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

AERIS Conference Room
December 4, 2014

APPROVED Minutes (1-8-15)

Members in Attendance

Nancy Egan, Susan Kleinhammer, Ed Landon, Pat McLaine, Paula Montgomery, Barbara Moore, Delegate Nathaniel Oaks, Christina Peusch, John Scott, Ken Strong, and Tameka Witherspoon.

Members not in Attendance

Melbourne Jenkins, Cliff Mitchell, Linda Roberts, and Mary Snyder-Vogel.

Guests in Attendance

John Krupinsky – MDE, Ron Wineholt – AOBA, Tommy Tompsett – MMHA, Michelle Fransen – Cogency, Shaketta Denson – GHHI, Jody Johnson – self, Myra Knowlton – BCHD and Erica Kea – DHCD-MD, and Joe Wright – MDE .

Introductions

Pat McLaine called the meeting to order at 9:40 AM with welcome and introductions.

Welcome to newly appointed Commissioners Ken Strong, Susan DiGaetano-Kleinhammer, Mary-Snyder Vogel (re-appointed), and Pat McLaine (re-appointed).

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, January 8, 2015 at MDE in the MDEStat Conference Room, Front Lobby, 9:30 AM to 11:30 AM.

Approval of Minutes

A motion was made by Ed Landon, seconded by John Scott to approve the November minutes as written; the minutes were approved unanimously.

Discussion

New Business

Bulk Upload Process for OLRR - Joe Wright, MDE, began by describing the bulk upload process to be used to help management companies transfer information about their 1950-1978 rental properties to a spreadsheet to submit to the Lead Rental Registry (OLRR) at MDE. Joe demonstrated individual and bulk upload processes to upload information. The spreadsheet has two sheets, one with property number listed and one with individual units listed by tracking numbers, issued by MDE. The OLRR must build the profile first. A unit spreadsheet can include hundreds of units. MDE completes a validation process and sends to IT. IT completes another validation process and uploads into the registry. Once MDE has received payment, the units will be shown as "active"; if MDE has not been paid, they will be shown as "inactive". Cost is $30/unit. Information can be edited by the owner or owner's delegate. The owner can add or delete individual properties as needed. Question was asked about change in tenant occupancy – Joe indicated that property owners were not required to report change in occupancy until the next renewal but are required to do a risk assessment at every turnover. The change would be entered at the next renewal. Ed Landon asked if Baltimore City Housing maintained a list of such units in public housing. Joe Wright indicated that MDE receives hard copy information on turnovers. Question was asked about format for data entry so that data could be matched up with certification by inspectors. Joe Wright indicated that information should be the same but there still may be records that are not matched. Question was asked about what MDE does when individual inspection company provides a copy of an inspection certificate; Paula Montgomery indicated that presently the databases don't talk to each other and the parcel numbers don't match across the databases. But MDE does not yet have all certificates posted. Ron Wineholt indicated that his members appreciate having the bulk upload process and asked why the fields did not include certificate numbers. Joe Wright indicated that properties were required to have a certificate when they turned over. Ron Wineholt asked if this meant that there was no requirement that properties have certificates in order to be registered; Joe Wright confirmed that this was correct. Paula Montgomery indicated that the registration and certification processes are mutually exclusive. Registration is annual, certificate is another piece. Legislation may be needed to require both. Ed Landon noted that public housing units are registered, but asked if they are getting certificates. Paula Montgomery indicated that public housing must be registered with the Department and must have a certificate for every turnover. Ed Landon noted concern that all public housing units may not have certificates. Ron Wineholt asked what apartment owners are saying about the process. Paula Montgomery indicated she had received a call from a major complex concerned about how to meet turnover requirements. Most units were nearly lead free, but the property would not be able to meet all requirements before 1/1/15. Paula Montomgery recommended that the owner's representative come to MDE with a plan for bringing the properties into compliance. This would be considered a voluntary settlement agreement. Most issues were exterior – cornices, exterior doors, columns. Ed Landon indicated concern that lead certificates are in place in public housing at unit turnover in accordance with Maryland law. Shaketta Denson noted that placement of families required valid registration and

