MARYLAND

Department of the Environment

LEAD POISONING PREVENTION COMMISSION

SUBMITTED ON BEHALF OF
THE LEAD POISONING PREVENTION COMMISSION

BY THE
MARYLAND DEPARTMENT OF THE ENVIRONMENT

Prepared for:
Lawrence J. Hogan, Jr., Governor
State of Maryland

Boyd K. Rutherford, Lt. Governor
State of Maryland

2016 ANNUAL REPORT

MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard | Baltimore, MD 21230 | http://mde.maryland.gov
410-537-3000 | 800-633-6101 x3000 | TTY Users: 800-735-2258
Lawrence J. Hogan, Jr., Governor | Boyd K. Rutherford, Lt. Governor | Ben Grumbles, Secretary

2016
ANNUAL REPORT
LEAD POISONING PREVENTION COMMISSION

CONTENTS

8. American Journal of Public Health article: Elevated Blood Lead Levels in Children Associated With the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response
9. NY Times article: A Question of Environmental Racism in Flint
10. Baltimore Sun article: Maryland launches investigation into 'invalid' lead paint Certificates
11. Governing Magazine's Infrastructure and Environment article: Flint Crisis Renews Calls to Replace All Lead Pipes in America

VI. March 3 , 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes March 3, 2016
- D. Handouts
    1. Paint Retailers to display Information on Lead Paint Reduction
    2 Project C.O.R.E. flyer
    3 Project C.O.R.E. FAQ
    4 2016 HUD Award for Healthy Homes
    5 WBAL TV News Article: Thousands of kids at risk of lead poisoning in Baltimore City
    6 Baltimore Sun Article: Advocates say lead paint industry should be held liable in poisoning of Baltimore children
    7 Baltimore Sun article: Lawmakers, activists call for better enforcement of Md. lead-paint laws

VII. April 7, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes April 7, 2016
- D. Handouts
    1. Lead Legislation Summary
    2. 2015 Attendance Roster
    3. Lead Poisoning Prevention Commission Overview
    4. Draft MDE Lead Commission Calendar for 2016
    5. Lead Commission Responsibilities for Calendar
    6. 2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure Flyer

VIII. May 5, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes May 5, 2016
- D. Handouts
    1. MDE FY 2015 Annual Enforcement and Compliance Report
    2. Lead Liability Insurance Coverage in Maryland as presented by John Scott, Jr.

IX. June 2, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes June 2, 2016
- D. Handouts
    1. Baltimore City Department of Housing and Community Development Permits and Code Enforcement Division Online Permits—RRP Screen Shots
    2. Lead Paint MDE/RRP Certification Flow Chart for Online Permit
    3. Draft MDE Lead Commission Calendar for 2016
    4. 2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure

X. July 7, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes July 7, 2016
- D. Handouts
    1. Washington Post article: D.C. revises lead contamination rules after libraries tested above U.S. guidelines
    2. Washinngton Post article: Schools around the country find lead in water, with no easy answers
    3. Article: Environmental Group calls for widespread lead testing for Utah Children
    4. Washington Post article: Thousands of Maryland homes certified as lead-free may not be

XI. August 4, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes August 4, 2016
- D. Handouts
    1. Lead Commission Subcommittee Findings: Child Care Programs Resources
    2. MDE Childhood Lead Registry Report
    3. MSDE Office of Child Care Lead Inspection Report to the Commission
    4. MSDE Office of Child Care Child Care Facility application for license/Letter of Compliance
    5. MSDE Office of Child Care Environmental Health Survey
    6. MSDE Office of Child Care Health Inventory

XII. September 1, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes September 1, 2016
- D. Handouts
    1. Draft Letter to Maryland Attorney General Brian Frosh
    2. DHMH's Clinical Guidance to Health Care Providers package

i. New rules and clinical guidance package introduction letter
ii. New policy provisions for Point of Care testing for blood lead
iii. Lead Risk Assessment Screening Questionnaire
iv Maryland DHMH Blood Lead Testing Certificate
v. 2016 Md. Guidelines for the Assessment and Management of Childhood Lead Exposure

XIII. October 6, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes October 6, 2016
- D. Maryland Department of the Environment's Lead Poisoning Prevention Program Childhood Blood Lead Surveillance in Maryland - Annual Report 2015
- E. Handouts
  1. Environmental Health News article: Commentary: Lead exposure beyond Flint—protecting our nation's workers
  2. Washington Post article: Researchers have a cheap, easy trick that really helps poor kids learn to read
  3. CNN news report: Lead poisoning forces Indiana residents out of homes
  4. Chicago Tribune article: East Chicago residents fleeing lead contamination find few housing options
  5. Department of Housing and Community Development flyer: What's Happening In Your Neighborhood? Project C.O.R.E.

XIV. November 3, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes November 3, 2016
- D. PPP – Baltimore City Health Department's Childhood Lead Poisoning Prevention Annual Report to Commission
- E. Handouts
  1. Lead Commission Comments – Childhood Lead Registry Report
  2. Office of the Attorney General's response letter to the Lead Commission

XV. December 1, 2016
- A. Sign-In Sheets
- B. Agenda
- C. Approved Minutes December 1, 2016
- D. Handouts
  1. MDE Lead Commission Calendar for 2016 - FINAL
  2. MDE Lead Commission Calendar for 2017 - DRAFT
  3. Issues on Agenda for Lead Commission in 2016 – DRAFT
  4. Recommendations from Lead Commission regarding Surveillance Report
  5. Email: Statute Amendments Suggestions to Lead Commission

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD POISONING PREVENTION COMMISSION OVERVIEW

The Lead Poisoning Prevention Commission, established under Environment Article 6, Subtitle 8, advises the Department of the Environment, the Legislature, and the Governor regarding lead poisoning prevention in Maryland.

COMMISSION MEMBERSHIP

The Lead Poisoning Prevention Commission consists of 19 members. Of the 19 members:

(i) One shall be a member of the Senate of Maryland, appointed by the President of the Senate;
(ii) One shall be a member of the Maryland House of Delegates, appointed by the Speaker of the House; and
(iii) 17 shall be appointed by the Governor as follows:

1. The Secretary or the Secretary's designee;

2. The Secretary of Health and Mental Hygiene or the Secretary's designee;

3. The Secretary of Housing and Community Development or the Secretary's designee;

4. The Maryland Insurance Commissioner or the Commissioner's designee;

5. The Director of the Early Childhood Development Division, State Department of Education, or the Director's designee;

6. A representative of local government;

7. A representative from an insurer that offers premises liability coverage in the State;

8. A representative of a financial institution that makes loans secured by a rental property;

9. A representative of owners of rental property located in Baltimore City built before 1950;

10. A representative of owners of rental property located outside Baltimore City built before 1950;

11. A representative of owners of rental property built after 1949;

12. A representative of child health or youth advocacy group;

13. A health care provider;

14. A child advocate;

15. A parent of a lead poisoned child;

16. A lead hazard identification professional; and

17. A representative of child care providers.

In appointing members to the Commission, the Governor shall give due consideration to appointing members representing geographically diverse jurisdictions across the State.

The term of a member appointed by the Governor is 4 years. A member appointed by the President and Speaker serves at the pleasure of the appointing officer. The terms of members are staggered as required by the terms provided for the members of the Commission on October 1, 1994. At the end of a term, a member continues to serve until a successor is appointed and qualifies. A member who is appointed after a term has begun serves only for the remainder of the term and until a successor is appointed and qualifies. (1994, ch.114, § 1; 1995, ch. 3, § 1; 2001, ch. 707; 2006, ch.44.)

COMMISSION RESPONSIBILITIES

1. The Commission shall study and collect information on:

    - The effectiveness of legislation and regulations protecting children from lead poisoning and lessening risks to responsible property owners;

    - The effectiveness of the full and modified lead risk reduction standards, including recommendations for changes;

    - Availability and adequacy of third-party insurance covering lead liability, including lead hazard exclusion and coverage for qualified offers;

    - The ability of state and local officials to respond to lead poisoning cases;

    - The availability of affordable housing;

    - The adequacy of the qualified offer caps;

    - The need to expand the scope of this subtitle to other property serving persons at risk, including child care centers, family day care homes, and preschool facilities.

2. The Commission may appoint subcommittees to study subjects relating to lead and lead poisoning.

3. The Commission shall give consultation to the Department in developing regulations to implement Environment Article 26.16 (House Bill 760).

4. The Commission will prepare or participate in the preparation of the following reports:

    - Assist MDE and HCD to study and report on methods for pooling insurance risks, with recommendations for legislation as appropriate by January 1, 1995;

    - Develop recommendations in consultation with the Department of Housing and Community Development (HCD) by January 1, 1996, for a financial incentive or assistance program for window replacement in affected properties;

    - Provide an annual review of the implementation and operation of the Lead Poisoning Prevention Program under HB 760, beginning January 1, 1996.

COMMISSION MEETINGS

Frequency, times and places. - The Commission shall meet at least quarterly at the times and places it determines.

Chairman. – From among the members, the Governor shall appoint the Chairman of the Commission.

Quorum. – A majority of the members then serving on the Commission constitutes a quorum.

The Commission may act upon a majority vote of the quorum.

Compensation; expenses. A member of the Commission:
(1) May not receive compensation; but
(2) Is entitled to reimbursement from the Fund for reasonable travel expenses related to attending meetings and other Commission events in accordance with the Standard State Travel Regulations. (1994, ch. 114, § 1.)

LEAD POISONING PREVENTION COMMISSION MEMBERS

NAME	MEMBER CATEGORY
Nancy Egan, Esq.	The Maryland Insurance Commissioner or the Commissioner's designee
Mary Beth Haller	Local Government
Susan DiGaetano-Kleinhammer	Lead Hazard Identification Professional
Edward G. Landon	Designee for the Secretary of the Department of Housing and Community Development
Patricia McLaine, RN, MPH	Representative of Child Health/Youth Advocate Group
Clifford Mitchell, M.D.	Designee for the Secretary of the Department of Health and Mental Hygiene
Paula Montgomery	The Secretary or the Secretary's Designee for MDE
Barbara Moore, MSN, RN, CPNP	Health Care Provider
Leonidas A. Newton	Representative of owners of rental property built after 1949
Nathaniel Oaks	House of Delegates
Manjula Paul	The Director of the Early Childhood Development Division, State Department of Education, or the Director's designee
Christina Peusch	A representative of child care providers
Adam D. Skolnik	A representative of owners of rental property located in Baltimore City built before 1950
John J. Scott, Jr.	A representative from an insurer that offers premises liability coverage in the State
VACANT	A representative of owners of rental property located outside Baltimore City built before 1950
VACANT	Child Advocate

VACANT	Parent of a Lead Poisoned Child
VACANT	A representative of a financial institution that makes loans secured by a rental property
LEGISLATIVE REPRESENTATIVES	
VACANT	Senate of Maryland
DEPARTMENT OF THE ENVIRONMENT STAFF	
Pet Grant-Lloyd, Administrative Aide Maryland Department of the Environment Land Management Administration Lead Poisoning Prevention Division 1800 Washington Boulevard Baltimore, MD 21230-1719	Tel: (410) 537-3825; Fax: (410) 537-3156 email: pet.grant-lloyd@maryland.gov

Lead Poisoning Prevention Commission

5. Number of Meetings Held: 12

6. Number of member attended meetings:

Current Member Name:	Number of Meetings Attended:	Attendance: *(As Percentage)*
Davis, Anna	0	0 %
Digaetano-Kleinhammer, Susan	11	92 %
Egan, Nancy	6	50 %
Haller, Mary	4	100 %
Landon, Edward	11	92 %
McLaine, Patricia	12	100 %
Mitchell, Clifford	10	83 %
Montgomery, Paula	8	66 %
Moore, Barbara	10	83 %
Newton, Leonidas	4	100 %
Paul, Manjula	6	60 %
Peusch, Christina	6	60 %
Scott, John	4	33 %
Skolnik, Adam	4	95 %

7. Waivers:

Seeking guidance from John Scott to determine if he wants to request a waiver for 2016

Davis, Anna-New 2017
Haller, Mary-New 2016
Newton, Leonidas- New 2016
Skolnik, Adam- New 2016

STATE OF MARYLAND
OFFICE OF THE GOVERNOR

LAWRENCE J. HOGAN, JR.
GOVERNOR

STATE HOUSE
100 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401-1925
(410) 974-3901
(TOLL FREE) 1-800-811-8336
TTY USERS CALL VIA MD RELAY

April 14, 2017

John Jesse Scott, Jr.
5170 Buena Vista Road
Prince Frederick, Maryland 20678-3557

Dear Mr. Scott:

Please be advised that Governor Hogan has approved a waiver of your compliance with the attendance requirement for your membership on the Lead Poisoning Prevention Commission.

