GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

APPROVED Minutes (2/7/13)
January 3, 2013

Members in Attendance

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

Members not in Attendance

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

Guests in Attendance

Shaketta Denson – CECLP, Ron Wineholt – AOBA, Donna Webster – WCHD (via phone), Ken Strong – HCD Baltimore City, Horacio Tablada – MDE, John O'Brien – MDE staff, Paula Montgomery – MDE staff, John Krupinsky – MDE staff.

Introductions

Pat McLaine began the meeting at 9:32 am. Everyone introduced themselves. Minutes from September's meeting were approved after corrections from Cheryl Hall and Ed Landon.

Future Meeting Dates

The next scheduled meeting is Thursday, February 7, 2013 at MDE in the AERIS conference room. The Commission will meet from 9:30am - 11:30am. Pat McLaine and Tracy Smith will establish dates for the calendar year 2013 and send to the Commissioners by email.

Lead Surveillance Report

Dr. Keyvan will attend the February meeting; Pat McLaine requested Commission members provide questions or concerns about the surveillance report in advance to Tracy Smith. A comment was made about breaking out the 5-9µg/dL BLLs as a group; a break out of first time 5-9µg/dL BLLs was provided in the 2011 report.

Horacio Tablada commented that this report (in a similar format) has been issued annually for the last ten (10) years. Commissioners indicated that the report has been typically discussed every fall; a suggestion was made to include a discussion of this report on the agenda for every September. A comment was made about the lag in data that might be used to develop legislation and that the data was at least 8 months old by the time the report was released. It takes time to complete the annual report; reporting sometimes lags and inconsistencies must be checked. A comment was made that it is more important for these reports to be accurate than to try to complete the reports earlier when probability for errors is high. Comments were made about

non-Commission members having these reports before Commissioners were provided access. MDE will have the 2012 report on-line by the middle of August 2013 with a review planned for the September Lead Commission meeting

An inquiry was made about the status of the Maryland Insurance Administration's report. Karen Stakem Hornig noted that this report has been posted on the web.

Approval of October and November Minutes

Ed Landon made a motion to approve October's minutes, seconded by Cheryl Hall; minutes were approved. Ed Landon made a motion to approve November's minutes, seconded by Karen Stakem Hornig; minutes were approved.

Recommendations for DHMH

Pat McLaine reported on the status of the recommendations for DHMH. Pat McLaine has received comments from 3 people on the December 28th draft and votes from only six out of eleven Commission members. Pat McLaine also noted that no specific guidance for historic 5-9 BLLs was discussed during December's meeting and the Commission does not have recommendations in this area

The recommendations include case management for BLLs of 10µg/dL and higher, not for BLLs of 5-9µg/dL. A comment was made about local health departments successfully billing Medicaid for reimbursement. Funding will be needed for primary prevention, based on need. Many laboratory issues were discussed including: accuracy and reliability of State laboratory oversight (including the quality of measured results and detection limits); needs for accuracy going forward; use of wrong tubes for blood draws; use of filter paper; need to re-test all capillary results (a large percent of BLLs in the 5-9µg/dL range were capillary measures).

John Krupinsky commented that there used to be both health and housing subcommittees. Pat McLaine commented that these groups were combined and have been meeting to evaluate progress during the past 2 years. A concern was raised about funding cuts to local level public health.

Patrick Connor commented that CDC's recommendations were not being followed for environmental investigations, specifically Chapter 16 of the HUD Guidelines. Environmental investigations include modified paint inspections and modified risk assessments (structured historically in Chapter 16). MDE staff noted that Chapter 16 was not being implemented due to costs and other constraints. Patrick Connor commented that if only

XRF testing is performed (and not dust and soil testing and Chapter 16 questionnaire), the work cannot be called an environmental investigation. Environmental staff must follow Chapter 16 if they are doing an environmental investigation for a lead poisoned child. Lead poisoning is not always associated with lead paint, dust or soil and the goal of the investigation is to find sources

for lead exposure of the child. Ed Landon indicated that as of 2012, HUD's Chapter 16 guidelines pertain to environmental investigations for any BLL of 5µg/dL or higher. A comment was made about Chapter 5 in the HUD Guidelines, which governs the conduct of paint inspections. Patrick Connor commented about the need to have a standard report. Paula Montgomery commented about approved protocols and comprehensive environmental investigations for BLLs of 10µg/dL and above that meet the Chapter 16 standard. Multiple concerns were raised about definitions and availability of resources. Ed Landon commented about the need to follow federal guidelines, particularly if any Federal money that is spent. The sources for lead exposure and tools for identifying those sources will be similar, no matter what the BLL.

