

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
October 6, 2016

APPROVED Minutes

Members in Attendance

Mary Beth Haller, Susan Kleinhammer, Edward Landon, Patricia McLaine, Leonidas Newton, Del. Nathaniel Oaks, Christina Peusch, Adam Skolnik

Members not in Attendance

Nancy Egan, Cliff Mitchell, Paula Montgomery, Barbara Moore, John Scott

Guests in Attendance

Camille Burke (BCHD), Erin Cheikh (LAW OFF FFD) Chris Deremeik (MSA), David Fielder (LSBC), Sheneka Frasier-Kyer (HCD), Michelle Fransen (Cogency), Syeetah Hampton-EI (GHHI), Kathy Howard (Regional Management), Robin Jacobs (OAG), Duane Johnson (MDE), Dawn Joy (AMA), Dr. Ezatollah Keyvan (MDE), Myra Knowlton (BCHD), John Krupinsky (MDE), Lisa Morgan (LAW FFD), Rachel Hess Mutinda (DHMH), Pooja A. Remji (DHMH), Christine Schiffkovitz, (CONNOR), Tommy Tompsett (MMHA)

Welcome and Introductions

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

Approval of Minutes

A quorum was not present; the minutes will be reviewed and voted on at the November meeting.

Old Business

Update on City and State Demolition Efforts – Project CORE – Assistant Secretary Carol Gilbert and Chris Deremeik from the Maryland Stadium Authority provided an update. This will be a \$75 million dollar effort over four years. Project is identifying whole and half block sites for demolition and has heard ideas from other locations where sites can be redeveloped for new purposes. The RFP was issued earlier this summer and 77 responses were received, a total of \$77 million dollars in ideas. The project is now reviewing applications. Infrastructure, building stabilization and site development are among the allowed costs.

The City's role is to create the legal authority for property to be demolished through legal authorities. 450 targets are publically posted and 95 have been released to the Stadium Authority for demolition. Project CORE is working with experts regarding having standards for the highest level of safety for the community; a brochure highlighting these standards was distributed at the meeting. This brochure will go to residents a few months prior to the

demo/environmental work. A smaller postcard with similar information will be sent out to residents a couple of weeks in advance of the demolition date.

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Project CORE is also posting job opportunities. Sub-contractors are required to go to the Mayor's Office to recruit people who live in the City for these positions. Project CORE hopes to have properties identified by November 3, 2016. Syeetah Hampton-El said that GHHI had previously suggested minor changes to this document (for example, the truck should be shown covered); Chris Deremeik responded that minor modifications have been made in a subsequent revision. With regards to the issue of justice, Project CORE is deploying the Nation's highest standards for demolition work; the sites were identified by the community with City Planning.

New Business

MDE Childhood Lead Registry (CLR) Annual Review

Dr. Ezatollah Keyvan reviewed the CLR Report for 2015. He discussed Registry operations. All case management cases are kept in an active data base with quick access; Baltimore City has a separate file for their case management cases. Reports are sent daily from the laboratories; The CLR checks with each lab twice a year to assure that the Registry has received all reports. The CLR receives a monthly list of clinics using the Lead Care II from the manufacturer. The CLR also matches the list of reporting laboratories with the list of laboratories regulated and licensed by DHMH. CLR reports results of BLLs $\geq 10\mu\text{g}/\text{dL}$ daily to the local health departments; BLLs $5-9\mu\text{g}/\text{dL}$ are reported weekly to Baltimore City. Quarterly reports are made to CDC and Medicaid Administration at DHMH. The CLR Report is published annually by MDE. In addition, reports are put together ad hoc, upon the request of local jurisdictions, interested parties, Maryland Environmental Public Health Tracking, and subpoena.

For Case management, MDE coordinates with the county public health nurses (PHNs), the provider, and the rental registry. MDE provides environmental investigation for cases outside of Baltimore City and works with the County to ensure support services and legal action. Baltimore City investigates all cases within its jurisdiction.

MDE is also monitoring the Adult Heavy Metal Poisoning Registry, that tracks lead, cadmium and arsenic (most of cases are lead). MDE follow up adult occupational exposures and reports adult cases to Maryland Occupational Safety and Health for worksite investigation. An annual report is provided to CDC and NIOSH.