This waiver is granted in consideration of the special circumstances which prevented you from participating in at least fifty percent of the meetings held in calendar year 2016.

The Governor appreciates your continued interest and commitment to the work of the board. He trusts that you will be able to participate fully in the upcoming year.

Sincerely,

Chris Cavey
Secretary of Appointments

JANUARY 7, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

January 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	~~Hazard ID~~ Professional	410 321- 7663
LANDON, Edward	Dept. Housing and Community Dev.	301-429-7650
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene by phone	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
ROBERTS, Linda Lee	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	~~Baltimore City Housing~~ Local Gov (Pr)	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
~~VACANT~~	~~Local Government~~ NA	
VACANT	Financial Institution	
VACANT Manjula Paul	Office of Child Care/MSDE	Manjula.Paul1@Maryland.gov
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

January 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
TOMMY THOMPSETT	MMHA	1421 CLARKVIEW RD, SUITE 100B, 21209, thompsett@mmhaonline.org
Dawn Jay	Aerosol Monitoring & Analysis	
CE Burke	BCHD	camille.burke at baltimore city.gov
Nick Carey	MIA	nick.carey@Maryland.gov
Chris White	Arc	cwhite@arcenvironmental.com
RON WINEGRAD	MOSH	
Myra Krum II	DCHD	
Ruth Ann Norton	GHHI	ranorton@ghhi.org
Rachel Hess Mutinda	DHH	rachel.hess-mutinda@[illegible]maryland.gov
Sweetan Hampton	GHHI	
Christine Schiffkowitz	CONNOR	cschiffkowitz@connorinstitute.com

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, January 7, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Funding for Child Care Facilities Workgroup – Christina Peusch
   b. Follow-up on Rental Registry and Mail-out – Joe Wright
   c. Other

III. New Business
   a. Governor Hogan's Plans for Baltimore
   b. Other Sources of Lead: Crisis regarding Drinking Water in Flint Michigan

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, February 4, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
January 7, 2016

APPROVED Minutes

Members in Attendance
Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell (via phone), Barbara Moore, Del. Nathaniel Oaks, Ken Strong, Tameka Witherspoon

Members not in Attendance
Nancy Egan, Paula Montgomery, Christina Peusch, John Scott

Guests in Attendance
C. E. Burke (BCHD), Nick Cavey (MIA), Syeetah Hampton-El (GHHI), Dawn Joy (AMA), Myra Knowlton (BCHD), Rachel Hess Mutinda (DHMH), Ruth Ann Norton (GHHI), Manjula Paul (MSDE), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Chris White (Arc Environmental), Ron Wineholt (AOBA)

Welcome and introductions
Pat McLaine called the meeting to order at 9:40 AM with welcome and introductions. Minutes of December 3, 2015 were reviewed. Ed Landon made a motion to accept the minutes, the motion was seconded by Barbara Moore, and the minutes were accepted unanimously.

Old Business
Funding for Child Care Facilities Workgroup – Ed Landon reported that a follow up meeting has not yet been held; he will follow up with Christina Peusch.

Follow-up on Rental Registry and Mail-out – deferred to February 2016 meeting

New Business
Governor Hogan's Plans for Baltimore City – Ed Landon reported that Governor Hogan will provide a lot of money to bolster demolition activities in Baltimore City. The Maryland Stadium Authority will control the demolition effort, and the control level will be with the state. The Governor and Lt. Governor want to oversee operations closely. Details on where demolition is planned are not available now. Demolition has changed now – Ed Landon was not sure what requirements will be used for removal of housing rubble and how the lots will be left. Ruth Ann Norton stated that she has proposed a plan to address the demolition. She noted that East Baltimore Development Incorporated Project (EBDI) included a large amount of demolition and the Casey Foundation had asked the Coalition to put together standards for demolition. The Coalition had convened a national panel to look at the standards and included community input. Monitoring showed lower lead dust loadings due to cleaning streets and sidewalks prior to demolition activity. The City of Baltimore adopted most of the recommendations but does not require posting of properties or identification of truck routes to be used for removing the rubble. Ed Landon stated that HCE had removed asbestos floor tiles prior to demolition of public

housing high rises; other heavy metals could also cause problems. There is also concern for water contamination, based on how the storm drains are dealt with, and for truck traffic. Ruth Ann Norton said she is confident the state is taking a good look at this. Ruth Ann Norton indicated that the Federal Government currently has no standards for demolition. The additional cost for employing safe standards by EBDI was 8% and these standards included community education. EBDI standards have gone to the legislature three times but have never gotten out of committee. Delegate Nathanial Oaks stated he was very concerned about this. Ed Landon noted that on-site inspection control focused on proper use of controls is also an issue. Having active controls in place during operations is very important. Ruth Ann Norton suggested that GHHI could review existing demolition regulations to identify what, if anything is missing to protect health and safety.

Ruth Ann Norton suggested the commission could also advocate for health-based standards for redevelopment – healthy homes standards as part of the rebuilding of affordable housing. This would be of interest to many groups in the community. Ed Landon suggested that the smart thing to do would be to take down entire blocks; this is much more economical but a good plan is needed. Ken Strong said he will carry the message back to BCHD. Strategic demolition planning is going on within Baltimore City Housing. The City does aim for demolition of the whole block whenever possible. Deconstruction is also an alternative, and the City works with non-profits to recycle building materials. Ed Landon noted that there is added cost for deconstruction, which also takes time, but this may be the way to do it in Baltimore. Both Pat McLaine and Ruth Ann Norton noted that relocation of residents, including families, children and elderly, was an issue. Ed Landon stated that the Mayor has indicated that there is a plan in place for relocation. Ken Strong noted that Federal requirements govern the relocation of residents; this is one of the most costly expenses and families typically have done well. Ed Landon stated he wanted to see the standards first. Cliff Mitchell noted that it was important to urge all relevant agencies to be involved with the planning of this work. Myra Knowlton stated that there had not been enough eyes on contractors doing demolition; enforcement is needed. She suggested that the State could also require demolition contractors to have RRP training. Ed Landon stated that the state needed to look at where the refuse is dumped. Contractors should have to show a permit for waste disposal and the State needs to have inspectors on this regularly. Pat McLaine suggested that the Commission consider sending a letter to the Governor about the importance of on-site inspections, involvement of the community, use of EDBI standards and noting the need to ensure the rebuilding of housing for community residents. Based on the GHHI review current requirements to identify if anything is missing, a letter will be drafted for review and approval by Commissioners. Ed Landon will provide an additional briefing on the demolition at our February meeting.

DHMH – Cliff Mitchell reported that DHMH is working with the Coalition on materials for providers. DHMH has secured a mailing list for physicians from the Board of Physicians, including pediatricians and family care providers. He has requested a list of Nurse Practitioners from the Board of Nursing. Cliff is doing a series of Grand Rounds on the new regulations for

lead screening. The regulations are awaiting publication in the Maryland Register. Cliff stated he will send Pet Grant a copy once the regulations have gone in for publication. Based on prior comments, Cliff Mitchell stated that he feels most of the concerns have been addressed. He is proceeding with the assumption that the regulations will be in place in several months. DHMH is also working on revisions to MSDE forms (for childcare, teachers) and has met with the Office of Childcare and with school nurses. DHMH is also working with local health department case managers and will meet later this month about providing regional resources for the management of children with BLLs in the 5-9µg/dL range. DHMH will also work on their website to make sure materials are readily available. Cliff Mitchell indicated he will be talking with MDE about increased reporting issues and follow-up of children with BLLs of 5-9µg/dL. There is briefing in the House on 1/21/2016 concerning lead at the Environment and Transportation Committee.

Crisis regarding Drinking Water in Flint, Michigan – A number of articles were provided at the meeting on the crisis in Flint, Michigan. Pat McLaine noted that it is important to remember that lead in housing is not the only source of lead exposure. Ed Landon noted that problems occur whenever changes are made to sources for drinking water, for example, using the Susquehanna River. A number of years ago, changes were required for drinking water fountains because of brass fittings containing lead. Ed Landon asked if MDE could provide an update on sources for drinking water in Maryland at our next meeting.

Pay for Success Program – Ruth Ann Norton talked about the Pay for Success Program. This is an alternative financing concept from the UK – pay for what works. For example, lead hazard control is effective in decreasing lead exposures, but the problem is that there are inadequate resources to scale the interventions to ensure the best outcomes for populations. Social impact bonds are secured with private sector investors (e.g. Bill Gates, Mark Zuckerberg) who are interested in using money to have a social impact and to get a return on investment. The program is funded. The government pays only for success, for performance, for what works. Investors get their money back and a return on investment. Private foundations are also involved. GHHI is working with the Calvert Foundation, Johns Hopkins and Goldman Sacks to develop an intervention for kids with asthma. Medical costs are highest among Medicaid recipients. Investors put forward an investment of about $10 million to cover the cost of housing interventions and a randomized controlled trial. The plan is to get State Medicaid program to pay for proven practices that will reduce the costs and improve the health of children with asthma. The metrics would be decreased asthma hospitalization and ED visits, improvements in symptoms of individual children and improvements in school attendance. Referrals would come from CRISP to community health service providers who will complete home assessment and begin intervention by a nurse to ensure actions are taken to reduce asthma triggers in the home. Follow up is at 1, 6, 9 and 12 months. If there is a 50% reduction in hospitalization and a 40% reduction in ED visits, Johns Hopkins Health Plan and Medicaid will pay. Investors are guaranteed a portion of return even if they don't meet the agreed upon metrics. RWJ and Kresge Foundations back this up. If the program fails to reach its metric, they will pay investors partial payment. The return on investment ranges from 4-12%. Ruth Ann Norton said 8 projects have

been funded in the US, including early education and work force recidivism. Only one has failed: they had success but did not meet the metric success level. Usually the payer is the government. About 100 transactions are under development nationally. Many focus on early education investments (Early Head Start and Head Start) that have been dramatically successful. Proving the negative (for example, preventing a child from being poisoned or preventing falls) is more difficult to calculate.

Baltimore Eviction Rate among Highest in Country – an article from Baltimore Sun was distributed to Commissioners citing findings from a new study from the Public Justice Center that found the rate of Eviction in Baltimore to be the highest of any major American City – more than 6,000 renters evicted every year. GHHI sits on rent group workgroup. Syeetah Hampton-El indicated that a change was made recently that only 30 evictions could be batched together for processing by the courts. The Workgroup is trying to identify better, more just ways to protect tenant interests. Small mom and pop organizations are not always aware of requirements for evictions. There may be legislation about this during this session. Owners cannot evict if they are not in compliance with lead registration and have a lead certificate. Ed Landon asked if the properties are bank foreclosed. In these cases, liability goes back to the new owner, who may not know about the law. Syeetah Hampton-El stated that if the property was foreclosed, the new owner has restrictions they must comply with. Prior to the sale, the bank is on the hook to maintain the property. Ed Landon stated there should be disclosure of lead to new buyers of foreclosed properties. Myra (BCHD) stated that there was an exemption on lead disclosure at the Federal level on foreclosed properties. The City is sometimes able to get banks to rehab the foreclosed properties, but they are also evicting tenants. There is a gap here, discussed by the Commission at earlier meetings – information about existing notices of violations is not provided at property transfer.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, February 4, 2016 at MDE, AERIS Conference Room, Front Lobby, 9:30am – 11:30am.

Agency Updates
Maryland Department of the Environment – no one present to provide a report

Maryland Department of Health and Mental Hygiene – nothing more to report

Maryland Department of Housing and Community Development. – nothing more to report. Ed Landon reported that no lead legislation has been dropped yet as early legislation. He is aware of one bill being reconsidered by Senator Eckardt (HB 1158 from 2015 Session).

Baltimore City Health Department – Camille Burke reported that Laura Fox has left the Health Department to move closer to her family; her last day was January 5. BCHD is working with DHMH and the Coalition on the 5-9 BLLs, and taking calls from around the state. Barbara Moore asked who could take calls if a family whose child had a BLL of 5-9μg/dL had questions about inspection; Camille Burke said she would take those calls.

Baltimore City Housing Department – Ken Strong reported that negotiations with HUD were complete and the new HUD grant went to the Board of Estimators on December 23, 2015. The start date for the grant will be 1/1/2016. A lot of preliminary work is being done including coordination with other agencies, sub-agreements, getting pipeline cases identified, and the work is moving forward. The Housing Department is talking about how the idea of tax credits for healthy homes improvements might work. RRP training was held for lead staff and partners; HUD and MDE assisted.

