

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
December 7, 2017

APPROVED Minutes

Members in Attendance

Shana G. Boscak, Anna L. Davis (via phone), Mary Beth Haller, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Leonidas Newton, Sen. Nathaniel Oaks, Manjula Paul, Adam Skolnik

Members not in Attendance

Christina Peusch, John Scott

Guests in Attendance

Darla Arnold (Arc Environmental), Camille Burke [(BCHD) via phone], Ella Carroll-Price (DHCD), Patrick Connor (CONNOR), Benita Cooper (MIA), Chris Corzine (OAG), Jack Daniels (DHCD), Sec. Ben Grumbles (MDE), Robin Jacobs (OAG), Dawn Joy (AMA), Kaley Laleker (MDE), Ludeen McCartney-Green (GHHI), Hilary Miller (MDE), Wes Stewart (GHHI), Deputy Sec. Horacio Tablada (MDE), Lan Van De Hei (MDE)

Welcome and Introductions

Pat McLaine called the meeting to order at 9:36AM with welcome and introductions.

Old Business

Report from Secretary Ben Grumbles - On behalf of the Governor and the Departments of Environment, Health and Housing, Secretary Ben Grumbles thanked the Commission for their commitment to protecting Maryland's children from lead exposure. Lead continues to be a priority team effort and we need to keep making progress on this totally preventable disease. The Lead Program at MDE receives strong support from Horacio Tablada and is one of MDE's most important programs as a public health agency. The program has about 60 staff, a lot of dedication and new hires are part of the agency's success. With regards to the 2016 CLR Surveillance Report, the headline is that we have reduced the number of cases in Maryland. We are also continuing to increase the amount of testing through your support and the leadership of this Administration and with the new testing initiative at MDH. The challenge is to focus our resources on ways to eliminate this totally preventable disease. Secretary Grumbles stated that MDE is receptive to suggestions; the agency sometimes need to be pushed but intends to work on things that are achievable. IT continues to be an "insurmountable opportunity"; MDE is making progress on modernizing the rental registry and is working with Do-IT to develop a contract for the lead certification database that they hope to award in February. The Stellar database conversion to HHL PSS database is almost complete and will provide an

improved platform for the CLR data. With regards to EPA's RRP regulations, MDE recognizes that

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adopting regulations would be a positive step for preventing exposure of children who live in and are cared for in older homes and childcare facilities. If the state adopts regulations, MDE would need to regulate a larger group of contractors. MDE's current thinking is to incorporate the Federal regulations by reference in a separate chapter so entities currently regulated by RRP would not need to learn new regulations. MDE is investigating complaints on all pre-1978 rental properties. If an owner-occupied property is referred, MDE documents and refers to EPA. MDE is in the process of looking at ways to adopt the program, probably in summer 2018; it's on the Agency's front burner.

With regards to lead in drinking water in schools, MDE supported legislation that was passed in the 2017 General Assembly Session and has a team focused on those regulations. Secretary Grumbles introduced Lan Van De Hei, relatively new MDE staff with a bachelor's in Public Health who is working with other MDE's regulators to develop regulations for testing. These should be ready for public review early spring 2018.

Shana Boscak asked who is required to have certification when a contractor is working on a home. Horacio Tablada answered that by Federal law, any contractor hired to work in pre-1978 property must be RRP-certified. At this time, contractors must be federally certified. Maryland wants to have our own regulation of this law. In 2015, regulations were issued incorporating existing law but MDE did not move on those regulations; now MDE is changing that approach. The Contractor must provide the information but the consumer must be aware and ask. Paula Montgomery noted that MHIC currently licenses contractors and does not require them to be RRP-certified. Adam Skolnik noted that part of the hold-up has been that the state has tougher regulations on rental properties than RRP.

Approval of Minutes

A motion was made by Barb Moore, seconded by Adam Skolnik to accept the November minutes as amended. All present Commissioners were in favor.

