MARYLAND DEPARTMENT OF THE ENVIRONMENT

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GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

AERIS Conference Room
October 2, 2014

APPROVED Minutes (11/6/14)

Members in Attendance
Patrick Connor, Nancy Egan, Ed Landon, Pat McLaine, Cliff Mitchell, Barbara Moore, Linda Roberts, John Scott, and Tameka Witherspoon.

Members not in Attendance
Melbourne Jenkins, Delegate Nathaniel Oaks, and Mary Snyder-Vogel.

Guests in Attendance
Leland McClure – Quest Diagnostics, Jody Johnson – self, Ron Wineholt – AOBA, Ken Strong – DHCD, Myra Knowlton – BCHD, John Krupinsky – MDE staff, Paula Montgomery – MDE staff, Ruth Ann Norton – CECLP/GHHI, Marta Harting – Quest, Mike O'Leary – City HCD, John Mello – DHCD, Annie O'Grady – Connor, Shuchi Agarual – DHMH, S. Chendal – DHMH, Rachel M. – DHMH, Jeff Fretwell – MDE, Christine Peusch – MSCCA, and John Krupinsky – MDE.

Introductions
Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions.

Welcome to New Members

- Cheryl Hall – Reappointed for another term
- Melbourne Jenkins, Jr. – Reappointed for another term
- Paula Montgomery – Secretary of the Environment or Designee
- Barbara Moore – Reappointed for another term
- Christina Peusch – Child Care Provider
- Linda Roberts – Reappointed for another term

Future Meeting Dates
The next Lead Commission meeting is scheduled for Thursday, November 6, 2014 at MDE in the AERIS Conference Room, Front Lobby, 9:30 AM to 11:30 AM.

Approval of Minutes
A motion was made by Ed Landon seconded by Barbara Moore to approve the August minutes with changes and was approved unanimously. September minutes were deferred until the November meeting.

Announcement

Ken Strong announced that HUD had made 14 awards for lead hazard reduction on Tuesday, September 30, 2014 and that Baltimore was not funded. Baltimore is currently funded through 6/30/2014 and the City is putting a plan together with local and state funding for the fiscal year beginning 7/1/2014. Mr. Strong indicated that the City met all benchmarks for the current grant, is committed to improvement, and is working to improve their proposal for next year. Michael O'Leary will attend future Lead Commission meetings. The HUD grant had funded a full time home visitor from the Health Department and Mr. Strong said he would continue that funding. Ruth Ann Norton noted that the grant process was very competitive, noting that the difference in scores between winners and losers was 0.1 point. Ms. Norton noted that Philadelphia also was not funded, and indicated that Baltimore should be in a good position for the next round of funding.

Discussion

Old Business – Lavender Topped Tubes

Pat McLaine introduced Leland McClure, Director for Clinical Toxicology and LC-MSSMS National Testing Operations for Quest Diagnostics. Leland McClure is familiar with lead poisoning prevention issues having served on the Governor's Lead Commission in Missouri from 1999 to 2009 and also on CDC's Advisory Committee. A packet of information on lead testing was distributed to meeting participants. Regular lavender topped tubes are not certified for lead but lavender microtainer tubes are certified for lead capillary collection and can also be used for venous collection. Tan and blue topped tubes are also certified. Samples of tubes were passed around by Barbara Moore. Leland. McClure indicated that best practice notes and procedures for blood lead testing is available on-line; skin preparation is also critical. However, if a non-trace metal tube is used, the lab will test the sample but will report the findings with a caveat. This is based on the concern that this sample may be the only sample that can be obtained from the patient. If the initial results indicate that the family may need intervention, Leland. McClure indicated that it is far better to have a false positive than no information. A copy of the lab results were shown for a venous and capillary sample with a BLL of 6µg/dL, which was flagged with an "H" as "high". The capillary sample included a caveat regarding the need to confirm the sample. The lab provides reports by exception if the wrong tube was submitted. John Scott asked if the tube was not certified and the blood was retested, how different would the two BLLs be? Leland McClure stated he hadn't looked at this – that there was no longitudinal correction of data. Barbara Moore passed around lab slips from Mt. Washington with identifiers removed. She asked how many specimens are submitted per year in incorrect tubes. Leland McClure said he did not have that information but that he could identify the number of tubes submitted on Maryland children in non-certified tubes. Barbara Moore reported that a BLL of 13 was eventually confirmed as an 8µg/dL. Mr. McClure was asked what the level of uncertainty was; according to CDC guidance it is above +/- 10% or 2-3 µg/dL for a fixed value, whichever is greater. Precision in the lab depends on the instrument. For values less than 20µg/dL, precision is a fixed interval (a BLL of 20 could be 17-23µg/dL, for example). The level of uncertainty in a change from a 14 to an 8µg/dL may be due to stress. John Krupinsky brought a Quest requisition being used at a local health department that identified a lavender tube