Office of Child Care – nothing new to report.

Maryland Insurance Administration – nothing new to report.

Public Comment – no public comments were offered.

Adjournment
A motion was made by Ed Landon to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:12 AM.

Washington Post, January 5, 2016

Md. gov. unveils plan to raze blocks of vacant Baltimore buildings

The inside track on Washington politics.

Gov. Larry Hogan kicks off Project C.O.R.E., or Creating Opportunities for Renewal and Enterprise, in West Baltimore's Sandtown-Winchester neighborhood. (Marvin Joseph/The Washington Post)

By Fenit Nirappil January 5 at 8:17 PM

Maryland Gov. Larry Hogan on Tuesday unveiled plans to knock down thousands of vacant buildings in Baltimore, replace them with parks and green space and offer incentives to developers who want to bring new projects there.

Hogan (R) announced the joint effort by the state and city governments on a blighted block in Sandtown-Winchester, the childhood home of Freddie Gray, whose death after suffering a severe spinal injury in police custody sparked riots this past spring and became part of a national debate about police treatment of young black men.

"Fixing what's broken in Baltimore requires that we address the sea of abandoned, dilapidated buildings that are infecting entire neighborhoods," said Hogan, who was joined by Baltimore Mayor Stephanie Rawlings-Blake (D) and other top officials. "They aren't just unsightly, they are also unsafe, unhealthy and a hotbed for crime."

But those who live in the neighborhood voiced skepticism about the promise of recreational spaces and future development projects. They welcomed the razing of long-abandoned buildings but said there is an urgent need for affordable homes to replace them.

"Parks? What about houses? We need homes back. You see all the people on the street," said Brooks Brown, 58.

Maryland Gov. Larry Hogan announced Project C.O.R.E., which stands for Creating Opportunities for Renewal and Enterprise, a multi-year, multi-million-dollar initiative from the state to demolish thousands of vacant structures in Baltimore. (YouTube/GovHogan)

[Baltimore has more than 16,000 vacant houses. Why can't the homeless move in?]

Officials estimate that there are 16,000 vacant homes in Baltimore, a former industrial hub whose population has shrunk by a third since the 1950s. Entire blocks are boarded up or falling apart, and homes are littered with signs advertising cheap sales and rehabilitation.

"More people would stay, but there's no reason to stay when you are surrounded by despair," said Monica Cooper, a lifelong Sandtown resident who moved closer to downtown five years ago.

Hogan's plan calls for $75 million over the next four years to demolish vacant buildings and replace them with green space and parks, with the city pitching in an additional $19 million. The state will also make available $600 million in financing to encourage private developers to launch projects in the targeted Baltimore neighborhoods.

Officials estimate that 20 blocks of buildings will be demolished in the first year.

As if to ensure everyone understood the urgency, the news conference was followed by an excavator effortlessly ripping down a house from the second story as Hogan and other officials watched from across the block. A worker sprayed a hose at the site, keeping the dust cloud from growing past the sidewalk.

Brown said he has heard many promises from politicians and developers who say they will turn Sandtown around. The lack of progress, he said, makes him question whether those in power truly have the best interests of residents at heart. "They won't do anything that helps us," he said.

The 1000 block of North Stricker Street is slated for demolition. (Marvin Joseph/The Washington Post)

Paul Graziano, Baltimore's housing commissioner, says green spaces will help create a better sense of community in the affected neighborhoods, give families a place to congregate and improve security.

Rawlings-Blake, who has criticized some of Hogan's other efforts in Baltimore, said she welcomes his support in eliminating blight. The mayor said getting rid of vacant property has been a top goal of her administration. There have been 2,600 units rehabilitated in recent years and 2,000 demolished, she said. But additional funding was needed from the state to keep up that pace.

Experts say the stock of vacant property in Baltimore has remained high despite the city's efforts because more owners are abandoning properties even as some abandoned buildings are eliminated.

There was a $130 million effort to transform Sandtown in the 1990s, which brought new homes and services. But new jobs and businesses failed to materialize.

[Why couldn't $130 million transform this Baltimore neighborhood?]

"The challenge is to do something about the underlying issues, disinvestment and employment," said John Kromer, a housing consultant and instructor at the University of Pennsylvania who has studied Baltimore.

The initiative announced Tuesday is Hogan's latest effort to address poverty and other challenges in Baltimore.

He was accused of neglecting the city when he canceled the long-planned and costly Red Line light-rail project in June, saying it was not worth the money and would not be successful.

Hogan, a former commercial real estate broker from Anne Arundel County, later unveiled a $135 million plan to improve bus service, which Rawlings-Blake and others said was insufficient.

He has said he wants to include two Baltimore schools in a program that will launch six-year educational programs combining high school, work experience and community college. And he has announced programs to provide free books for young children in the city and summer jobs for teenagers.

News / Maryland / Sun Investigates

Lead paint: Despite progress, hundreds of Maryland children still poisoned

By Timothy B. Wheeler and Luke Broadwater · Contact Reporters
The Baltimore Sun

Lawyer: "If rich white kids were getting poisoned, there would be a law...that says 'No lead in houses.'"

DECEMBER 5, 2015, 10:15 AM

There's a huge hole in the kitchen ceiling of the rowhouse Olivia Griffin rents in West Baltimore. Rain leaks in through the roof, the lights in a bedroom don't work, and standing water fills one end of the basement.

The 27-year-old mother's biggest worry, though, is the flaking, peeling paint inside and out — and the dangerously high level of lead in the blood of her 1-year-old daughter, Lyric. Two of her other three children have lower but still potentially harmful levels in their blood as well.

Lead poisoning, once epidemic among Baltimore's poor, is much less common than it used to be, with the number of new city cases dropping by 86 percent since 2002. But it is still claiming young victims years after authorities vowed to eradicate it. At least 4,900 Maryland children have been poisoned by lead in the past decade, their brains exposed to a contaminant that causes lasting learning and behavioral problems. There are likely more victims, because not all children are tested.

The poisoning continues in part because the system Maryland has set up to protect youngsters from deteriorating lead-based paint is inadequately enforced and relies on data riddled with errors, a Baltimore Sun investigation has found.

Article continues below ↓

Last year, the system failed more than 260 children who were poisoned in Maryland — at least one in nearly every county, and 129 of them in Baltimore. It failed Olivia Griffin's children, more than once.

State and city inspectors visited Griffin's home after a test last year found her now 3-year-old son,

Nazir, had an elevated lead level. The Maryland Department of the Environment and the Baltimore Department of Housing and Community Development both directed her landlord to fix crumbling paint in the home — but then, nothing was done.

The state agency closed its case after records were erroneously changed to say the problem had been fixed, and no one checked. In the city, no one followed up on the housing department citation insisting that the peeling paint be dealt with. Griffin says she kept pressing her landlord to no avail.

The hazardous paint was allowed to remain, and by this fall, Griffin had more than Nazir to worry about. Tests showed Lyric now had lead poisoning, and her twin brother, Zion, also had lead in his blood.

When she learned the severity of Lyric's poisoning, Griffin said, "I just cried, because I thought something was going to be wrong with my baby."

Del. Samuel I. "Sandy" Rosenberg says government agencies need to do more to make sure Maryland's lead paint law is enforced and that children are protected from poisoning.

"This is a clearly preventable disease," said Rosenberg, a Baltimore Democrat who pushed to get the law passed. "We need to act before kids get sick."

Freddie Gray's death in police custody in April offered a painful reminder of the legacy of Baltimore's long history of lead-poisoned children. The city banned the use of lead paint in 1950, nearly three decades before the federal government outlawed its use in homes nationwide. But the paint on the walls and woodwork of older homes remained, and it has poisoned generations of youngsters living in dilapidated housing.

Article continues below ↓

As children in the early 1990s, records show, Gray and his sisters picked up harmful levels of lead as their family moved from one lead-laden rental home to another. The family received a monetary settlement from one of their landlords after claiming in a lawsuit the youngsters had suffered learning, behavioral and medical problems from ingesting lead paint dust.

Experts suggest Gray's mental impairment by lead poisoning might have played a role in his struggles in school and his involvement in the drug trade. The officers who chased him from a West Baltimore street corner before his arrest were under orders to crack down on suspected drug dealers.

In the past 21 years, Maryland has passed and strengthened the law requiring landlords to cover

or remove lead-based paint that's peeling, chipping or flaking. An elaborate system is supposed to keep track of all rental homes old enough to have lead paint, and the homes are required to pass an inspection. State and city agencies regularly share information and cooperate in enforcement, officials say. Statewide, the effort has led to a 98 percent drop in reported new poisonings.

"We are proud of the work that we have done in the city," said Dr. Leana Wen, Baltimore's health commissioner. Yet while the drop in cases is "something to celebrate," she said, "that's not nearly enough. If a child has any level of lead in their blood, that is not acceptable."

Further progress is hindered, advocates say, because the state lead paint law is largely self-enforced. The state requires landlords to have their properties inspected for lead paint hazards, but rarely checks. A state or city worker typically visits a rental unit only after a routine medical test finds a child has been poisoned, or if someone complains. And even then, cases fall through the cracks.

Article continues below ↓

Thomas Tompsett, a lobbyist for owners and managers of Maryland's larger apartment buildings and complexes, insists that most landlords do the right thing, investing heavily to treat lead-based paint in their properties. He suggested that tenant children could be picking up lead in other places — from urban soil, from relatives' or caregivers' homes, or from imported toys and candies contaminated with lead.

"We landlords get a bad rap, but we're not all bad people," Tompsett said.

Some children do pick up harmful levels of lead elsewhere, health officials say, but in Baltimore and the rest of the state, lead-based paint in homes remains the primary source of exposure. And nearly two-thirds of the children poisoned in the city are living in the same pre-1950 rental homes that have been the focus of state enforcement for decades.

Even a minute dose of lead can subtly damage a young child's developing brain and nervous system, studies show, making it harder for the child to learn to read, think and retain information. Lead poisoning can also make it harder for a youngster to sit still, and make the child more prone to act out. Studies have found poisoned children are more likely to struggle in school and to get in trouble, both as juveniles and adults.

More than a decade ago, Maryland publicly pledged to end childhood lead poisoning by 2010. Some see a lack of commitment, or worse, in the failure to do so.

"If rich white kids were getting poisoned, there would be a law on the books that says 'No lead in

houses,'" said lawyer Brian Brown, who files lawsuits on behalf of lead-poisoned children. "There's a lack of proactive enforcement."

Del. Jill P. Carter of Baltimore agrees.

"What has been done is wholly inadequate," she said.

Children 'aren't being protected'

Here's how Maryland's law is supposed to protect children like Olivia Griffin's:

People looking for lead-safe housing to rent can check an online database maintained by the Maryland Department of the Environment. The properties listed are supposed to be inspected before tenants move in to ensure they're free of peeling, flaking paint and of lead dust. The owners of rentals built before 1978, when lead paint was banned nationally, are required to hire a private inspector to check the home and make sure it is safe. And if paint later starts to come off walls or woodwork, landlords must fix it within 30 days of being notified — or offer the tenants someplace safe to stay until repairs can be made.

There are gaps in that system. Rental properties must be registered every year, but some owners have never registered. And even if a place is registered with the state, that doesn't guarantee it passed inspection.

With fewer than a dozen inspectors to cover as many as 400,000 rental units statewide, MDE officials say they don't have the staff to check.

"We respond to complaints," said Jay Apperson, a spokesman for the Department of the Environment. "We do not have the resources to do sweeps."

State auditors have repeatedly criticized the agency's oversight of the rental registry, finding that, over the years, thousands of properties have dropped off the list without explanation. The homes may have been sold, boarded up or demolished — all legitimate reasons to stop paying the $30 annual registration fee. But auditors found that the MDE failed to check on why property registrations weren't renewed. Unregistered properties are still being rented.

In the 2600 block of Miles Ave. in the city's Remington neighborhood, for example, 16 rental properties checked by The Sun did not have an up-to-date registration on file with the state. And two were never registered, according to state records. Only three properties of 21 in the block identified by the local community association as rental homes had all their paperwork in order, state officials confirmed.

"The children living in these homes, they obviously aren't being protected," said Bill Cunningham, treasurer of the Greater Remington Improvement Association. The group brought its concerns about the block to The Sun, saying it was worried because young children live there.

"If we were able to show this in one block, then what does the rest of the city look like?" Cunningham asked.

In response to the critical audits, the Department of the Environment over the summer mailed 10,500 violation notices to owners of properties that hadn't renewed their registration in the past three years. The penalty for failing to register is $90.