With regards to lab tests, hard copies were received for 17.5% of lab tests reported to MDE. These are sent by mail and fax. The average time from the test to the test ending up in MDE's database is about 5 days. However BLLs $\geq 10\mu\text{g}/\text{dL}$ are processed within 24 hours. Most labs are also faxing over BLLs of $5-9\mu\text{g}/\text{dL}$. Adam Skolnik asked why fax was being used instead of some form of electronic reporting. MDE staff indicated that this was the only reporting mechanism that had been developed for Lead Care II. In response to a question of whether the data was complete and accurate, Dr. Keyvan stated that many labs indicate that "race" is confidential and won't release that data (51.6% report race). Case managed children have additional information. There is no check on the accuracy of data with the labs (for example, of the date or the result).

With regards to program activities, Dr. Keyvan indicated that the program was engaged in primary, secondary and tertiary prevention. He indicated that lead dust is the main and only source of exposure to lead. 2015 saw increased testing, increased numbers of children with 5-9µg/dL BLL and increased numbers of children with BLLs of 10+µg/dL. The report contains a detailed schedule of case management follow-up but no results of case management efforts were provided. Figure 4 (page 8) shows the success in reducing lead exposures for kids over time; figure 3 (page 8) shows the drop in BLL of Maryland children over time. Dr. Keyvan said that Maryland BLLs were above the national standard in 1997 but are now below the national standard (this is not shown in the report). With regards to the number of cases, this has not improved since 2012. However, Dr. Keyvan stated that a number of cases were associated with asylum and refugee children who may have been exposed in their home country. New policies include encouraging point of care testing (since 2014) and universal testing of 1 and 2 year olds starting with children born on and after 1/1/15. The impact of these new policies is expected to increase the workload of regulatory staff (electronic reporting was reduced from 92% to 84%). In the first six months of 2016, 58,731 tests were reported compared to 54,750 reported between 2006 and 2015. August 2016 testing broke all prior August monthly records.

With regards to point of care (POC) testing, Dr. Keyvan indicated that follow-up between 2011 and 2015 had determined that 68.9% of tests were in or below range, 14.3% were in range, 3.6% were over the range and 13.1% had no follow-up. In 2015, the increase in follow-up of cases with capillary measures $\geq 10\mu\text{g/dL}$ appears to be associated with POC testing. Dr. Keyvan said he took a look at 3 clinics that adopted POC testing. He found major increases in their BLL testing between 2011/2012 and 2014/2015 (50.8%, 44.1%, and 105.8%). Pat McLaine explained that POC testing is fiscally neutral for pediatric providers; because they can bill for the testing, they do not lose money. In addition, they are able to provide information about lead exposure to the parents in real time. She encouraged MDE to consider publishing this data that suggests that POC testing may increase BLL testing. Adam Skolnik asked why pediatric practices using POC testing could not transmit reports electronically. Dr. Keyvan stated that Stellar is old and electronic transmission has to follow MDE's structure. Mary Beth Haller noted that email transmission is a HIPAA issue. With regards to how accurate the hand held analyzer (POC instrument) is, Dr. Keyvan noted that the analyzer is accurate to 2-3µg/dL. There also is an issue with potential finger-stick contamination. Most providers in Baltimore require venous draws.

Adam Skolnik, referring to page 4 of the report, stated that there is no recent evidence to confirm that the primary source of higher BLLs in Maryland is lead dust. We should be doing HUD Chapter 16 investigations for every child that is lead poisoned. We need to look at every source of lead. What is being done for lead poisoned children? John Krupinsky stated that MDE does the inspections for the counties and BCHD does the inspection for the City. An assessment is completed. Baltimore City does test water if no lead is identified and also looks at secondary addresses and childcare centers. Adam Skolnik stated that he wanted data about the sources that were identified in the case investigations. We know that 17 kids in PG were poisoned from spices; were their cases not associated with housing at all? Lisa Morgan noted that the housing units of these children were still put into the analysis of cases by housing type, even though the source was not housing. Myra Knowlton stated that Baltimore City tests, using XRF, dust, soil, toys, make up, dishware and any other items that may cause exposure.

