

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Approved Minutes
April 4, 2013

Members in Attendance

Cheryl Hall, Ed Landon, Pat McLaine, Barbara Moore and Karen Stakem Hornig.

Members not in Attendance

Patrick Connor, Dr. Maura Dwyer, Mel Jenkins Delegate, Nathaniel Oaks, Mary Snyder-Vogel, and Linda Roberts.

Guests in Attendance

Shaketta Denson – CECLP, Donna Webster – WCHD (via phone), Hosanna Asfau-Means – BCHD, Dana Schmidt – MMHA, Sybil Wojcio – DHMH, Arthur Gray, Tamera Ariles – MWPB, John O'Brien – MDE staff, Paula Montgomery – MDE staff, John Krupinsky – MDE staff, and Tracy Smith – MDE staff.

Introductions

Pat McLaine began the meeting at 9:38 A.M. with introductions.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, May 2, 2013 at MDE in the AERIS conference room. The Commission will meet from 9:30am - 11:30am.

Approval of Minutes

There were not enough Lead Commission members present to approve minutes. No changes were recommended for the February minutes. March minutes will be sent out for the May meeting. Questions were raised about the requirements for the Commission to make decisions. There are currently eleven (11 Lead Commissioners; six Commissioners (a majority) must support any action of the Commission.

Discussion – DHMH Targeting Plan

Several comments were submitted regarding DHMH's targeting plan. Sibyl Wojcio reported that there are no major updates for this plan which is in the process of being finished.

Mel Jenkins indicated that he is not convinced that rental properties are the main source of exposure. He asked for clarification on the different approaches (universal testing, revision of current strategy, place-based approach and fitted model) and on DHMH's recommended strategy.

Cheryl Hall asked if CHMH models for universal testing assume that the kids tested are representative of all kids 5 and above (they are). With regards to exposure to sources other than

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housing, all models are based on age of housing and poverty considerations. There are no models to identify exposure to other sources. Paula Montgomery indicated that MDE had prepared a report on other sources of exposure, beginning in 2005. Pat McLaine asked if any population groups have been identified as at-risk (they have not). Issues associated with changes in both zip codes and census tracts over time were discussed. Universal testing approach would give us a much more accurate representation of results.

Cheryl Hall asked if other variables were in the targeting plan; Sibyl Wojcio indicated that she had considered some known risk factors but information was not sufficient to include them in the model. Karen Stakem Hornig asked at what level we could get data for Baltimore City – is there a way to use the data we have to make sure that resources are as targeted as possible to identify children at greatest risk.

Cheryl Hall noted that targeting assumes you know certain things about a case. Lack of case management outcomes data is a real problem. Paula Montgomery indicated that MDE has looked at distribution of BLLs of $5\mu\text{g}/\text{d}$ and above for Baltimore County, Prince George's County, Allegheny County and Baltimore City, which had the highest percent of children with $5+\mu\text{g}/\text{dL}$. John Krupinsky suggested that increased outreach may have resulted in increased testing.

Shaketta Denson asked if we have data showing the percent of homes with hazards identified that have been corrected. Hosanna Asfau-Means noted that follow-up in Baltimore City is more aggressive, with earlier follow-up and identified properties abated. However, Baltimore City targets just the one property associated with an EBL; MDE looks globally at all of an owner's properties, not just properties with an EBL, to ensure compliance.

Pat McLaine asked for 2010 and 2011 case management outcomes for identified cases (including rental vs. owner occupied properties; abatements completed per final assessment with dust wipes). John Krupinsky indicated that MDE had completed a property status report for 2010 and 2011 and just needed to pull the post-1950 data. Pat McLaine asked if MDE staff could provide a report on case management outcomes for the May Commission meeting. Paula Montgomery indicated that MDE could provide information that they have. Pat McLaine and Barb Moore agreed to review the report and get comments back to Paula about what else is needed before the report is presented to the Commission.

Barb Moore noted that other sources of exposure are varied. In addition, immigrants and refugees coming into the country are tested on entry, yielding many more cases within these populations.

Cheryl Hall commented about a report referencing BLL and address, noting that where children reside may not be the source of their exposure.

Pat McLaine stated that universal testing for a period of 3 years would be very attractive, but that we would need a huge social marketing and education campaign to make that successful. John Krupinsky noted there would be a cost, but it would give the state a true picture of what is going on. John Krupinsky and Barb Moore both commented about the need for hand held analyzers because of the lack of access to draw stations. In addition, Barb Moore suggested the campaign could employ designated testing days. Cheryl Hall suggested that filter paper testing methods might also be employed although accuracy at lower BLLs may be an issue. Karen Stakem Hornig suggested that cost was still a concern. She indicated the state would need to do a lot of work upfront about the estimated hard costs of universal testing and the long term cost savings as a result of testing, early identification and early intervention. Identifying the health benefits of up-front testing vs. long term costs. Shaketta Denson noted that we have data on what can be saved upfront. Pat McLaine suggested that there may already be a mandate to cover testing by insurers in Maryland. Cheryl Hall suggested that the WIC program could also be used to increase testing.

Maryland might learn from experience of other states. Testing rates in Rhode Island, for example, are much higher, with more than 85% of kindergarteners tested in Providence.

Legislation review:

The Commission's letters were sent on March 13th to chairs of house and senate committees hearing all lead legislation; copies of letters are in today's meeting packet. Ed Landon led an update of 2013 legislation.

HB 303 - passed both chambers. Minor addendum to HB 303 (Finance/government.) Member from the Lead Commission was not added.

HB 389 – Income tax credit – received 1st reading only.

HB 573 - was unfavorable and withdrawn.

HB 754 - unfavorable vote on March 22nd. Four (4) in favor; nineteen (19) unfavorable.