In Griffin's case, the rowhouse on Lauretta Avenue was registered when Olivia Griffin moved in with her aunt six years ago. But state officials say there is no record it ever passed a lead paint inspection.

Under the law, the property owner is required to remove any lead hazards before a new tenant moves in and fix any that arise over time.

Moreover, landlords are required to give tenants a certificate from the inspector attesting the unit is lead-safe. They're also supposed to give tenants brochures explaining what they can do to keep their children safe from lead poisoning, including reporting any paint that starts to chip.

"All it takes is a little bit of lead dust on their pinkie day in and day out," said Barbara Moore, a nurse practitioner who runs the lead-poisoning clinic at Mount Washington Pediatric Hospital. Ingesting an amount comparable to five granules of sugar is enough to poison a child, she said.

Griffin said her landlord never told her there was lead paint in the house, which was built in 1920.

Horacio A. Tablada, deputy state environment secretary, said tenants share responsibility for ensuring that their children don't become poisoned. Residents are encouraged to report recalcitrant landlords, he said, and state inspectors follow up on such cases. But Tablada acknowledged that tenants may be reluctant to contact authorities, in some cases fearing they might be evicted.

At Griffin's home, an alarm of sorts was sounded last year when a test found that Nazir, then 2, had 9 micrograms per deciliter of lead in his blood. The reading was just below Maryland's legal threshold for lead poisoning: 10 micrograms per deciliter.

Since 2012, citing research showing there's no safe level of lead exposure, the U.S. Centers for Disease Control and Prevention has urged health care providers and authorities to follow up on

any young child with a level as low as 5 micrograms. But Maryland, unlike some states, has not revised its standard, citing limited resources to follow up on the additional cases. In Baltimore alone, for instance, there were 708 children last year found to have lead levels in the range the CDC recommends checking — more than five times the number of children officially considered poisoned in the city that year.

The city Health Department does try to visit parents of any child found to have a blood lead level of 5 to 9 micrograms. They agency didn't in Nazir's case, city officials say, but Tablada says the city did notify the state.

As a result, a state inspector looked into the Lauretta Avenue home in November 2014, records show. Finding no evidence the place had ever passed inspection, the MDE issued a notice of noncompliance to the landlord. Soon afterward, Tablada said the landlord called the MDE to report that she planned to evict the tenants and board up the house because she could not afford to make repairs.

Tablada said his staff then forwarded the case to the department's lawyers. But before any legal action could be taken, he said, his agency was notified the property had indeed passed a lead paint inspection. So the case was closed.

Only later did MDE staff discover that the property had actually failed the inspection, Tablada said. Somehow the wrong information had been entered in a computer database. Officials are still trying to determine how that happened, he said.

"This case should have stayed open," Tablada said.

Meanwhile, worried by peeling paint that was getting worse, Griffin's aunt called the city's 311 line to complain in April. A city housing inspector went out a few days later, confirmed the problem and cited the owner for violating the housing code. Owners can be fined and taken to court if they don't fix such violations within 30 days.

City housing records show the paint violation notice issued for the Lauretta Avenue home remains "open," said Michael Braverman, a deputy city housing commissioner. That means the landlord has not reported making repairs, and the city has taken no action.

The owner of Griffin's home until April, Joelle Snowden of Manassas, Va., noted in a phone interview that she sold the Lauretta Avenue property this year. She said she had the property inspected for flaking paint once about a decade ago, and believed it was in compliance with the lead law while she owned it.

Snowden said it was hard to keep up with expensive repairs at the aging house, especially when she was dealing with serious health issues in her family. Owning the house, she said, "turned out to be more of a nightmare than I anticipated. It became impossible to be a responsible landlord."

In selling the property, Snowden said she alerted the buyer that it needed repairs, including to bad wiring and "chipping paint."

Martha Sekum of Bowie, who is listed in state records as the new owner of the house, said in an interview she was not told of lead paint problems before buying the home from Snowden through an intermediary. She cited the lead hazard in suing Snowden in Baltimore District Court over the deal.

"I just want to get out of this mess," Sekum said.

Tablada said the MDE's efforts to stay on top of cases like Griffin's are hampered by disjointed record-keeping. Property registrations, inspections and enforcement actions are all logged in different databases that cannot easily be cross-checked. Upgrading and integrating those disparate information systems would cost nearly $1 million, he said, adding that the agency hopes to do that.

To make greater progress toward eradicating lead poisoning in Maryland, Tablada said the state needs a better database and better coordination with other agencies to catch problem properties before a child is harmed, not after. Changing the system so the state is made aware of tenant complaints about paint also would help, he said.

Others say more should be done. Ruth Ann Norton, a longtime advocate on lead-poisoning issues, credited state and city agencies with doing a better job of following up on lead cases. But she believes more money is needed to help landlords and homeowners fix expensive problems. And the state ought to license all landlords and require annual inspections, she said.

She noted, for instance, the U.S. Department of Housing and Urban Development has a policy of making annual walk-throughs of all homes where it provides a federal rental subsidy. "We know what to do, how to fix it, and we need the money to do it," Norton said.

Starting next year, the state says, it will urge medical providers to perform blood tests on all 1- and 2-year-olds in Maryland to check for lead. Only about 20 percent of children get tested now. The Department of the Environment also is working to get tens of thousands of additional rental units to comply with the law. As of this year, the law applies to units built as recently as 1978; the cutoff previously was 1950.

"We are making every effort," said MDE's Tablada. "This is a high priority for us here, and for me."

With $6 million in city, state and federal funds, the city housing department plans to help pay for repairs to paint and other problems in 200 owner-occupied homes over the next three years.

In West Baltimore, Olivia Griffin says she's finishing a job training program. With help from the Green and Healthy Homes Initiative, a nonprofit Norton directs, Griffin has qualified for a federal housing voucher that will help her find a new place to live. She says Lyric, now 14 months, so far appears to be developing normally despite the lead poisoning. But she's concerned about Nazir. He acts out a lot and was slow learning to talk, she said, so she took him to a speech therapist.

"He's doing OK now," Griffin said, though his speech still gets garbled at times. "You just have to be around him for a while so you can understand."

Since 1993, shortly after Gray and his sisters first became poisoned, 37,500 children in the city have ingested enough lead to be considered poisoned under Maryland law, according to state data.

"When do we want to stop dumbing down our kids?" asked Norton. "I don't know what Freddie Gray did between the ages of 3 and 25," she added, but "if he had been able to read well, had gone to school ... [if] his family wasn't just fleeing from one house to another, the likelihood of him not being on that corner would have been a whole lot better. We know that.

"There's a bill to pay because we neglect," she concluded.

tim.wheeler@baltsun.com

twitter/@tbwheeler

luke.broadwater@baltsun.com

twitter/@lukebroadwater

Intractable problems

As part of its continuing coverage of Freddie Gray's death, The Baltimore Sun is examining some of the intractable problems that affected his life — and still plague thousands of city residents. This series of occasional articles will focus on lead poisoning, the drug trade and other topics.

News / Maryland

Baltimore eviction rate among highest in country, study says

By **Luke Broadwater · Contact Reporter**
The Baltimore Sun

SHARE THIS

Judge: "Maryland is the easiest state to evict someone, because that's the way the laws are."

DECEMBER 7, 2015, 6:00 AM

Every year in Baltimore, more than 6,000 renters and their families are evicted from their homes — forced into court proceedings at a higher rate than any other major American city except Detroit, according to a new study from the Public Justice Center.

The evictions are ordered in Baltimore District Court from a docket known as "Rent Court" that largely favors landlords, the study concluded. The system often ignores poor conditions that would justify a tenant's decision to withhold payments, authors, including Dan Pascuiti of the Johns Hopkins University and Michele Cotton of the University of Baltimore, wrote.

"Baltimore needs to answer its rent eviction crisis, and change to the Rent Court system should be a major component of that answer," the authors wrote. "The court is undeniably overrun by the pressure to collect for landlords. The resulting 6,000 to 7,000 rent evictions reflect our leaders' inattention to the state of the court system and the magnitude of crisis."

The study was conducted with the Right for Housing Alliance and funded by the Abell Foundation. It found that most renters facing eviction had legally justifiable grounds for withholding rent payments.

Article continues below ↓

In a survey of about 300 renters facing eviction, 78 percent reported having one or more threats to health or safety existing in their home at the time they appeared at court. About 58 percent reported insect or rodent infestation, 41 percent reported flaking or peeling paint and 37 percent reported plumbing leaks, according to the study.

The survey results demonstrate that most Rent Court defendants have "good cause not to pay at least some portion of their rents," the authors concluded. But most defendants are not represented by a lawyer and do not realize they have a legal defense, the authors wrote.

Judge John P. Morrissey, chief judge of the Maryland District Court, said much of the report addresses issues outside of a judge's control. Judges cannot conduct their own investigations into tenant's property conditions, he said, and they cannot change state law to grant a longer waiting period before evictions.

"Our hands are tied as to the overall structure" of Rent Court, he said.

Morrissey said the court does provide access to free legal services for tenants who request such services, and court officials meet regularly with advocates for the poor about their concerns. "We're always looking to improve," he said.

The study described Rent Court defendants as among the "most vulnerable people in the city." Most are black women, living on less than $2,000 per month, without public housing assistance. The speed of the proceedings — scheduled just 5 to 10 days after a landlord complains of a nonpayment — leaves little time for a tenant to prepare a legal defense, the authors wrote.

Former District Administrative Judge Keith E. Matthews, who retired in 2010 after nearly 30 years on the bench, said the judicial system has worked to improve renters' treatment in court. Officials made services available from tenant advocates and eviction-prevention workers, he said, and arranged for a video on what tenants can do when faced with eviction.

"The court has really tried to work for the tenant," Matthews said.

Even so, he said, state laws make it quick and easy for a landlord to get an eviction compared with other states.

"Reform really needs to begin with legislature," he said. "Maryland is the easiest state to evict someone, because that's the way the laws are. If the rent is due on the first, on the second you can file for eviction. It's easy for a landlord to get an eviction. Other states make it hard."

One woman surveyed for the study, Deborah Jennings, 58, said she's ended up in Rent Court nearly every month this year. Jennings, who is disabled, said she struggles to pay the rent on the East Baltimore house where she, her daughter and granddaughter live.

Between her daughter's job at McDonald's and her disability payments, Jennings said, she has barely enough to afford the rent. She said judges in Rent Court haven't allowed her to present

evidence of rundown conditions.

"You get to Rent Court and they treat you like you're nothing," she said.

Jennings' property manager said the most efficient way to collect late rent payments is to take tenants to court.

"A lot of times, they say, 'I'll have it next week,'" said William Early, the property manager. "It's a business. You don't want to go two or three months before you get anything."

He disagreed that Rent Court is stacked in favor or landlords.

"The judge tells people what they can do if they need help," he said. "To me, it's a fair process. If there's something wrong, they can file papers and put the rent in escrow until the landlords fix stuff up."

The study comes more than a decade after the Abell Foundation reported similar findings in 2003. The authors argue that little has changed in the past 12 years due to a lack of political will. They urged political leaders to respond to hardships among Baltimore's renters as they did for people who lost their homes during the housing market crash of 2008.

The authors cited telephone hotlines, pre-foreclosure counseling and clear notices about the foreclosure process as examples of "lasting changes born of the mortgage foreclosure crisis."

"Baltimore has not seen that kind of response to the rent eviction crisis," the authors wrote. "The city needs it."

Lester Davis, a spokesman for City Council President Bernard C. "Jack" Young, said the report presents "troubling issues."

"He'll reach out to housing advocates and, where necessary, propose common sense solutions that will help protect vulnerable renters," Davis said.

lbroadwater@baltsun.com

twitter.com/lukebroadwater

This article is related to: Bernard C. Young, Abell Foundation

Snyder declares emergency as feds probe Flint water

Paul Egan, Detroit Free Press 10:10 a.m. EST January 6, 2016

Buy Photo

Jessica Owens of Flint holds a bottle of water from her home she collected she said had been proved to have lead while protesting outside of the Kettering University Innovation Center in Flint on Oct. 2, 2015, during an announcement of an action plan for Flint drinking water following warnings of high levels of lead in the water.(Photo: Ryan Garza, Detroit Free Press)Buy Photo

LANSING — Gov. Rick Snyder declared a state of emergency for Flint and Genesee County Tuesday as a result of the contaminated drinking water crisis, on the same day the U.S. Attorney's Office confirmed it is investigating the contamination of Flint's drinking water supply.

Snyder's office issued a news release late Tuesday saying the governor made the declaration "due to the ongoing health and safety issues caused by lead in the city of Flint's drinking water" and activated the state Emergency Operations Center.

