission.

Cliff Mitchell indicated that DHMH was working on three lead issues: clinical case management guidelines (Cliff assisted by Dr. Granger), the state's targeting plan, and point of care testing. He indicated that he would like DHMH to release all three at the same time. Cliff also suggested that the Commission may want to think about other at-risk groups that may have impact on children, with pregnant women being one example.

Another suggestion was to look at statutory mandates for green and healthy homes. A list of ideas will be distributed at the January meeting and priorities established for 2014.

Point of Care Task Force Draft Report

A copy of the draft report was distributed to Commissioners. Pat McLaine will serve as the point of content for Commissioners, who were requested to send comments as soon as possible. The report is due to the Legislature on January 1, 2014, so input is needed quickly. Cliff Mitchell indicated that the group had identified legal concerns as well as practical opportunities and barrier. Dr. Keyvan and Barbara Moore have both been very helpful to the task force.

Highlights from the report include: (1) we only know about individuals we test; compared to other states, Maryland is not doing well. (2) Point of Care testing has usually been introduced with incentives and legal requirements and has resulted in the improvement of testing rates. (3) Point of care provides greater ease of testing with increased patient comfort and increased patient follow-up; this is clearly advantageous, with quicker results, decreased need for additional visits and better follow-up. (4) Point of Care testing presents a challenge to reporting; some practices report directly by FAX. No electronic reporting mechanism has been established. Results need to be manually entered into the registry. An electronic interface is needed or the opportunity for the provider to directly enter information for MDE or for an immunization registry; Wisconsin is doing this now – health care providers enter both immunization and blood lead levels. Paula Montgomery indicated that regulations might be needed to report BLLs through the internet.

Cliff Mitchell noted there was also no direct connection with the electronic medical record either. Jody Johnson asked what percent of patients got venous tests. Barbara Moore indicated that many children are not tested; from the perspective of the patient, it would be better to have capillary testing than no testing at all.

Cliff Mitchell reported that the economics look good, even under the current reimbursement rates. The break-even point is 434 tests in the first year and 429 tests in the 2nd year. Providers did not lose money if they did testing with the current reimbursement rates. The problem comes when lead testing is bundled with other tests. Reimbursement for the blood draws is of interest to providers.

The Laboratory Administration said that lead point of care testing is not on the “accepted” list because no one asked for a ruling. This issue will go through the Lab Advisory Committee.

Ed Landon asked what percent of children on Medicaid are tested; Cliff indicated that about 50% of Medicaid children were tested now and that we need to identify strategies to increase testing, including opportunities to test children enrolled in WIC. Pat McLaine suggested that the Task Force could also consider thinking about testing at age 3, based on experience of other states. Cliff Mitchell agreed that could be added to the recommendations. Cliff suggested Maryland may also want to increase testing of children above age 7 and of pregnant women.

Tracy Smith will send out an email to all Commissioners today, including those not at today's meeting, along with a copy of the draft report, requesting commissioners provide comments to Pat McLaine and Tracy Smith. Commissioners were requested not to share the draft report since it is not a final version

Agency Updates

MDE – nothing to report

DHMH – nothing more to report

DHCD – nothing to report

BCHD – Hosanna Asfaw-Means reported that the BCHD lead program is also physically relocating their office. Hosanna reported that a meeting has been set up with DHMH to discuss plans for case management of children with BLLs of 5-9µg/dL and Medicaid reimbursement for environmental investigation. The City has brought in the Fiscal Office and will have a program to do electronic billing. Currently, BCHD does not have a contract for reimbursement with Medicaid. BCHD also needs to bring MCOs to the table since there is no carve-out for Medicaid reimbursement for lead at DHMH. This is part of a bigger push to increase billable services within the Health Department. The Commission supports Medicaid reimbursement for case management and environmental investigation. Hosanna also noted that December 27 is her last day with BCHD; she is taking a position with Care First.

Child Care Administration – Cheryl Hall reported that the Executive Director for Childcare is applying for appointment to the Commission. Cheryl indicated that the Office of Childcare has 20 professionals in the child care licensing offices who meet with childcare providers to improve child care quality. The office is fully operational and providers get reimbursed for compliance.

Maryland Insurance Agency – nothing to report

Ed Landon raised the issue of appointment to the Commission; this is the third time that many Commissioners have submitted paperwork for appointment. Karen Stakem Hornig noted that by statute, the Insurance Commissioner or his representative is a member of the Commission and asked why she needed to apply for a position. She did send in a resume but did not complete a form. She is not a volunteer; serving as the representative of MIA is part of her job. A motion was made to adjourn by Ed Landon at 11 AM, seconded by Linda Roberts, with all commissioners in favor.

The meeting adjourned at 11 AM.