

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Approved Minutes
March 7, 2013

Members in Attendance

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

Members not in Attendance

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

Guests in Attendance

Shaketta Denson – CECLP, Sybil Wojcio – DHMH, Hosanna Asfaw-Means – BCHD, Dana Schmidt – MMHA, Dr. Clifford Mitchell – DHMH, Horacio Tablada – MDE, John O'Brien – MDE staff, Paula Montgomery – MDE staff, John Krupinsky – MDE staff.

Introductions

Pat McLaine welcomed everyone and called the meeting to order at 9:37 AM. Everyone introduced themselves. Today's agenda will be shifted slightly due to scheduling conflicts.

Future Meeting Dates

The next scheduled meeting is Thursday, April 4, 2013 at MDE in the AERIS conference room. The Commission will meet from 9:30 a.m. - 11:30 a.m.

Meeting with DHMH Secretary

Commission members Pat McLaine, Patrick Connor and Barbara Moore will be meeting with Secretary Sharfstein and Dr. Cliff Mitchell tomorrow, March 8th, to discuss the Commission's recommendations to DHMH based on the hearing in November 2012.

Minutes

Cheryl Hall requested a delay until the April meeting so that the February minutes can be reviewed. Ed Landon had a question on p. 9 regarding HB 754 being dropped.

Current Legislation

Horacio Tablada commented that MDE had testified on two (2) bills:

HB 1067, which involves lowering blood lead levels (of concern). Possible amendments include postponing this for one (1) year from 2014 to 2015. MDE will work with DHMH when blood lead level (standard) is lowered from 10 to 5µg/dL.

Lead Commission

HB 924, MDE opposed removal of 50-78 housing from authority. MDE may have a letter of information/concerns for other bills. Two (2) hours of (recent) legislative testimony can be heard (via the General Assembly web-site).

Ed Landon reviewed the status of other lead legislation, including:

- **HB 303** - passed on 3/1 (134-2). A Senate hearing is scheduled on 3/27 @ 1:00 P.M. (Finance Committee.) There was a discussion on how the Commission can be added/included to a study group.
- **HB 389 (was previously HB 554)** - Nothing on the web-site since 2/26/13. Commission to respond. No decision or official position. To monitor.
- **HB 573 (Healthy Homes Initiative)** – Unfavorable and was withdrawn.
- **HB 754** – Hearing 2/22/13; now has a fiscal note.
- **HB 923 and 924** – Did not have a fiscal note.
- **HB 754, 1048 (no cost), 1067 (Reduction of Lead Risk Blood Lead Levels bill (\$230,000 fiscal note), and 1299 (no cost)** - were all heard during a hearing (Environmental Matters) on 2/22. (No action.)
- **HB 947** – I Karen Stakem Hornig commented that HB 947 will be heard on March 13th in the Judiciary Committee.

Follow-Up to Commission Recommendations to DHMH

Barb Moore discussed recent problems with an insurance company refusing to pay for chelation. Patrick Connor commented about the large number of certified phlebotomists and draw facilities there are if there are currently 30-40 laboratories. Recommendations for DHMH include tubes to be used for blood lead level draws. One major pediatric laboratory in Baltimore is using lav top microtainers as of November 2012.

Pat McLaine noted that the lack of laboratory oversight and the reliability/accuracy of testing/tubes may also be a national issue. The issue of coverage of children's services needs further investigation.

Commission Letter for 2013 Legislation

Karen Stakem Hornig reviewed the draft of the Commission's letter for current lead legislation. Paula Montgomery suggested removal of "Healthy Homes and" on the 3rd line of paragraph 2 on the 2nd page. Barb Moore suggested adding numbers in for the number of children affected by lowering BLLS of concern (342 of 10+ and 2129 for 4+)

Additional changes were changing support for “Wicomico County” to “the lower Eastern Shore” and keeping the focus general. Barb Moore made a motion to approve sending the letter as changed to the chairs of all committees (house and senate) that are hearing bills. The motion was seconded by Karen Stakem Hornig and passed unanimously. Pat McLaine will work with Tracy Smith to get the letters mailed out.

