GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment 1800 Washington Boulevard Baltimore MD 21230

> APPROVED Minutes September 6, 2012

Members in Attendance

Dr. Maura Dwyer, Cheryl Hall, Karen Stakem Hornig, Ed Landon, Pat McLaine, Barbara Moore, and Delegate Nathaniel Oaks.

Members not in Attendance

Patrick Connor, Mel Jenkins, Linda Roberts, and Mary Snyder-Vogel.

Guests in Attendance

Shaketta Denson – CECLP, Hosanna Asfaw-Means, Arthur Gray – DHCD, Geraldine Woodson – BCHD, Rita AuYeung – UMB student, Horacio Tablada – MDE, Heather Barthel – MDE, John O'Brien – MDE staff, Paula Montgomery – MDE staff, John Krupinsky – MDE staff, and Tracy Smith – MDE staff.

Introductions

Pat McLaine started the meeting at 9:51 a.m. Everybody introduced themselves. Minutes from the previous meeting will be sent out after today's meeting and approved at the next meeting. The evaluation of the 2010 Plan to Eliminate Childhood Lead Poisoning may be ready for review by the next meeting.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, October 4, 2012 at 9:30 am in the Aeris conference room.

Old Business

Laboratory quality issues that had been discussed during June's meeting (that included a presentation by Dr. Keyvan) were raised. Issues include tubes and supplies, oversight of lab quality, including DHMH standard protocols for evaluation of lab performance, and use of blind/spike samples. These issues are more important given our focus on blood lead levels between $5-9~\mu g/dl$. Maura Dwyer will try to set up a meeting between Commissioners and the Office of Health Care Quality to follow-up these concerns. MDE will re-send the powerpoint from June's meeting to Commissioners.

DHMH's plan for new CDC recommendations will be discussed at a future meeting. The Commission will host a hearing on DHMH's proposed changes for follow-up. Commissioners requested that details of DHMH's plan and the hearing be sent out to Commissioners.

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Agency Updates

MDE – Horacio Tablada reported that the 2011 Blood Lead Surveillance Report has been completed but is still under review by the Secretary's office. This report will be presented to the Commission in the future. The report shows a decrease in the testing rate in 2011 to 21.9% from 23.4% in 2010. About 34% of children in Baltimore City were tested. There were 342 new cases with blood lead levels of 10µg/dL or higher, 130 in Baltimore City and 162 in the rest of the state. In Baltimore City, 63% of cases lived in pre-1950 rentals, 5% in post-49 rentals, and 32% in owner-occupied homes. In the rest of the state, 21% lived in pre-50 rentals, 41% in post-49 rentals and 38% in owner occupied homes. A break-out of children with BLLs 5-9µg/dL by county has also been completed. Cheryl Hall asked about follow-up information for identified cases. A standard report on case management is needed. An intern working with DHMH is looking at MDE's case management outcome information for prior years. This effort is very challenging, because a number of cases have not involved housing. Cases have been associated with spices, cookware, toys, cosmetics and mini-blinds. There has been an increase in cases associated with make-up. Delegate Oaks asked why only 34% of children in Baltimore City are being tested. Reasons for lack of screening may include transportation issues, inconvenience to families, and other family priorities (income barriers, food and housing). Commissioners asked if there would be an opportunity to use filter paper in Baltimore City, to increase screening, perhaps in WIC clinics. Further discussions on blood testing in Maryland will be put off until the 2011 blood lead level surveillance report is available.

MDE will hold regional (nursing) meetings in early Fall. DHMH has been asked to address issues concerning testing and payment for testing.

A suggestion was made that a GIS map of blood lead testing showing BLLs between 5 and 9 μ g/dL and also 10μ g/dL and over would be better than a table showing lead testing data by county. Do-It maps are now being used extensively by other state agencies. DHMH will be doing some mapping in the future. A comment was made about how data has changed specifically with regards to at risk areas in 1993 vs. 2012.

Department of Health and Mental Hygiene (DHMH) –Maura Dwyer reported on a July 1, 2012 re-organization at DHMH. The lead and asthma programs have moved from the Bureau of Maternal Child Health to the new Bureau of Environmental Health, under Dr. Mitchell.

Department of Housing and Community Development (DHCD) – Ed Landon reported that the 2012 International Property Maintenance Code is expected to be fully adopted this month. This is Maryland's livability code, establishing minimal property standards for the State of Maryland. The 2015 proposed code still does not require worker protection.

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Baltimore City Health Department (BCHD) – Hosanna Asfaw-Means reported that BCHD is working collaboratively with both DHMH and MDE in a thoughtful, strategic way to adopt best practices to address blood levels between 5–9µg/dL. 2,130 children were identified as having first-time BLLs of 5-9µg/dL in 2011. Last year, BCHD targeted 5-9µ/dLs jointly with Baltimore City Housing. It was difficult getting into homes but the City has targeted specific groups and areas for marketing the program. The community has been interested in available services. Completing Notice of Defects has empowered citizens to take ownership of this problem. Shakeeta Denson noted that the Coalition also gets into homes, works on EA-6 compliance and prevention issues and helps identify cases for legal follow-up.

Baltimore City Housing – Arthur Gray reported that the program is making referrals on pre-1950 housing and that the Green and Healthy Homes Division is having a task force meeting on November 7th.

Office of Childcare – Cheryl Hall reported that asthma friendly child care will be part of their new rating system.

Maryland Insurance Administration (MIA) – Karen Stakem Hornig reported that MIA has been meeting since June with members of the workgroup established as a result of HB472. The workgroup will evaluate and make recommendations about lead liability protection for owners of rental properties. From a small landlord's perspective (owner of 1-4 units), pollution insurance is unaffordable. Assuming that owners would pass underwriter's criteria, the premium would exceed rent. Setting up a state fund would involve a large initial liability reserve, estimated to be \$4.2 billion for BLLs of $10\mu g/dL$ only. The Committee has determined that to establish a fund, every pre-78 landlord would need to contribute \$2500-500 per unit for start up costs. Other options would include risk retention groups. Public comment period is until the end of October 2012. A final report is due in December.

A comment was made that primary prevention is needed to (further) reduce the incidence of childhood lead poisoning. A comment was made that more targeted enforcement may be needed. Challenges include potential lead exposure for families fixing up owner occupied properties and for future enforcement of the Renovation, Repair, and Painting (RRP) Rule.

Comments were made about what to do in pre-1978 properties, waiting for CDC to provide recommendations for levels between 5-9, expenses for providing relocations in housing with lead-based paint, and concerns that not as much has been done with regards to reducing/eliminating (lead) hazards nationwide. Some properties have had multiple lead poisoned children. A comment was made with regards to innovative ideas/approaches to prevent blood lead levels from going to a $10\mu g/dL$. A comment was made with regards to proper eating and cleaning habits.

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Public Comment - Barb Moore reported that 20-25 people attended a round table discussion about the impact of the new changes in CDC lead recommendations at Mt. Washington at the end of July.

Ed Landon announced that there will be a task force meeting for Baltimore City in November and a housing conference on October 16 at the Baltimore Hilton.

The next meeting will be on October 4^{th} . The November meeting will be on November 8^{th} . The meeting adjourned at 11:32 a.m..