HB 947 unfavorable March 23rd. Two (2) in favor; eighteen (18) unfavorable.

HB's 923, 924, 1048, and 1067- all unfavorable twenty-three (23) delegates unfavorable

HB 1299 - unfavorable. Five (5) in favor; seventeen (17) unfavorable.

In summary, HB303 passed and a task force will be established. The remaining bills never made it out of -committee. The Commission may want to think about discussing legislation concerns with legislators who have shown interest in lead issues. Ed suggested that with such a large number of bills, the likelihood of passing a bill decreases. Although HB303 did not name the

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Lead Commission, Karen Stakem Hornig suggested that a Commissioner may be appointed because the bill calls for two public health experts.

March 8th Meeting with DHMH

Commissioners Barbara Moore, Patrick Connor and Pat McLaine met with DHMH Secretary Doctor Josh Sharfstein and Doctors Laura Herrera and Clifford Mitchell from DHMH. The group presented the recommendations of the Commission. Laboratory issues should not be a problem. DHMH was very interested in evaluation of the case management effort. Laura Hererra asked which counties do not have CPHNs making home visits. Point of care testing issues include level of detection and public health reporting. Patrick Connor is preparing a summary suggesting next steps.

The Commission recommends development of a toolkit for providers for families of children with BLLs 5-9µg/dL. John Krupinsky indicated that CDC has three publications available and a coloring book. Shaketta Denson reported that the Coalition is using tenant's rights information and Protect Your Family from Lead; they do not have a specific pamphlet for use with this BLL. Hosanna Asfau-Means indicated that BCHD is using proprietary materials. Barb Moore reported that Mount Washington had asked staff to bring information to a meeting to investigate extent to which materials were based on evidence-based practice. The CDC and HUD pamphlets do not have a date, so Mount Washington cannot use them. Mount Washington cannot use anything older than 5 years.

Paula Montgomery noted that EPA's Renovate Right (2010) publication is very good. Shaketta Denson noted that EPA re-did Protect Your Family from Lead in the past 6-8 months and this pamphlet now has dates.

Barb Moore stated that Mount Washington is seeing about 30 new cases for chelation per year now, with about 150 visits total per year. KKI has an environmental health clinic and can see children. Children's Hospital (in DC) also sees children, but very few chelations are done, most in-patient. John Krupinsky reported that Children's Hospital was doing some out-patient chelation. Barb Moore cautioned the need to examine this issue on health rather than social basis. Children receive a 19 day course of inpatient chelation. If at home, the child can experience a large uptake of lead (increase in exposure) during chelation. Some children have been discharged and placed into a hotel. In addition, the medication smells and tastes nasty. Ed Landon noted that some of the houses have additional housing code violations and these should be identified and orders written. Sometimes, units are identified with problems and nothing is done about them. Shaketta Denson noted that if the landlord is not cooperative, the program needs to take them to court. Ed Landon asked if any children who require chelation are turned down by their insurers. Would the Shriners Hospital take such children? Barb Moore asked if there is a way to track the number of Maryland children being chelated. Private insurers and self-pay families may be "chelated" at levels below 40µg/dL, which is not recommended. This needs further follow-up.

Pat McLaine asked about follow-up on the Medicaid billing by BCHD. Hosanna Asfau-Means indicated there had been no follow-up. Pat McLaine asked the BCHD to report on status of billing in May.

Agency Updates:

MDE – No update.

DHMH – No representative.

DHCD (Baltimore City) – Starting to hire a social services coordinator and a data collector/outreach. A construction position has been filled by Mr. David Fielder. Eight (8) units have been completed to date with a goal of fourteen (14) in the 2nd quarter. On-going meetings with the Baltimore City Health Department and the Coalition. Baby Stat in co-operation with the Baltimore City Health Department.

Baltimore City Health Department – Ms. Laura Fox is the new Director of Chronic Diseases within the Bureau of Environmental Health. Meeting with Housing and the Coalition for 5-9's.

DHCD (State) – New code adoption and property maintenance code is going through. State livability code was adopted by the state; jurisdictions can adopt or make more stringent. Ed Landon recommends that Baltimore City and other jurisdictions consider adopting one or two additional requirements for their livability code to focus on lead. Ed said that 6 or 7 original proposals were submitted. Locals cannot weaken the accessibility or energy codes. Property maintenance is a subset of the livability code.

Barb Moore asked if chipping, flaking, peeling paint was explicitly mentioned in the livability code. Ed said “no, not now”, but suggested that Baltimore City could enhance their livability code to include certain provisions, and this would improve the City's capacity to take action. Ed agreed to suggest options for such enhancements to the state livability codes., Paula Montgomery indicated that the Health Department refers Notices of Defects to MDE; Shaketta Denson noted that housing is not referring Notices of Defects to MDE> Ed Landon suggested that if Housing had additional codes to cite, this might improve. Dana Schmidt indicated that Baltimore County is not enforcing their livability codes. Shaketta Denson noted that most counties in Maryland do not provide housing inspections. Barb Moore asked what a family can do to get recourse if they have a child older than 6 years, with an EBLL who has been chelated and the house has lead hazards. Ed Landon noted that even if the family is relocated, the housing department won't order anything for the house. This remains a problem: if hazards are identified on a property but a child moves, there is no ability to get compliance. Commissioners agreed that this issue needs further follow-up. MDE, Baltimore City, and Mount Washington can help identify holes that

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need to be addressed further to ensure that we have sufficient regulatory authority to address these issues.

Maryland Insurance Administration – Nothing to report.

Child Care – Nothing to report.

Ed Landon made a motion to adjourn the meeting, seconded by Barb Moore. The meeting was adjourned at 11:26 A.M.