Old Business, continued

Response to letter sent to Office of Childcare – Copies of letter from Acting Assistant State Superintendent Elizabeth Kelley to the Lead Commission were distributed. Paula Montgomery commented that she appreciates the fact that the Department is open; MDE may recommend certification for all pre-1978 group child care homes and day care centers, specifically naming subgroups. Childcare regulations need to be amended to include pre-1978 properties. The AG's office will be involved. Manjula Paul indicated that MSDE wants participation from MDE and the Lead Commission and must support change with data; the State Board of Education must approve. Susan Kleinhammer noted that right now, owner-occupied residential properties aren't defined as "affected properties" and they don't get covered. Having data on age of child care properties will be helpful. Paula Montgomery indicated that MDE staff will work on this, particularly for pre-1978 rentals. She thinks this can be done easily. Chris Corzine suggested this should be a simple change to comply with current law and may not require an extensive review.

Attorney General's Ruling – earlier this year, the Lead Commission had requested a ruling from the AG's office regarding the insurance provisions of the Reduction of Lead Risk in Housing Act in light of the Court of Appeals ruling, in *Jackson v. Dackman Co.*, 422 Md. 357 (2011) that the immunity provisions of the Act were unconstitutional. The opinion states that because these provisions are so intertwined, by striking the immunity provisions, the insurance provision is no longer valid. The AG recommends that MDE and the Insurance Administration strike these provisions of the law. Wes Stewart noted that in the 5 years since the Dackman decision, zero qualified offers were made. In the history of the legislation, only 62 offers were ever accepted. The majority of properties involved in poisoning, 86-87%, were non-compliant and not eligible. Susan Kleinhammer asked what about signed qualified offers – are they valid? Chris Corzine stated he could not say; MDE hasn't heard anything about that. If anyone wants a copy of the letter, please let Pet Grant know.

New Business

Healthy Homes for Healthy Kids Program – Jack Daniels, DHCD, reported that the program had been approved in June 2017 but was not yet live. Collaboration between Maryland Medicaid, the Environmental Health Bureau and DHCD was successful in securing CHIP administrative funds from the Center for Medicare and Medicaid Services (CMMS). A State Plan Amendment (SPA) was submitted and approved in June 2017. Maryland is the second state to gain approval for lead abatement, Michigan being the first. The priority is lead paint. DHCD will also test soil and will remove soil 6-12 inches from the dripline if lead has been identified. If nothing is identified through the environmental test, DHCD will conduct a water test. DHCD does not currently test for water or household goods (household goods is not included in the SPA). An interagency agreement has been executed and the group is working on a budget agreement to transfer money to DHCD. The State Plan Amendment will support two programs: Healthy Homes for Healthy Kids and Childhood Lead Poisoning Prevention and Environmental Case Management. We are the second state to use funds for asthma, Massachusetts being the first. This is not a grant, it is reimbursement for services. There is a scope of work and the invoice may be different. DHCD must provide 12% of their own funds for the program (e.g. \$12 for every \$100 in Federal dollars). \$500,000 from the state and \$3,666,667 from CMMS, to address 70 to 200 homes annually. Program 2, the asthma program will help 1200-2000 children.

Criteria for participation includes the existence of children, aged 0-18, with BLL of 5µg/dL and above, receiving Medicaid or CHIP, and the child at the property at least 10 hours per week. The program can address both owner occupied and rental properties. DHCD would work with in-home child care providers. Depending on the extent of lead hazards and the scope of work, residents may relocate; the program will cover lodging and storage and will have relationships with hotels and storage facilities. The program will cover lead-related repairs including roof, mold/mildew, plumbing, cabinet removal/update. Other repairs will be covered by state funds.

The program will work this way: MDE will send a list of children with BLLs of 5µg/dL and above to Medicaid. Medicaid will prepare a list of kids eligible for the program. Medicaid will reach out to families, Maryland Department of Health and local health departments will be involved; families will be referred to DHCD. Referrals from other sources will be referred back

to MDH and local Health Departments. Families who are not eligible for this program will be referred to the normal state program at DHCD. Cliff Mitchell indicated that MDH Environmental Health Bureau and local health departments would do some of the initial screening for eligibility.