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for the BLL, which is misleading. Leland McClure stated that the requisition needs to be looked at. Mr. Krupinsky said that Quest told him that if the lab slip was not explicit about type of sample, the sample is considered to be a cap. If the result indicates this is a cap, venous confirmation is needed, which might take 2 weeks or more. If the sample really was a 30 venous, we will be delaying case management for 2-weeks plus. Mr. Krupinsky asked what could be done at the draw site to verify that the sample is a venous or a capillary, indicating that the CLPP program spends a lot of time confirming information because of the way it is identified on the lab slip. The Quest lab slips received by MDE's Lead Registry program do not have this information. John Krupinsky indicated that providers receive so much verbiage that they sometimes miss critical information. MDE really needs to know if a specimen is capillary or venous. Barbara Moore indicated that Lab Corp has a separate form for heavy metals; lead is not on the regular blood draw form. But Quest uses one form for both types of blood draws. There was a question about newer forms being different. Paula Montgomery asked why tubes were used if they contained lead at all. Leland McLure indicated that lead is a contaminant, ubiquitous in the environment, and it's inclusion in such tubes is not intentional. Barbara Moore asked if it was possible to make a royal blue or tan microtainer for lead; that would be more of a fail-safe process in the office. Cliff Mitchell noted that there is no way to prevent all errors and that we need to educate providers. Barbara Moore said that health care providers would be better off having a separate form for heavy metals, with tubes clearly identified for that purpose. John Krupinsky indicated that any lab reporting form has to have all fields required by the state, including specimen type. Nancy Egan asked why the color of tube could not be changed to royal blue. Pat McLaine noted that it would be better from an injury prevention perspective to use the same color for all tubes. Leland McClure indicated that the blue top tube is a single use for lead only. Barbara Moore stated her biggest concern was getting information to community PCPs and lab draw stations. Leland McClure indicated that the requisition form can be changed to include tan topped tubes ("T"). He indicated that although the requisition form does not identify venous or capillary sample type, that needs to be identified for lead specimens. He indicated that Quest can make that happen and that Quest can also improve education about lead testing and the importance on the type of draw with the lab draw stations. He also agreed to look at historical data to identify (1) the total number of BLL specimens drawn in Maryland in capillary tubes and the total number with BLLs of 5µg/dL and higher; (2) the total number of samples drawn in the wrong tube and the total number of those with a BLL of 5µg/dL or higher. In addition, Leland McClure indicated he would ask Becton-Dickinson for a tan or blue topped microtainer tube. With regards to the reporting needs for Maryland, he indicated that a Fax to MDE should clearly identify the need for a repeat specimen. Information on the draw type will be on the requisition and in the database. Quest will increase education to the lab draw stations on an annual basis. Quest will also incorporate lead testing as an educational topic into monthly lab update newsletters.

Old Business – MDE 2013 Lead Registry Presentation
Commissioners have not yet received a copy of the presentation from the September 2014 meeting.

Old Business – Point of Care Testing
Cliff Mitchell reported that DHMH's proposed recommendation for proficiency testing and reporting to the Lead Registry must be reviewed by the Department of Budget and Management. This will be printed in the Maryland Register and is scheduled to go into effect in mid-March 2015. The point of care testing for lead would then become CLIA-approved with the requirement to conduct proficiency testing and report all results to the registry. Barb Moore asked how the word would get out. Cliff Mitchell reported that DHMH hopes to roll out a new screening plan soon and will be developing clinical case management guidelines for BLLs 5-9µg/dL. Cliff Mitchell indicated that Spring 2015 would provide a big opportunity to do outreach on lead in general, making available the clinical guidelines and targeting strategy. John Krupinsky noted that in the past, MDE had held annual meetings with the local health departments and recommended that such meeting be held before the guidelines are announced in January or February. A question was asked about how PCPs will know about point of care issues, including reimbursement and purchase. Cliff Mitchell noted that DHMH has met with Medicaid and MCO directors. DHMH has also developed grand rounds slide deck with the Coalition and plans to provide Grand Rounds around the state, conducted by Preventive Medicine residents.