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Tommy Thompsett asked if lead dust was isotopically analyzed. Pat McLaine stated it is not – this is a research methodology and quite expensive. Some properties appear to be contaminated from outside exposure; incense is also an exposure issue. John Krupinsky stated that dust wipes were being done by MDE. MDE also checks toys, spices and cosmetics. Kathy Howard stated that in Prince Georges County, the definition focuses on identified refugee status. She noted that her company has 100% lead free properties and is very involved with the refugee movement: 880 refugee families live in their properties. She asked if any statistics were being kept for refugee children with high EBLs; MDE stated they were not. Katy Maloney stated that listing “lead free” properties as “pre-50” or “50-78” housing was not accurate.

Pat McLaine stated that we need to include case management data and outcome data in the Annual Report, or in a separate report. Also, because there are so many possible sources, it is clear that MDE and Baltimore City should follow Chapter 16. Adam Skolnik stated that it cost about \$1,000 to complete a Chapter 16 investigation. With 280 children, that would be \$280,000. Having this data would be useful and might really help owner occupants who might be able to afford to remediate. Syeetah Hampton-El stated that we need to know the sources. We expect the source is housing, but we should examine what all of the common sources are for cases; we need to have a broader scope. She indicated that there is an issue with the refugee population and GHFI is now providing education. Tommy Thompsett stated that he is concerned that we don’t always connect the dots. In East Chicago, the mayor is razing 340 homes built in 1986 because the houses were built on contaminated soil. Four percent of Baltimore City water tests are positive for lead. It’s not all housing. Myrna Knowlton stated that Baltimore City tests until they identify what they think are the sources; if levels come down, they are more confident. The City can’t usually distinguish which source poisoned a child. Ed Landon stated that MDE should not put out reports that are not based on data. The issue of dust tests is a big issue; it might not be that at all. Myra Knowlton asked if there was any analysis by geographic area. There were old superfund sites in Cherry Hill; has MDE looked at different parts of the City based on historical use of lead? Dr. Keyvan said it would be interesting to do such an analysis. Housing was historically the primary problem. As the sources in housing decrease, other sources increase. We need to look at them closely. Adam Skolnik asked if in the future, the Lead Commission could preview the report before it was released (the report for 2015 has already been released). Pat McLaine asked Commissioners and interested parties to send their comments regarding the report to her and she will compile for the next meeting.

Full Day Work Session on Lead Poisoning

Meeting with legislators was held in Annapolis on September 13, 2016. HB 810 was discussed – issues include more inspections, drop in CDC level and corresponding lower action level. Ed Landon expressed concern about staffing requirements for MDE, the EPA rule and lead testing requirements. The RRP has not been fully implemented in Maryland; regulations were proposed, comments were made and the regulations were pulled. Maryland RRP regulations are needed. Contractors need both MDE and EPA regulations. Also discussed was HB951/SB76 – market share and SB 13 – Environmental Wheel weights. The Senate did not approve most of the lead bills. Delegate Rosenberg asked why the regulations for RRP had not been implemented. MDE was not at the committee meeting and that was very disconcerting. Syeetah Hampton-El stated that staffing was a real issue for

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MDE. When MDE has an increase in registration, how does that translate to staffing? Are there sufficient funds to pay for chapter 16 inspections or for more field staff? Syeeta Hampton-El felt there was some common ground for GHHI and Maryland Multi-Housing Association regarding children with elevated blood lead levels. The audience had the opportunity to engage the committee members actively. Ed Landon said that staffing is critical. Without staff, the agencies can't do work as required. It is a fight to get work done and to get things to happen. The agencies can't get things done if there are no staff to implement and no resources.

Lead Poisoning Prevention Week

LPP Week kicks off on October 24, with a press conference in NW Baltimore at Liberty Elementary School, 1-3 PM. An event is scheduled on October 29 at Morgan State University. RRP training will be offered by EPA for 25 people at the Morgan State event.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, November 4, 2016 at MDE in the AERIS Conference Room, 9:30 AM – 11:30 AM.

Agency updates

There was no time for Agency updates at the meeting today.

Adjournment

A motion was made by Leon Newton to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 11:50 AM.