Outreach flyers have been developed for local health departments and primary care providers. In terms of procedural flow, local agencies will administer, DHCD will give final approval. Local agencies will receive an administrative fee (approximately \$2000-\$3000) to administer the programs and help in prioritizing the work. Contractors will administer the work. DHCD will spot check 15% of the jobs for compliance.

A program review committee has been set up. Money is being provided as a grant, not a lien. Tenant properties must be signed off by the Secretary.

Jack Daniels said that demand for lead hazard control is at an all-time high. \$900,000 worth of lead work has already been done this fiscal year. Last year was the first time DHCD spent all program money. Barb Moore asked if patients meet criteria, could she call DHCD. Answer: yes. Barb Moore asked what the timeline from referral to the work starting was. Jack Daniels said there would probably be another inspection, maybe for lead and definitely to test if not done. The program will check water as the last source if nothing else was positive. The program can provide water filter. Barb Moore asked if there was a paper application and if there would be any assistance for people trying to complete the application. Jack Daniels said that DHCD would help anyone who needs assistance. DHCD must document clearly and keep records for 7 years. Wes Stewart asked if supplies were only needed for asthma, would there be another process. Cliff Mitchell stated that there is another program that does not involve DHCD but is working through nine local health departments. With regards to availability of funds state-wide, Jack Daniels stated that the funds are available state-wide, but that the program expects that a large amount of the housing targeted will be in Baltimore City; 90% of housing in DHCD's traditional program is from Baltimore City. Jack Daniels stated that DHCD plans to have a pamphlet showing the process that families can expect. He noted that developing this process has entailed a lot of hard work and the partnership is working well.

Quarterly HUD Grant Report – Baltimore City – the report for the quarter July through September 2017 was distributed. During this time 31 units received hazard evaluations, 20 units were completed and cleared. Three trainings had been held, training 23 people; 54 events had been completed with 2,201 people in attendance. Forty nine home visits had been completed. There were no questions regarding the report.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, January 4, 2018 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – nothing further to report

Maryland Department of Health – Cliff Mitchell reported that MDH needed to do more data analysis with Dr. Keyvan, MDE, focused on identifying hazards. There has been a change in the number of sources other than paint, including spices and food, involving a large number of cases. For the lower BLLs, there appear to be multiple sources and we will need to take a closer look at this. Cliff Mitchell reported that MDH is working with Program 2 counties, all based on CHIP funding, which must be reauthorized for this work to continue. MDH also needs state allocation for programs plus reauthorization of CHIP.

Senator Oaks made a motion that the Commission send a letter to Maryland's Federal delegation regarding the importance of reauthorizing Federal CHIP. Mary Beth Haller seconded the motion and the motion passed unanimously. Mary Beth Haller and Anna Davis will check on progress of the reauthorization at the Federal level and draft the letter. Pat McLaine will work with Pet Grant to get the letter out.

Maryland Department of Housing and Community Development – nothing further to report

Baltimore City Health Department – Camille Burke stated that BCHD is working very hard to implement new programs. The HD has held one on one meetings with eight CEOs of health plans (MCOs) to talk about testing for lead and is reaching out to others. Barb Moore asked if BCHD could stress the importance of paying for chelation for children with high levels, indicating that she has approached Maryland Insurance Agency about this matter.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – Manjula Paul noted that Liz Kelley is retiring from state service this month, December 2017.

Maryland Insurance Administration – MIA is reviewing the advice received from the AG's office.

Public Comment

Wes Stewart, GHHI, asked to put time on the agenda for January to discuss a bill to move the level for medical and environmental case management to 5µg/dL.

Adjournment

A motion was made by Senator Oaks to adjourn the meeting, seconded by Barb Moore. The motion was approved unanimously and the meeting was adjourned at 11:20 AM.