Flint's drinking water became contaminated with lead in 2014 after switching its supply source from Lake Huron to the more polluted and corrosive Flint River. The move — a cost-cutting

measure while the city was under the control of a state-appointed emergency manager — resulted in a spike in lead levels in children, which causes permanent brain damage.
A recent preliminary report from a task force appointed by Snyder placed most of the blame on the state Department of Environmental Quality and prompted the Dec. 29 resignation of DEQ Director Dan Wyant.

Although the state assisted Flint in switching its drinking water supply back to Lake Huron water from Flint River water in October, there are concerns that lead problems persist due to damage the corrosive river water caused to the water distribution system.

"By declaring a state of emergency, Snyder has made available all state resources in cooperation with local response and recovery operations," the news release said. The declaration authorizes the emergency management and homeland security division of the Michigan State Police to coordinate state efforts.

DETROIT FREE PRESS

Cher tweets for firing squad on Snyder for water crisis

"The health and welfare of Flint residents is a top priority, and we're committed to a coordinated approach with resources from state agencies to address all aspects of this situation," Snyder said in the release. "Working in full partnership with the Flint Water Advisory Task Force, all levels of government and water quality experts, we will find both short-term and long-term solutions to ensure the health and safety of Flint residents."

The emergency declaration also sets the stage for possible federal aid. Under the law, the governor can ask the Federal Emergency Management Agency (FEMA), to conduct a damage assessment that would be used as a basis for determining eligibility for federal aid.

"If state and local resources are unable to cope with the emergency, the governor may request federal assistance," Snyder spokesman Dave Murray said. "We will continue to look for all avenues for potential assistance for Flint as part of our collaborative efforts to protect the health and welfare of children and all residents."

The emergency declaration was criticized as overdue, but Snyder's office said the governor needed a formal request from the county to act.

Genesee County declared an emergency on Monday and asked the state to do the same. The City of Flint has been under an emergency declaration since Dec. 14.

The Rev. Allen Overton, chairman of the Coalition for Clean Water in Flint, said he agrees the governor needed the local declarations to act. "This is a good day for the City of Flint," Overton said.

"We're going to need some major financing to fix the infrastructure in the City of Flint," he said. "Until that happens, we're not going to be able to do a lot, including drinking the water."

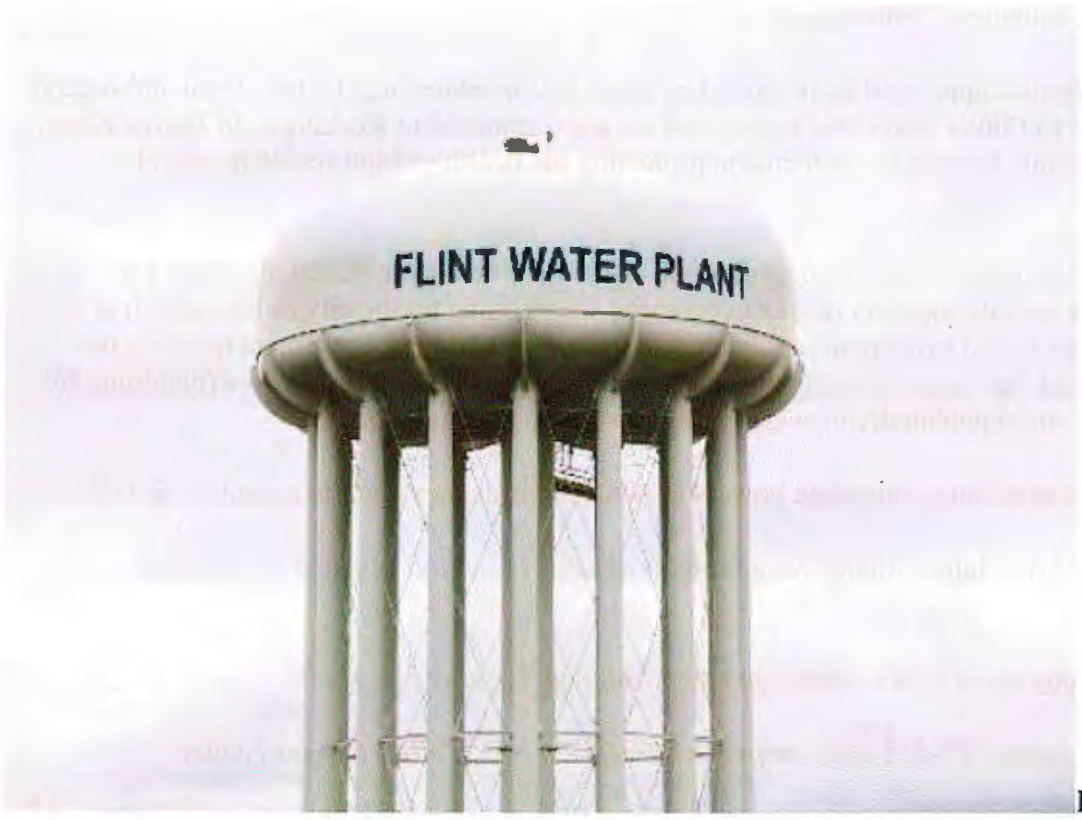
U.S. Rep. Dan Kildee, D-Flint, said he hopes the emergency declaration will mean more resources to address "an ongoing public health emergency."

State Senate Minority Leader Jim Ananich, D-Flint, said he now hopes "the administration will truly take responsibility for the disaster they created. It is beyond frustrating that the city I love, and the people who live in it, had to declare it destroyed before the state would act with any urgency."

Meanwhile, Gina Balaya, spokeswoman for the U.S. Attorney's Office in Detroit, said Tuesday her office is working with the U.S. Environmental Protection Agency on an investigation. She would not say whether the investigation is a criminal or civil matter.

"We're just confirming that we're looking into it," Balaya told the Free Press.

She said the U.S. Attorney's Office doesn't normally confirm nor deny the existence of an investigation, but it made an exception in this case because of the number of inquiries it was receiving from Flint residents. She would not place a time line on the investigation.



Buy Photo

The U.S. Attorney's Office is investigating the contamination of Flint's drinking water. (Photo: Detroit Free Press)

"In an effort to address the concerns of Flint residents, the United States Attorney's Office for the eastern district of Michigan is working closely with the EPA in the investigation of the contamination of the City of Flint's water supply," she said.

The U.S. Attorney's Office is an arm of the U.S. Justice Department. There have been numerous calls for a Justice Department investigation into the lead contamination of Flint's drinking water while the city was under the control of a state-appointed emergency manager, resulting in a spike in lead levels among Flint children. Lead can cause irreversible brain damage and has been linked to behavioral problems.

DETROIT FREE PRESS
Apology, resignations over Flint are good first steps

Murray said an administration official was notified about the investigation by the U.S. Attorney's Office Tuesday morning.

"We will cooperate fully with any requests from the U.S. Attorney's Office as it looks into Flint's water challenges." Murray said.

He said "Snyder has appointed an independent panel that is reviewing all state, local and federal actions related to Flint's water challenges, and we are committed to working with Mayor Karen Weaver and county leaders as we focus on protecting the health of Flint residents and all Michiganders."

Peter Henning, a former federal prosecutor and a professor at Wayne State University Law School, said if the investigation relates to potential wrongdoing by the city or the state, it is almost certainly a civil investigation, which could result in a consent agreement between the public entity and the Justice Department. If the investigation relates to possible wrongdoing by individuals, it could potentially be a criminal investigation, Henning said.

The federal agencies have subpoena powers to obtain records they want to examine, he said.

Former Flint Mayor James Sharp was among those who called for a Justice Department investigation.

"I am very happy about it; it's a necessary step," he said Tuesday.

Contact Paul Egan: 517-372-8660 or pegan@freepress.com. Follow him on Twitter @paulegan4.

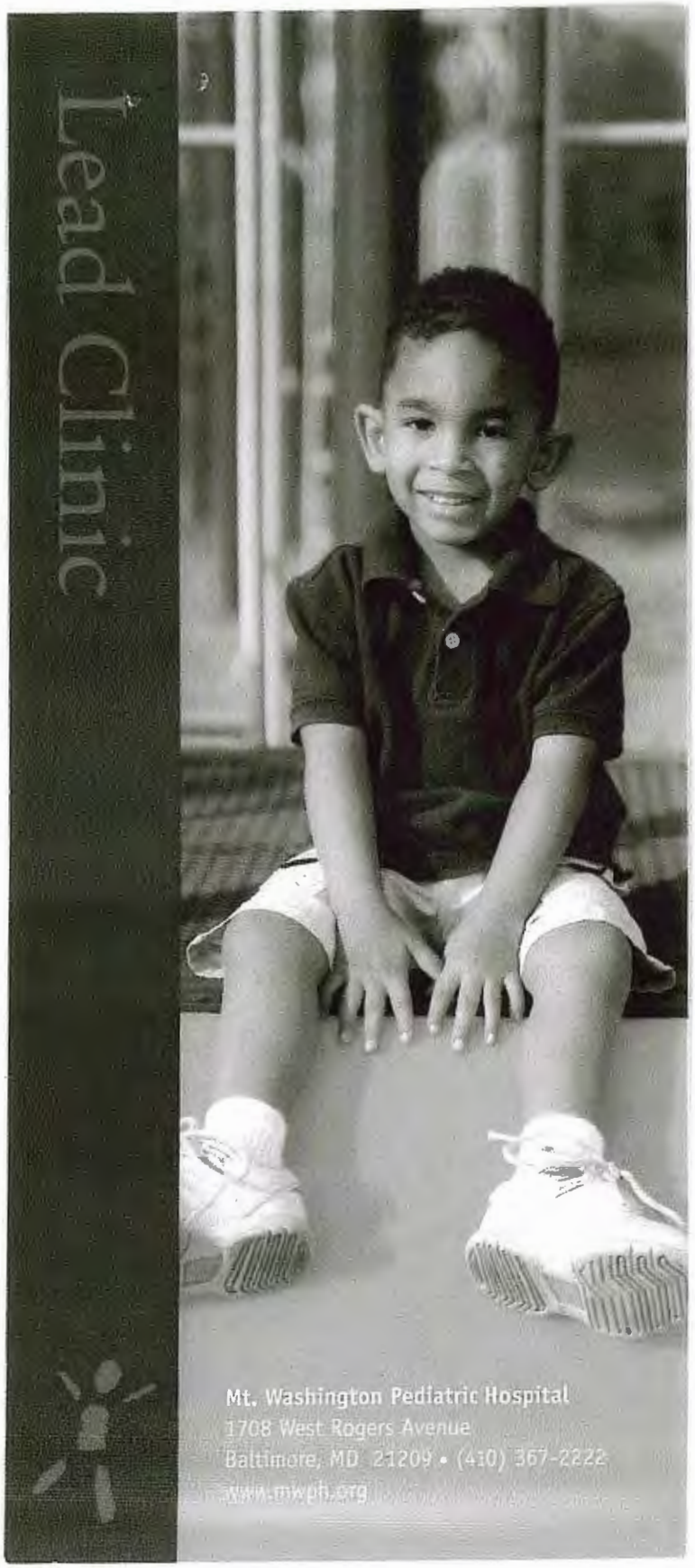
Mt. Washington
Pediatric Hospital

mwph.org

Tamara L. Aviles, LCSW-C
Department of Social Work

1708 West Rogers Avenue
Baltimore, Maryland
21209-4596

410.578.2685
Fax: 410.367.3143
Toll Free: 800.999.9442
taviles@mwph.org



Mt. Washington Pediatric Hospital

mwph.org

Tamara L. Aviles, LCSW-C
Department of Social Work

1708 West Rogers Avenue
Baltimore, Maryland
21209-4596

410.578.2685
Fax: 410.367.3143
Toll Free: 800.999.9442
taviles@mwph.org

Mt. Washington Pediatric Hospital's Lead Clinic

Mt. Washington Pediatric Hospital's Lead Clinic provides a comprehensive childhood lead poisoning prevention and treatment program including inpatient, outpatient and community services. This program is designed to meet the needs of children with elevated blood lead levels.

Evaluations and recommendations for each child are conducted and made by a multidisciplinary team of experienced professionals including:

- Pediatric Nurse Practitioner
- Clinical Nurse
- Pediatric Dietitian
- Social Worker
- Case Manager

Our multidisciplinary evaluation and treatment services include but are not limited to:

- Medical and neurodevelopmental assessment
- Laboratory evaluation
- Nutritional evaluation
- Psychosocial assessment and appropriate referrals into the community
- Coordination with case management in the community
- Referrals to other outpatient services when necessary
- Hospitalization when necessary

Our program provides coordination and prompt communication with the referring physician and/or agency to ensure continuity and quality of care.