certificates. Susan Kleinhammer stated that the problem of lead safety was bigger in private housing. Joe Wright indicated that MDE has an on-line public search function that pulls up registration information on line: "Lead Rental Registry Property Search". If a property is or has ever has been registered, it will have a tracking number. Tameka Witherspoon noted that when her child was poisoned the family was moved twice. The second unit got a certificate. She was told that the unit was lead free but then was told that the complex had lead. Susan Kleinhammer noted that the property could be limited lead free and still have a "lead free" certificate. Barbara Moore noted that if there is lead on the exterior, this can still present a problem for the child and family.

DHMH Targeting Plan – Cliff Mitchell reviewed testing strategy options. The current testing strategy dates back to 2008. Any child less than 6 years of age enrolled in Medicaid must be tested at 12 and 24 months. Children who live in targeted zip codes must be tested at 12 and 24 months and have had at least one lead test before 6 years of age. If a child is not enrolled in Medicaid and is not living in an at-risk zip code, health care providers are required to screen with a questionnaire and if anything is positive, to conduct a BLL test. Currently, overall testing rates are less than desired: Medicaid testing may be 60%, other payers 20%. Testing is better in certain areas, including Baltimore City. Cliff Mitchell indicated that DHMH had looked at 3 approaches: (1) Universal testing; (2) lead testing based on housing stock/age; (3) lead testing based on current testing data to identify 50, 70 and 90% of kids with BLL$\geq$5µg/dL. The plan chosen was universal testing at 12 and 24 months, from 2015 -2018 (3 year period) with a reevaluation at the end of the 3 year period.

DHMH plans to develop new clinical management guidelines and envisions a large communication effort on testing and on managing test results. A draft document: "Maryland Lead Testing Targeting Strategy, November 2014" was provided to Commissioners only but has not yet been publically released. Management for BLLs 5-7µg/dL would include: confirm with venous, test sibs, retest for the next 6 months (3 times). Cliff Mitchell thinks most of the children will have short term, one-time exposures and BLLs will fall below 5µg/dL within 6 months. He reviewed Table 2 (page 11) evaluating targeting strategy options. Costs for universal testing approach include costs for follow-ups. With universal testing, Maryland could identify 400 more children with BLLs in the 10-20µg/dL range and much larger numbers of children with BLLs in the 5-9µg/dL range. Local Health Departments will not case manage children with BLLs 5-9µg/dL due to insufficient resources. The plan will be for the health care provider to follow the child. Health care providers could also talk more about notice of defect. Pat McLaine asked about the issue of an automatic referral of an address for children with 5-9µg/dL BLLs to check on rental property status and if rental, housing registration and certification, as had been discussed during the winter 2012-2013. This could be done without additional local health department resources. Nancy Egan asked if the estimate of costs included additional tests and costs for insurers. Cliff Mitchell responded that a large number of children are already enrolled in Medicaid and already should be tested. The Department is also adopting regulations to expand the Point of Care testing opportunities. John Krupinsky indicated that

MDE has recommendations for children with 5-9µg/dL BLLs which MDE sends out to local health departments. They can send to families and MDE also sends this out when individuals call. Materials include the COMAR 6-9 Rental Property Questionnaire with Notice of Defect. Local Health Departments are calling MDE. MDE is also working with Baltimore County to provide phone follow-up for children with 5-9µg/dL BLLs.