A comment was made about limited resources for case management by public health nurses or investigational staff. Outside of Baltimore City and the lower Eastern shore, most health departments do not provide a nurse case management visit to the home due to limited funding and staffing. This is not the recommended approach nor did the Commissioners know before the November hearing that home visits for lead case management by nurses are now unusual in our state due to lack of staffing.

Barb Moore asked if MDE would conduct environmental inspections for children with BLLs less than 10µg/dL. Paula Montgomery indicated that if a health care provider contacted the department about concerns for an individual child, MDE would conduct an investigation. Comments were raised about multiple sources of lead exposure. Concerns were raised about implications of not performing environmental investigations for children with BLLs of 5-9µg/dL because we would not want the levels to go higher. But given lack of resources at the local level, and experience that many of the addresses provided by the labs are not accurate, there may not be sufficient staffing or resources at the local level to provide even mail outs of material. In addition, there are other issues, for example difficulty scheduling meetings with families and high no-show rates.

One option could be to set up a system to trigger automatic checks of addresses associated with a child with a venous BLL of 5-9µg/dL to (1) determine if the property was rental and (2) if rental, to determine if the property was properly registered and appeared to be in compliance. Letters would be sent to the property owner advising them of the need to comply with the law. This would be expected to improve compliance with EA 6-8, and to improve primary prevention efforts in rental property. Given available resources, this approach would help MDE to identify non-compliant rental properties and to prioritize primary prevention efforts in housing, the focus of our existing law.

Pat McLaine commented that the current draft did not clearly address medical management issues as requested by DHMH. Commissioners discussed the need for better, evidence-based materials to be available to practitioners to assist them with assessment of risks and education of the family about how to stay safe in their home. These materials are not available now, and

should be seen as a critical part of our primary prevention strategy going forward. Changes will be made to the recommendations to incorporate these ideas.

Patrick Connor commented about properly deploying funding. Multiple questions were asked about why agencies are not submitting weekly or monthly invoices for environmental lead investigations. Regardless of reasons, it is unacceptable for environmental investigation visits to be made and no payment received when Medicaid reimbursement should be available. Pat McLaine stated that the Medicaid billing concern needs to be pursued and resolved.

Comments were made about the need for Medicaid reimbursement for nursing case management. This is one of the recommendations from the Commission. Pat McLaine commented that in some states, case management services are billed by time increments, providing flexibility for public health nurses who make home visits and follow up referrals with phone calls. Cheryl Hall commented that knowing the results of environmental investigation and case management for children with blood lead levels above 10µg/dL is critical for planning and funding. That information is not currently provided in the 2011 Annual Report or in any other report. MDE staff cited concerns about HIPAA privacy associated with such a report but information summarizing the investigation results for the group need not jeopardize individual privacy.

Patrick Connor asked what it would take for MDE to conduct environmental investigation services and send a bill for services to the property owner. Horacio Tablada indicated that a few programs within LMA have this authority. For example, hazardous waste and petroleum programs at MDE have law and code and the legal authority to bill back. Could billing back owners of rental properties where a child became poisoned for environmental lead investigation services, including dust wipe samples, be a recommendation from the Commission? Patrick Connor commented that MDE will never truly get back the real cost of these investigations but that this could provide some funding source for environmental investigation. There are models for this in the insurance industry. Maximizing recovery from Medicaid for environmental investigations should be a priority. Pat McLaine commented that MDE can't bill for Medicaid reimbursement since MDE is not a health care provider however the local health departments could bill. Cheryl Hall expressed concern about duplicate billing. The loss of $28 million dollars in Federal funding for CDC's lead program does not impact resources for environmental investigation or case management; both are considered health services for individuals and CDC's program funds cannot be used to pay for individual level services.

A question was posed about whether local health departments could order a property owner to have an environmental investigation performed or whether this would be the responsibility of MDE. This is in discussion with local health departments.

Pat McLaine commented about the need to explore billing options. Paula T. Montgomery suggested that one option might be hiring a 3rd party to perform environmental investigations.

Pat McLaine asked for a volunteer to help her to finish the recommendations next week. Members were reminded that the next meeting will be on February 7th. There was a motion to adjourn and the meeting ended at 11:46 AM.