Referrals can be made to the Lead Clinic by a child's pediatrician, case manager or community health nurse. To make a referral or to schedule an appointment, please call the Mt. Washington Pediatric Outpatient Center at **410-367-2222**, Monday through Friday, 8:30 a.m. to 5 p.m.

Mt. Washington Pediatric Hospital: Advancing the care of children. A jointly owned corporate affiliate of the University of Maryland Medical System and the Johns Hopkins Health System.

Mt. Washington Pediatric Hospital is a non-profit organization which is dependent upon the generous financial support of the community to maintain and establish patient care programs. In that regard, your tax deductible gift would be greatly appreciated. To make a gift, visit www.mwph.org.

FEBRUARY 4, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

February 4, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	410-206-3161
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

February 4, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Heather Barthel	MDE/LMA	
Dawn Joy	Aerosol Monitoring & Analysis	
DAVID FIELDER	LSBC	DFIELDER@BALTIMORECOUNTYMD.GOV
Kirsten Held	MDE	
Victor L Powell	HUD	202-402-7591 VictorPhd@AOL.com
Jason Hessler	DHCD	jason.hessler@baltimorecity.gov
NANCY REILMAN	MDE	NANCY.REILMAN@maryland.gov
Chris Lehoe	Arc	clehoe@arcenvironmental.com
Christine Schifkaitz	CONNOR	cschifkaitz@connorinstitut.com
Nick Cavey	MIA	nick.cavey@Maryland.gov
Hilary Miller	MDE/LMA	hilary.miller@maryland.gov
Mayuka Paul	MSDE	200 W B St, Mayuka.Paul@Maryland.gov
Sweeten Hampton-EC	GHHI	
MARVIN TURNER	HUD	MARVIN.TURNER@HUD.GOV
Monica Grinnage	LSBC	mgrinnage@baltimorecountymd.gov
Myra Finnell	BCHD	
R Mutinda Rachel Mutinda	DHMH	rachel.hess-mutinda@maryland.gov
Edward Thomas	HUD	215-961-7670 edward.a.thomas@hud.gov
FT CONNOR	CONNOR	
Carol Payne	HUD	410-209-6557 Carol.b.payne@hud.gov

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, February 4, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Follow-up on Rental Registry Compliance and Registration Targeting Efforts in Baltimore City and Baltimore County – Joe Wright
   b. Follow-up on Changes to Permitting Process in Baltimore City – Jason Hessler
   c. Update on Governor Hogan's Plans for Baltimore – Ed Landon
   d. Lead Legislation in the General Assembly
   e. Other

III. New Business
   a. Update on Drinking Water Safety in Maryland – Nancy Reilman, MDE Water Quality Program

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, March 3, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
February 4, 2016

APPROVED Minutes

Members in Attendance
Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Manjula Paul, Christina Peusch, John Scott, Ken Strong

Members not in Attendance
Nancy Egan, Del. Nathaniel Oaks, Melbourne Jenkins, Tameka Witherspoon

Guests in Attendance
Jay Apperson (MDE), Heather Barthel (MDE), Nick Cavey (Maryland Insurance Agency), Patrick Connor (CONNOR), David Fielder (Lead Safe Baltimore County), Monica Grinnage (Lead Safe Baltimore County), Syeetah Hampton-El (GHHI), Kirsten Held (MDE), Jason Hessler (DHCD), Dawn Joy (AMA), Myra Knowlton (BCHD), Hilary Miller (MDE), Rachel Hess Mutinda (DHMH), Ruth Ann Norton (GHHI), Carol Payne (HUD), Victor C. Powell (HUD), Nancy Reilman (MDE), Christine Schifkovitz (CONNOR), Edward Thomas (HUD), Tommy Tompsett (MMHA), Marvin Turner (HUD), Chris White (Arc Environmental), Ron Wineholt (AOBA).

Welcome and introductions
Pat McLaine called the meeting to order at 9:45 AM with welcome and introductions. Minutes of January 7, 2016 were reviewed. Ed Landon made a motion to accept and the motion was seconded by Barbara Moore. All present commission members in favor; minutes were approved.

Old Business
Follow-up on Rental Registry Compliance and Registration Targeting Efforts in Baltimore City and Baltimore County
Paula Montgomery reported on the current active registrations for the Registry:
92,953 properties built before 1950
53,971 properties built 50-78
1,706 properties built post-78
148,630 TOTAL active registrations

MDE is building lists to target Notice of Violation. With regards to estimates for the numbers of properties that should be registered, Paula Montgomery stated that MDE cannot identify the number of units from the Department of Assessments and Taxation (DAT) database. In addition, not all rentals are clearly identified and built dates aren't always correct. MDE's best estimate is 250,000-400,000 units; this may include lead free or limited lead free. Jurisdictions with rental registration requirements must ensure that properties are registered with MDE. Many cities have

already worked on this, including Salisbury and Hagerstown. Paula will provide the Commission with a list of such jurisdictions. MDE does not have any information on whether local jurisdictions have been successful in ensuring that these properties are compliant for lead. Information about the targeting efforts in Baltimore City and County was not available but will be provided to the Commission at a future meeting.

Follow up on Changes to Permitting Process in Baltimore City

Jason Hessler reported that the on-line permitting process for Baltimore City is still being developed. Beta testing is going on now but the system is still based on paper. The new permitting process will include providing the RRP number, indicating if the property is residential or commercial, providing the year the property was built, and determining if the facility is for child care or kindergarten. If it is a rental property, the submitter will be asked if the job involves windows, or disturbing 3 or more square feet. If yes, the manager has to identify the lead trainer. A button would be available to explain this. If it is not a rental property, the system would query: Are you disturbing 6 square feet? If so, EPA license number must be added.

Baltimore City would like to be able to run EPA numbers against an on-line list. They are having trouble doing that now because the EPA list changes daily.
What is the check? Same as MHIC: penalty of perjury. If any fraudulent information is provided, Baltimore City can revoke the permit, stop the job, or make it impossible for the owner to pull other permits. Jason Hessler indicated he had met with GHHI and requested signage in the permit office about the RRP Rule. He will also send out an email to owner when a permit is pulled so the owner will have information sheet on the RRP standards.

When asked about the turnaround time to verify accuracy of numbers, Jason Hessler indicated that there would be random checks. Another question: with regards to clean-up, what instructions are sent about the requirement that the contractor clean-up? This is a recurrent problem for families. Answer: we send out email in other situations. If the data is good coming in, we can notify the owner too. Barbara Moore indicated that this was a major problem with families of a lead poisoned child: the unit is not cleaned up. Victor Powell said that HUD had received a proposal from EPA incorporating a spot kit at time of actual clearance when there is a lot of construction debris. Susan Kleinhammer stated that she applauds Baltimore for taking this action and asked if a permit could be used to document when work is being done, to check on process and to ensure it is safe. Jason Hessler stated that most jobs are inspected, but usually at the end. He indicated that Baltimore City could enforce general safe construction practices. Patrick Connor asked about data collection: will EPA capture the certified firm and certified renovator accredited firm and accredited maintenance supervisor? Jason Hessler indicated that EPA is looking at the accredited firm and license number; Maryland is looking at the supervisor and accreditation number. Ken Strong noted that staff from his division had RRP training, focused on both HUD and MDE regulations. He stated that the program has dedicated $20K for RRP training and intends to subsidize minority and woman-owned businesses that want to be

trained to do RRP, starting in Spring 2016. Jason Hessler promised to send the Commission details on the fields being proposed for the data base – they will be sent to both Pat McLaine and Pet Grant so that the Commission can provide review comments back. Jason Hessler will be back in May 2016 to provide an update.

Christine Schifkovitz asked if a firm did not have numbers, could they still get a permit? Jason Hessler indicated that if a firm didn't complete the number on the permit process, they would not be able to complete the application. Ken Strong indicated he would do outreach to contractors. David Fielder asked if contractors would get kicked out if they typed in random numbers? Jason Hessler indicated Baltimore would be trying to make this workable. The penalty is dire: revocation of the permit, not getting future permits, or perjury.

Update on Governor Hogan's Plans for Baltimore

Ed Landon indicated that the Governor is still in meetings about this. HB 686/SB 59 would establish a state fund for demolition. Ed will have an update for the Commission when available. Jason Hessler indicated that Baltimore City will hold a meeting next week on February 10th, looking at how the City can change practices to make demolition more lead-safe and improve environmental practices. This work is being done in conjunction with Detroit Land Bank and EDBI where stricter demolition standards were used. The new Director of Demolition in Baltimore City has been doing research on this. Jason Hessler stated that the Department followed the rules for asbestos: if it was found, must follow protocol for removal of asbestos. Paula asked where MDE would send citizens who had concerns. Jason Hessler indicated that they could be referred to Michael Braverman in the Building Inspector's Office. On all demolition, Baltimore City wets down, posts signs, sends letters to adjoining property owners, holds a pre-meeting on the plan, provides demo inspections on-site during the life of the demo, uses hoses for wetting.

Syeetah Hampton-El indicated that GHHI is looking for the City and State to adopt the EDBI guidelines. A house bill in 2008 (HB 1256) did not pass; this was the last time these proposed practices were considered. There may be a new bill this year. Not all EDBI standards were adopted. A training block monitor would be provided to answer resident questions and observe what is going on. The standards involved use of the Picker method instead of a wrecking ball. .Another standard was for the contractor to use a hepa vacuum after work was done, going to residences adjoining the demolition area. The EBDI mandated the use of rodenticide. They also removed top soil and provided proper back-fill of soil following the demolition. Standards also included providing street cleaning after the demolition. Tack mats were provided to area residents at the entry to their homes. Independent testing was done of air quality; a study of EDBI in 2011, paid for by the Casey Foundation, found a significant difference in air quality before, during and after demolition. Syetta-El will send legislation out to the Commission if it is been dropped. Pat McLaine will generate a proposed letter to the Governor.

Update on Legislation
Ed Landon reported that 1100 bills have been submitted to date with 3,200 more in the hopper. A hearing for the Structured Settlement Bill and for HB396/Senate Bill 308, both repeats from last year, will be heard February 25 at 1 PM. GHHI is providing written and oral testimony in opposition to both bills. Especially in light of the number of certifications invalidated by MDE, GHHI feels there is no justification to change from 2 to 5 year window. And no scientific evidence behind new suggestions. Ed Landon said that 1158 was submitted late in 2015 and the sponsors ran out of time last year. This bill might get traction because it was submitted early. Susan Kleinhammer agreed to look at whether the Commission should send a letter of support for any of these bills.

Insurance has proposed same changes to structured settlements as approved by the Court of Appeals: A prohibition prohibiting transfer of more than 25% is new.

Crisis in Flint Michigan – Additional information was made available on the lead in drinking water crisis in Flint Michigan.

New Business
Update on Drinking Water Safety in Maryland
Nancy Reilman, MDE Water Supply Program, stated that MDE oversees all public water systems serving more than 25 people in the State of Maryland, more than 3300 systems. The nine major water systems serve 50,000+ people, including Baltimore City, Washington Suburban Sanitary Committee, Anne Arundel County DPW (2 systems), Howard County DPW, Charles County DPW, City of Frederick, Harford DPW and the City of Hagerstown. Most of these systems use surface water as their primary source. All systems are in compliance with the Lead and Copper Rule. All systems test at least every 3 years; some test more frequently. Testing is done in the distribution system at targeted locations as required by EPA since 1992. The idea was to target highest risk residents (not plastic plumbing or recent constructions), including homes with lead service lines, homes constructed 1982-86 (where copper plumbing and lead solder was commonly used). The prohibition of the use of lead solder is part of the plumbing code regulations and is overseen through local County inspections.

Maryland has 998 other water systems, serving fewer than 50,000 people, that routinely test for lead in the drinking water. Seven (7) out of 472 community systems are above the action level, serving 2100 people total. Thirty-one (31) out of 538 systems are nontransient, non-community systems. These include schools, daycares, businesses – but not residences. Approximately 4400 people are served by these systems.