New Business – Lead Poisoning Prevention Activities
New Commissioner, Tameka Witherspoon, led a discussion of ideas for activities to help prevent childhood lead poisoning. She announced two events for Lead Awareness Week: a candle lighting on 10/19 in front of her home and a tree planting on 10/22 in front of Dundalk School. Ms. Witherspoon's ideas included: providing a fresh fruit and vegetables basket to families of children diagnosed with lead poisoning and helping them to hook up with the food bank (Mike O'Leary suggested contacting Laura Fox from BCHD for assistance); holding a breakfast at IHOP with cartoon characters for lead poisoned children, teaching them to make healthy snacks and talking with parents about things they could do; speaking at PTA meetings about the importance of getting kids tested for lead; having a lead awareness t-shirt, wuing a graphite colored ribbon (Lets help put a stop to lead poisoning); holding a lead awareness walk in 2015- possibly to begin January 2015; development of a family support group for parents/caregivers to improve skills and coping strategies for dealing with problems; having a big awareness sign in the Dundalk Fourth of July parade; sending birthday cards to children diagnosed with lead poisoning; having an annual summer cookout for families; sponsoring a toy drive at Christmas time; having commercial on lead awareness; having billboards on lead awareness; being part of the Healthy Expo at the Baltimore Convention Center in March. Ms. Witherspoon plans to work with Sally from the Coalition. A woman from Maryland Childcare Advocacy said she would see if lead could still be included at a legislative meeting to be held in Annapolis. Paula Montgomery indicated that MDE may also be able to work on outreach efforts with Tameka.

New Business – CIF Targeted and Enhanced Weatherization Program, DHCD
John Mello, Program Manager for Housing and Building Energy Programs, reported that funds had been awarded for about one year and that DHCD was getting started with pilot implementation now. The goal is to target low income, high energy homes that can't be reached

by other programs, for example, homes with structural problems, infiltration, lead hazards, asbestos, or mold. The program does not serve Baltimore City, will include housing

assessment and intervention and will also focus on radon and fall prevention. Target is 1,700 units by June 30, 2017. The per-unit caps are $6,000 for energy and $15,000 for non-energy interventions. Five contractors have been identified and they work with a network of subcontractors. The program has identified homes with energy audits that were deferred because the needs were too high. The goal is to identify alternative sources for referrals once this pot of money is depleted. They do a combined healthy homes/home energy assessment, conduct a resident interview, using a comprehensive housing assessment tool. The goal is to produce a combined scope of work. The aim is to make the case for funding of this type understanding that non-energy benefits can cut health care costs. The territory to be served is the BGE territory, except for Baltimore City (e.g. Anne Arundel and Prince George's Counties). The program can take referrals from lead program staff. Paula Montgomery indicated that MDE refers families to DHCD website, noting that there are many programs and MDE does not know what programs individuals are eligible for. Mr. Mello indicated that this program is a grant. MDE has had many owner-occupied residents referred to DHCD and it has been a very lengthy and frustrating process. Mr. Mello indicated that this program has specific intake staff and follows DOE guidelines of 200% of poverty level. The program will work with rental programs in the future. All contractors are properly accredited for RRP – every single worker must have 8 hours of training. Landlords must agree that they can't raise the rent for 3 years. Ed Landon noted that many of the programs handled at the local level need a one-stop shopping approach. Mr. Mello agreed to provide an information sheet for the Commissioners to be shared at a future meeting and will return to provide an update in 2015.

Agency updates

In light of the short time remaining, agency updates were deferred.

Ed Landon, DHCD, reported that a hearing on the updated building code will be held next Friday, October 10th at DHCD with a 30 day comment period to follow with the intent for the code to go into effect on 1/1/2015.

Motion to adjourn the meeting was made by Ed Landon, seconded by Patrick Connor and passed unanimously. The meeting was adjourned at 11:35 AM.