Commissioners raised concerns that Maryland will lose one year (2015) because PR and marketing is needed in advance of planned implementation and asked what plans were in place to get WIC and the MCOs on board. Cliff Mitchell said he was already meeting with the Medicaid MCOs and that the MCOs already receive payment based on meeting the HEDIS measures. DHMH and MDE are willing to do an aggressive message and outreach campaign that will need to be phased in. John Scott noted that the current rate for Medicaid testing is 60% and asked what DHMH thought would be the rate of testing if a universal approach was adopted. Cliff Mitchell indicated that prior to the ACA, the focus was on illness care but he did not have an estimate. Susan Kleinhammer, noting that capillary sticks sometimes result in false positives, asked if DHMH would require venipuncture. Cliff Mitchell said this was discussed with the Point of Care Testing Workgroup and the probability was low. He indicated that it may be less costly to do capillary testing than all venous. Commissioners Pat McLaine, Susan Kleinhammer (will be helpful in homes undergoing remodeling), Barbara Moore (will be easier for providers and clinics), Ken Strong (would like to see more follow-up built in), Paula Montgomery and Tameka Witherspoon expressed support for a universal testing approach. However, many expressed concerns that without enforcement and additional money for response, we would not be able to do what was needed. Funding and resources are clearly needed for both housing and health. Nancy Egan asked if the change would be made by regulation. Cliff Mitchell indicated that a change in regulations was not required and when DHMH adopts a plan that becomes the reference point. Nancy Egan voiced support for the universal testing approach stating her only concern was increase in insurance costs on the health care side. Cliff Mitchell indicated that the cost for one poisoned child might be $1 million and the cost for 400 children to be identified could be $40 million. Barbara Moore noted that we should recognize the problems for health care providers – the numbers will be much higher. Ed Landon expressed concern about the timing of the new initiative during the change in administration and the many anticipated changes during the next few months, noting that it was a shame it was starting so late. Cliff Mitchell indicated that DHMH just needed to put a stake in the ground as to what was the best public health strategy. Christina Peusch stated that she entirely agreed; childcare providers are already required to have all children tested and the new approach would be clearer. John Scott agreed, saying costs are gray but from a cost standpoint, we may get much more back by testing children and health insurance agencies may get more traction.

Ed Landon made a motion to send a letter to Laura Hererra indicating (1) the Commission's wholehearted support for DHMH's targeting strategy for universal testing of children at 12 and 24 months of age for the next three years; (2) the Commission's concerns about the urgency of this matter due to lack of time; (3) the need for additional resources to support local health departments and health care providers; and (4) the need for additional enforcement. The motion

was seconded by Barbara Moore and passed unanimously with one abstention (Cliff Mitchell). Barbara Moore and Pat McLaine will draft a letter for review by Commission. Barbara Moore asked if any recommendations would be made for retesting of children with a prior BLL of 5-9µg/dL. Cliff Mitchell indicated that the recommendations probably would not address this. Myra Knowlton indicated that BCHD is approaching all families of children with BLLs of 5-9µg/dL, following up when they receive the lab report. BCHD is also working with health care providers who call.

Old Business

Laboratory Follow-up: QUEST – local requisition form issue addressed by Dr. Leeland. Lab Corps – John Krupinsky indicated most issues are resolved but he will set up a meeting to include Nancy Egan and Pat McLaine to discuss this prior to the January meeting.

Office of Child Care – Pat McLaine will follow-up and provide more information in January.

Agency updates

Maryland Department of the Environment – nothing more to report

Maryland Department of Health and Mental Hygiene – nothing more to report

Maryland Department of Housing and Community Development – Ed Landon indicated that new building codes to take effect on January 1, 2014 would be adopted next week. Ed Landon requested information on RRP for training for building code officials; Paula Montgomery will provide this.

Maryland Insurance Administration – nothing to report

Baltimore City Department of Housing and Community Development – Ken Strong indicated that the City is investing $200K for cases with asthma, energy conservation and lead issues, using Public Service Commission funding.

Tameka Witherspoon indicated she is working on establishing a support group for parents, which should be set up by next month. She is also reaching out to PTAs about getting information out about lead testing.

Motion to adjourn the meeting was made by Ed Landon, seconded by Barbara Moore and passed unanimously. The meeting was adjourned at 11:30 AM.