Well water. MDE does not have much contact with well water. This is administered by local County Health Departments. Approximately, 900,000 people are served by individual wells in Maryland. When wells are constructed, they are tested for bacteria, nitrates, and other contaminants as determined by the Counties. There is no ongoing requirement for testing at any other time. Testing can be part of the sales process when the property is sold. Ed Landon

asked about the action levels for lead in drinking water. Nancy Reilman replied that the federal and State regulations have two categories: the maximum contaminate level (MCL) – lead cannot exceed this level of 50 parts per billion (ppb) (1977-1992). Since 1992, there is a treatment technique requirement – not health-based, established on the treatment of water. The original health-based standard was 50 ppb adopted in 1977; the treatment technique requirement was set at 15 ppb (90^{th} percentile) in 1992. John Scott asked about the 31 non-transient systems that exceed the action levels – what happens? Nancy Reilman answered that being above the action level triggers mandatory deadlines for compliance: 1) consumer notice must be provided; 2) the system must perform lead education program within 6 months to persons and to the local county health department; and 3) the system must test source of water to make sure lead and copper are not there [Note: Maryland has never had a single system exceed lead at the source, which is typical within larger distribution systems]; 4) the system must provideoptional corrosion control treatment approved by MDE; and 5) the water system owner perform follow-up testing.

Nancy Reilman said the action level is based on the 90th percentile for sample results. Some schools have provided bottled water as an interim measure until treatment is optimized, and this may be a good choice. Public education messages include warnings that if you are going to use the water to flush first and not to use hot water from the tap.

Syeetah Hampton-El asked where the 7 systems with 472 people that were above the action level were located. Nancy Reilman stated: two were in Baltimore County, one in Carroll County, two in Cecil County, one in Kent County and one in Washington County. The nontransient systems are located in Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Charles and Frederick Counties. John Krupinsky asked if the Administration tracked where lead mains are located; is there a process to identify these? Nancy Reilman said that a survey of lead service lines was done in the early 1990s but the Department does not have the original surveys, but MDE is in the process of getting an update. MDE knows which systems had lead service lines and will be following up with all community water systems.

Ed Landon stated that he understood that water systems tested at least every 3 years. But when the source is switched (for example, when water systems switched to the Susquehanna River during the drought), what is done to test the water? Nancy Reilman answered that with any new water system, additional new treatment facility or a switch of a primary source, there is a permitting process and MDE reviews the water systems drinking water quality and treatment. Regarding the Susquehanna, this water goes through the Montebello treatment facility for Baltimore City. MDE will increase testing requirements so that testing will occur during the next summer cycle following the changes to the water system. The untreated water in summer is generally warmer, and more corrosive. Nancy Reilman stated that MDE believes the existing process would identify any lead issues. Another question: why not test older homes, built before 1950 or before 1978. Nancy Reilman noted that water systems can sample homes built before 1982 if they have lead plumbing or copper plumbing with lead solder. The rule was written in 1992; homes that had the least amount of contact with drinking water were considered at higher

risk. Older homes with long-term contact with the drinking water are believed to have a protective film, a barrier, on the inside of pipes as a result of corrosion control treatment by the water system. In Flint Michigan, this protective film was eliminated by the change in the drinking water quality. Two other categories could be sampled: pre-1982 homes with copper pipe and lead solder or multi-family structures with lead service lines or copper pipe and lead solder.

Are any changes anticipated in lowering the Federal standard to provide more protection of health? Nancy Reilman stated that drinking water standards are reviewed every six years. EPA anticipates preparing a new rule in the next year but MDE has not seen it yet. MDE is the primary enforcement agency for the Safe Drinking Water Act and associated regulations in Maryland. Maryland is prohibited from adopting more stringent standards under the State Annotated Code without a 4-5 year of study, which could then result in changes by the Maryland Legislature. Improvements in test methodology would be required for a lower lead standard: for lead, the test method uses 5 ppb.

Paula Montgomery commented that Abel Wolman did a fabulous job with Maryland's water system. 85% of residents in the State are served by major systems. How is the water treated in the smaller systems? Nancy Reilman answered that corrosion control is complex; drinking water corrosion control uses a variety of chemistry to change or alter pH or alkalinity; there is not one solution for all systems.

A question was raised about notification; water systems are required to individually notify property owners they serve. An annual consumer confidence report is distributed by water systems and is available on-line, in the newspaper, and sent to customers. MDE posts 100% of consumer confidence reports each year. The protocol for testing water is available on-line. MDE does not recommend flushing the line before collecting lead and copper samples – they want to look at the worst case scenario: the first draw. Water must sit a minimum of 6 hours, but not more than 18 hours. MDE recommends that homeowners collect a flush sample if the first first-draw sample was positive. A written report was requested for the Commission.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, March 3, 2016 in the AERIS Conference Room at MDE, 9:30am – 11:30am.

Agency Updates
Maryland Department of the Environment – Paula Montgomery reported that MDE is investigating an inspection contractor for allegedly issuing invalid lead free and limited lead free certificates across the state. Copies of articles from the Baltimore Sun and Washington Sun and a Press Release from MDE were distributed. MDE is working with EPA and HUD to investigate. Paula Montgomery indicated that MDE does not have enough information now to

determine if the contractor committed fraud or was not knowledgeable. MDE also does not yet know if other inspectors within that company were similarly involved; oversight is still focusing on this inspector. Paula Montgomery stated that MDE does provide oversight of inspectors, prior to this case MDE was focusing on contractors meeting the risk reduction certificate standard. MDE decided to look at this inspector who had issued a lot of certificates on 50-78 properties. MDE is still requesting additional resources. Carol Payne stated that HUD is asking their Program Director to examine properties in Maryland, including Public/Indian, Multi-Family and Community Planning properties. Victor Powell said HUD is also working with MDE and is checking with the Housing Authority in Baltimore.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell reported that DHMH will meet with the Office of Child Care today to discuss implementation of new rules on testing that will be published in the Register. DHMH has completed guidance materials and is meeting with local health departments to discuss case management issues, guidance to primary care providers (PCPs) and parents for BLLs of 5-9μg/dL. Legally, health departments will handle all kids with a 10+μg/dL as required, including home investigation, source investigation, etc. But for children with BLLs of 5-9μg/dL, emphasis will be working with the PCP and parents to (1) look for sources of lead and (2) to ensure follow-up testing. DHMH is trying to figure out how best to provide guidance since the PCP is responsible for the follow-up of the child. If the child's BLL rises, DHMH wants to intervene. DHMH expects the PCP to screen thoughtfully for potential sources of lead: (1) if peeling, chipping paint and a rental, the PCP will complete a Notice of Defect; (2) if owner-occupied property, would want to refer family to the Department of Housing and Community Development to find resources for the owners. Cliff Mitchell noted that a lot of coordination is going on: MDE, DHCD and DHMH are meeting regularly. Cliff Mitchell reported that he will be starting up monthly case management conferences with local health departments and noted that he wants to make sure that Maryland can provide primary prevention services to identified children and wants to prioritize inspection resources.

Maryland Department of Housing and Community Development. – Ed Landon indicated there was nothing more to report.

Baltimore City Health Department - nothing to report

Baltimore City Department of Housing – Ken Strong indicated that a Baltimore City Council hearing is scheduled today at 4 PM on lead paint poisoning issues; City and State agencies are involved. BCHD will tell the Council that the program will serve less than 100 houses per year and needs to see what else can be done, particularly for children with BLLs 5-9μg/dL. Ken Strong also distributed a concept paper on how to create dedicated funding source for lead poisoning prevention utilizing a tax credit program. Ken Strong reported that the Department had developed new guidelines for providers to benefit families receiving energy assistance who have children less than 6 years of age. The program would identify the age of the property using

the DAT records. This would enable the program to coordinate a mail-out talking about the need for lead testing of children and lead primary prevention.

Office of Child Care – Manjula Paul has been visiting licensing offices across the state to talk about lead requirements and look at violations for lead exposure and lead testing, identifying peeling, chipping paint and the presence of certificates. These visits are scheduled to be completed by the end of March and material will be posted on the Office of Childcare's website and provided to child care facilities.

Maryland Insurance Administration – nothing to report

Public Comment
GHHI will present their assessment of Baltimore at the City Council hearing today. Barbara Moore will also be attending the City Council hearing.

Adjournment
A motion was made by Ed Landon to adjourn the meeting, seconded by Ken Strong. The motion was approved unanimously and the meeting was adjourned at 11:42 AM.

SENATE BILL 308

M3 6lr1214
HB 1158/15 – ENV

By: **Senator Eckardt**
Introduced and read first time: January 26, 2016
Assigned to: Judicial Proceedings

A BILL ENTITLED

AN ACT concerning

Lead Risk Reduction Standards – Maintenance of Exemptions

FOR the purpose of altering the time period when an owner of certain residential rental property is required to submit a certain certification to the Department of the Environment in order to maintain a certain exemption from certain lead–based paint risk reduction standards; requiring an owner of certain residential rental property to submit a certain certification to the Department within a certain time period after receiving a written notice of chipping, peeling, or flaking paint on the exterior of the property in order to maintain a certain exemption; requiring an owner of a certain residential rental property to submit a certain affidavit on or before a certain date and annually thereafter in order to maintain a certain exemption; requiring an owner of a certain residential rental property to maintain a copy of each affidavit for a certain time period, and, on request, to submit a copy of an affidavit to the Department; requiring that a certain written notice of chipping, peeling, or flaking paint be sent in a certain manner; providing that a certain exemption for a multifamily rental dwelling expires on a certain date unless a certain inspection for the presence of lead–based paint was conducted in accordance with certain regulations adopted by the Department; and generally relating to exempting lead–free residential rental property from certain lead–based paint risk reduction standards.

BY repealing and reenacting, with amendments,
Article – Environment
Section 6–804
Annotated Code of Maryland
(2013 Replacement Volume and 2015 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Environment

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets] indicate matter deleted from existing law.

6–804.

(a) [Affected] **SUBJECT TO SUBSECTIONS (B) AND (D) OF THIS SECTION, AFFECTED** property is exempt from the provisions of Part IV of this subtitle if the owner submits to the Department an inspection report that:

(1) Indicates that the affected property has been tested for the presence of lead–based paint in accordance with standards and procedures established by the Department by regulation;

(2) States that:

(i) All interior and exterior surfaces of the affected property are lead–free; or

(ii) 1. All interior surfaces of the affected property are lead–free and all exterior painted surfaces of the affected property that were chipping, peeling, or flaking have been restored with nonlead–based paint; and

2. No exterior painted surfaces of the affected property are chipping, peeling, or flaking; and

(3) Is verified by the Department accredited inspector who performed the test.

(b) **(1)** [In] **SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, IN** order to maintain **AN** exemption from the provisions of Part IV of this subtitle under subsection (a)(2)(ii) of this section, the owner shall submit to the Department **[**every 2 years a**]:**

(I) EVERY 5 YEARS, AND WITHIN 30 DAYS AFTER RECEIVING A WRITTEN NOTICE OF CHIPPING, PEELING, OR FLAKING PAINT FROM ANY SOURCE ON THE EXTERIOR OF THE PROPERTY, A certification, by a Department accredited inspector, stating that no exterior painted surface of the affected property is chipping, peeling, or flaking; **AND**

(II) ON OR BEFORE THE FIRST ANNIVERSARY OF THE DATE OF THE INSPECTION AND ANNUALLY THEREAFTER, A NOTARIZED AFFIDAVIT ON A FORM APPROVED BY THE DEPARTMENT, AFFIRMING THAT THE EXTERIOR OF THE AFFECTED PROPERTY REMAINS FREE OF CHIPPING, PEELING, OR FLAKING PAINT.

(2) THE OWNER SHALL:

(I) MAINTAIN A COPY OF EACH AFFIDAVIT REQUIRED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION FOR AT LEAST 10 YEARS OR THE DURATION OF OWNERSHIP OF THE AFFECTED PROPERTY, WHICHEVER IS LONGER; AND

(II) ON REQUEST OF THE DEPARTMENT, SUBMIT A COPY OF AN AFFIDAVIT REQUIRED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION TO THE DEPARTMENT.

(3) THE WRITTEN NOTICE OF CHIPPING, PEELING, OR FLAKING PAINT SUBMITTED UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION SHALL BE SENT BY:

(I) CERTIFIED MAIL, RETURN RECEIPT REQUESTED; OR

(II) A VERIFIABLE METHOD APPROVED BY THE DEPARTMENT.

(c) Outside surfaces of an affected property, including windows, doors, trim, fences, porches, and other buildings or structures that are part of the affected property, are exempt from the risk reduction standards under §§ 6–815 and 6–819 of this subtitle if all exterior surfaces of an affected property are lead–free and the owner submits to the Department an inspection report that:

(1) Indicates that the outside surfaces have been tested for the presence of lead–based paint in accordance with standards and procedures established by the Department by regulation;

(2) States that all outside surfaces of the affected property are lead–free; and

(3) Is verified by the Department accredited inspector who performed the test.

(D) ON OCTOBER 1, 2020, AN EXEMPTION FOR A MULTIFAMILY RENTAL DWELLING UNDER SUBSECTION (A) OF THIS SECTION SHALL EXPIRE UNLESS THE NUMBER OF RENTAL DWELLING UNITS TESTED FOR THE INSPECTION REPORT WAS IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE DEPARTMENT.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2016.