Proposed DHMH Targeting Plan – Dr. Clifford Mitchell

After the Summer Study in 2011, the need to revise Maryland’s targeting plan was identified. The plan had not been reviewed since 2004. Sibil Wojcio, MPH, a CDC County, State, Territorial Epidemiologist Fellow working at DHMH has been working on the plan for 2 years. Dr. Clifford Mitchell provided background for the plan. The goal is to finalize the plan next month (April) so that it will be in effect by the next state fiscal year.

Three ways to look at testing data were considered: using distribution of 2005-2009 BLL test results; using revised version of 2000 model with current data; using a universal testing approach (all children to be tested).

Strategy 1 - targeting based on the expected number of children with BLLs of 5+DHMH applied the actual testing results to the entire population, identified the total number expected. Then identified zipcodes with 90%, 75% and 50% at-risk. The problem with this approach is non-random selection. The list identifies target zip codes based on the number of children at risk within a zipcode; smaller zipcodes could be excluded. Also uses 2000 USPS zipcodes – 173 are captured in the top 90%, 95 in the top 75% and 32 in the top 50%.

Strategy 2 – update of the 2000 targeting model. Assumption that historically recognized risk factors continue to influence Maryland children’s risk of lead poisoning. Used 2005-2009 registry data, down to the CT level. Plan was modeled on 10+ and on 5+ $\mu\text{g}/\text{dL}$ levels. Model includes pre-50 housing, 1950-1978 housing, a poverty matrix (female head of household, percent children below poverty, income); median housing value, average percent of children tested. The earlier model was not documented. The binary outcome was never clearly defined. Limitations to the approach include that it is non-random, actual prevalence may be lower or higher, analysis at the CT level, risk strongly influenced by population size, does not account for all individual sources of exposure, CT changes after 2000 are not reflected. Model projects that 17% of Maryland children might have a BLL of 5 $\mu\text{g}/\text{dL}$ or higher – 7 times higher risk than NHANES.

Strategy 3 – Universal Testing strategy. This approach is based on assumption that there is no child for whom exposure is impossible and new sources are becoming more prevalent. Available data is limited and information on sources of lower exposure is not captured by data. This would be the most costly approach.

A number of questions and comments were raised. CT data was based on the 2005-2009 American Community Survey data, with change applied equally over 10 years from 2000 to 2010. Questions include: do all models show Baltimore City as “at risk”? Should we treat all of Baltimore City as the same? Where are we employing universal screening now? With current plan, can't get a clear sense of testing because testing requirements differ across the state. Could aggregate at-risk areas and look at screening in the CLR. Data is available on less than 400,000 children. (Modeled data is 350,000.) Geo-coding was not previously done and was not reported but now 80 % of addresses are geo-coded.

Draft and ideas will circulate within DHMH and MDE. The next goal is to draft a report to submit for public comment. Pat McLaine requested that any further questions and comments from Commissioners be sent to Tracy Smith, cc to Horacio Tablada before the next meeting.

Agency Updates

MDE – No updates.

DHCD – No updates.

Baltimore City Health Department – The City is still responding to children with 5-9µg/dL BLLs; not a lot of families have been interested in home visits, which are voluntary. The city has also received a lot of provider calls on management of 5 – 9µg/dL BLLs and on children previously having BLLs above 10µg/dL who now have had two BLLs below 10µg/dL..

MDE also has been receiving multiple calls daily from providers and parents. Education materials (including for nutrition) are being mailed out by MDE instead of the local Health Departments. For children who have had higher and longer exposures to lead, getting lead out of bones (and BLLs below 5µg/dL) takes a much longer time.

MDE received a call within the last two (2) weeks about lead in spices from India. Lead exposure is a huge international problem, with very high average population BLLs. Additional information is available in a CDC report on refugees/immigrants.

Child Care – No updates.

Maryland Insurance Administration – No updates.

Commissioners were reminded that our meeting with DHMH is tomorrow, March 8th.

Coalition – No updates.

Parick Connor moved to adjourn the meeting at 11:12 a.m, seconded by Cheryl Hall, and approved.