2016 LEAD LEGISLATION

2/3/2016

BILL NO.	TITLE	SUMMARY	REMARKS	HEARING DATE/ SPONSOR
HB-1158 - Last Year 2015	Lead Risk Reduction Standards - Maintenance of Exemptions	Requiring an owner of specified residential rental property to submit specified certifications and affidavits to the Department of the Environment in order to maintain a specified exemption from lead-based paint risk reduction standards; providing that a specified exemption for a multifamily rental dwelling expires on October 1, 2020, unless a specified inspection was conducted in accordance with specified lead-based paint inspection standards established by the U.S. Department of Housing and Urban Development; etc	Delegate Stein	Made it through the house and stopped in the senate for unknown reasons - Probably time
SB-308	Lead Risk Reduction Standards - Maintenance of Exemptions	Altering the time period when an owner of specified residential rental property is required to submit a specified certification to the Department of the Environment in order to maintain a specified exemption from specified lead-based paint risk reduction standards; requiring an owner of specified residential rental property to submit a specified certification to the Department within a specified time period after receiving a specified written notice in order to maintain a specified exemption; etc.	Senator Eckardt	In the Senate - Hearing 2-9-16
SB-396	Lead Risk Reduction Standards - Maintenance of Exemptions	Requiring an owner of specified residential rental property to submit certifications and affidavits to the Department of the Environment in order to maintain an exemption from lead-based paint risk reduction standards; providing that an exemption for a multifamily rental dwelling expires on October 1, 2020, unless an inspection was conducted in accordance with regulations adopted by the Department; requiring an owner of a specified residential rental property to maintain a specified copy of each affidavit; etc.	Senator Stein	First Reading Environment and Transportation 1-28-16
HB-42	Transfer of Structured Settlements - Childhood Lead Poisoning Claims - Requirements and Limitations	Requiring an application for authorization of a transfer of specified structured settlement payment rights to be filed in a circuit court in the county where the payee resides; requiring the payee to appear in person at the hearing on an application for authorization of a transfer of specified structured settlement payment rights; prohibiting the payee from transferring more than 25% of the discounted present value of future payments under a specified structured settlement agreement; applying the Act prospectively; etc. EFFECTIVE JUNE 1, 2016 CJ, § 5-1103 - amended and § 5-1103.1 - added Assigned to: Judiciary	Delegate Haynes	In the House - First Reading Judiciary

Concept Paper

"Establishing a Healthy Homes Tax Credit Program in the State of Maryland"

prepared by

Ken Strong
Deputy Commissioner
Division of Green, Healthy and Sustainable Homes
Baltimore City Department of Housing and Community Development

December 29, 2015

Introduction: Over the past several months in Baltimore City, we have become increasingly aware of the inter-relationship of health and housing. Publicity surrounding the death of Freddie Gray and an examination of his life highlighted that he and his sisters were victims of childhood lead paint poisoning. Several hundred children in Baltimore City have blood lead levels test results above five micrograms per deciliter according to annual reports of the Maryland Department of the Environment. The vast majority of blood lead levels in the areas of concern, as defined by the US Centers for Disease Control, in Baltimore City and throughout the State are a result of lead paint problems that can be prevented. Lead paint safety and remediation is costly and resources are limited. A new federal grant to the City of Baltimore of $3.7 million, with State matching funds of $1.1 million and local matching funds of $1.2 million will remove lead paint hazards in the homes of 230 families with children at risk of poisoning over the next three years. Over 1,000 children under six years old in Baltimore City are at risk of lead paint poisoning in homes owned by low-income families who cannot afford the thousands of dollars necessary to make their homes lead safe. We need to at least quadruple our efforts and our funding (at least $24 million over the next three years in Baltimore City alone) of lead paint hazard remediation to prevent the tremendous human, social and health costs that lead poisoning engenders.

Freddie Gray also suffered from asthma and we know that asthma is aggravated by housing conditions that send far too many children to the emergency rooms of hospitals every year. And we know that the housing conditions that are asthma triggers can be reduced to levels that prevent emergency room visits, hospitalization, lost time from school, lost time from work for parents and a range of other human, social and health costs. We know that roughly one in nine children

in the US suffer from asthma; and while the rate of asthma nationally has been going down, among low-income and minority populations, and in neighborhoods with the most distressed housing, the rate has been rising. The rates of asthma hospitalizations and deaths in the African-American community are three times the rates for the Caucasian community; these racial disparities have tremendous implications for a majority African-American city like Baltimore with disproportionate poverty and distressed housing. The resources to address the housing conditions that aggravate asthma are much less than those devoted to lead poisoning prevention and the volume of houses and families is much greater. We need substantial resources dedicated to healthy housing interventions to reduce preventable asthma hospitalizations and deaths.

Senior homeownership preservation and senior home health and safety are closely linked. The rewards, in preventable falls and injuries of older adults due to housing conditions that can be fixed, measures in the billions of dollars nationally and tens of millions of dollars locally and statewide. The rewards increase exponentially when the prevention of premature nursing home placements, often supported by public dollars at the rate of $80,000 a year, is factored into the equation. The housing interventions to preserve senior homeownership and independence can be costly for roofing, heating systems, and structural needs. But the cost for home health and safety repairs is comparatively small, several hundred to a few thousand dollars can provide the grab bars, railings, safe steps, and a range of other low-cost measures. The resources that we devote to senior home health and safety from non-profit groups and public agencies are a small fraction of the need. All the work of Civic Works' City for All Ages, Rebuilding Together Baltimore, Banner Neighborhoods, CHAI, Neighborhood Housing Services, The Johns Hopkins CAPABLE Program, the City Office of Rehabilitation Services, and State housing department's loan and grant programs reach hundreds annually, not the thousands in need. We collectively pay in the City and the State for failures to meet these needs in Medicaid, Medicare, other health expenses, as well as the social and housing costs we experience every time an older adult loses their home and independence in the community.

Please see the attached chart of research reflecting the "returns on investment" from healthy housing interventions. While research into prevention strategies is challenging, the available research indicates that the investments are overwhelmingly positive compared to the costs of inaction or neglect. We pay dearly at the back end of hospitals and nursing homes when upfront prevention and healthy housing measures could make children and older adults healthier and safer.

It is also evident in the experience of Baltimore Housing that we are more effective leveraging funds for green, healthy and sustainable home solutions when we partner with the Baltimore City Health Department, Civic Works, the Green & Healthy Homes Initiative, Rebuilding Together Baltimore, NHS, The Johns Hopkins School of Nursing and many other non-profit partners. Physical housing interventions to make homes healthier and safer invariably are enhanced by health education and health services that yield healthier behaviors and healthier living...and vice versa. Good health and good housing are inextricably linked and the following proposal would create a dedicated funding source to expand health and housing partnerships at a scale that the people of the City and the entire State so desperately need.

Purpose: To create a health homes tax credit program to greatly expand funding for integrated housing and health interventions, and integrated public and non-profit partnerships, that will prevent more costly health care expenses in the future.

The proposed State tax credit (80%) and the federal charitable deduction (25%) would be a combined incentive great enough to encourage corporations and individuals to contribute to a fund held by local community foundations for the purpose of investing in healthy homes programs with proven, or reasonably assured, returns of on investment for averted state-supported health expenses.

Eligibility Criteria:

1. Eligible programs must have both a housing and a health component since it is the integration of health and housing services that have proven to be most effective in averting future health care costs.
2. Eligible programs will be favored when public, non –profit and community resources are leveraged for greater cost-effectiveness and greater results.
3. Eligible programs will serve low-income populations most dependent on publicly subsidized health care.
4. Eligible programs must include an evaluation component of short-term and long-term results with an emphasis in 'returns on investment" for the State of Maryland.

Examples of Eligible Programs:

1. A doubling, tripling or quadrupling of the Baltimore City Lead Hazard

Reduction Program which is a partnership of the HCD, the Baltimore City Health Department and the non-profit Green & Healthy Homes Initiative (GHHI).

2. Funding for the Civic Works City for All Ages Programs (beyond the current Weinberg Foundation grant) coordinated for older adults who are also receiving weatherization services from HCD with Civic Works as the contractor.

3. Expanding the partnership of weatherization (HCD) and asthma trigger reduction (GHHI) currently underway for 40 households.

4. Expanding State DHCD grants to older adults with emergency needs in partnership with City HCD, NHS of Baltimore and the BCHD Office of Aging. Funding for HUBS program beyond the third year of Stulman/Hoffberger Foundation support could be an eligible complement to the above.

5. Funding BCHD, HCD and an array of non-profit partners in an initiative to reduce falls/injuries among older adults by one-third in three years.

6. Building upon the success of the Johns Hopkins CAPABLE Program serving especially vulnerable older adults with combined health and housing services to preserve independence in their homes.

Leveraging Public and Non-Profit Funds:

1. City and State energy conservation and weatherization resources are currently enriched by the PSC Customer Investment Fund that supports healthy and sustainable home improvements. But those resources are time limited to three years and the City is in its third year of PSC funding. Extra funds for roofing heating systems, health and safety will be limited beyond that point.

2. Federal CDBG funds support the City's Office of Rehabilitation Services and numerous non-profits partners in the provision of healthy homes work. Leveraging those funds with the State Healthy Homes Tax Credit Program can be emphasized and prioritized.

3. Similarly State investments in the city and counties through the Special Loan Programs of the State DHCD can be targeted and leveraged to support programs considered for State Healthy Homes Tax Credit Program funding.

4. By working with community foundations around the State and local affiliations like the Association of Baltimore Area Grantmakers (ABAG), the

charitable contributions and foundation investments in the broad field of healthy home improvements can be leveraged and coordinated.

5. Weatherization programs around the State, both federally supported and supported by the PSC EmPOWER MD program, have limited healthy home improvement budgets that could be augmented and coordinated with programs supported by tax credit investments.

The Role of Community Foundations: Community foundations already play a role in the State's Community Development Tax Credit Program. The State Healthy Homes Tax Credit Program would adapt that model and expand upon it. Tax credit investors would be eligible for federal charitable deductions through donations to community foundations as well as being certified by the foundations for the State tax credit. The community foundations and their associated foundation partners could coordinate their charitable investments in non-profits that are part of the State Healthy Homes Tax Credit Program.

Foundations could earn a modest fee for managing the program and being the fiduciary agent for the program. The funds held by the foundations could earn interest to support the administrative fee.

Selection Committees: representatives of

- MD Department of Housing and Community Development
- MD Department of Health and Mental Hygiene
- Local housing agency
- Local health department
- Community foundation officer
- Local medical school – research and evaluative expertise

Evaluation Components: Every proposal granted by the MD Healthy Homes Tax Credit Program will be required to have an evaluation component to measure results in terms of services and outcomes as well as impacts on health care savings and averted public health care costs. Programs with established positive research results such as the Johns Hopkins CAPABLE program could be considered for expansion. Programs aimed at proving results not yet established would also be considered.

Potential Contributors and Targeted Contributions:

- Banks and financial institutions with Community Reinvestment Act (CRA) responsibilities
- Hospitals with "global funding" incentives to reduce emergency room visits and hospital stays.
- The Greater Baltimore Committee members and members of similar organizations around the State, civic-minded companies
- Insurance companies

Sustainable and Renewable Funding:

- Strategies proven to be successful by the MD Healthy Homes Tax Credit Program might be considered for Medicaid waiver status.
- Strategies proven to be successful by the MD Healthy Homes Tax Credit Program might be considered for federal funding by CMMS innovation or other federal sources for local expansion and national replication.
- Hospitals seeing 'global funding" financial benefits in strategies proven to be successful by the MD Healthy Homes Tax Credit Program could directly invest in them in their communities.
- Measurement of complementary benefits beyond health care cost aversion, such as blight elimination and prevention of vacant housing, can be factored into funding for the multiple benefits of strategies proven to be successful by the MD Healthy Homes Tax Credit Program.

Department of the Environment investigating issuance of lead-free certificates

Baltimore, MD (January 28, 2016) – The Maryland Department of the Environment, in coordination with the U.S. Environmental Protection Agency, has opened an investigation to determine whether rental properties certified by a private inspector as having no lead paint are actually free of the material.

The Department is sending letters to residents of more than 300 properties that were certified lead-free by the inspector to inform them of the investigation and advise those with young children to consult with their primary care physician on the need for testing for lead exposure.

The Department is making arrangements for properties that were certified lead-free by the private inspector between 2010 and 2014 to be retested to determine whether they are lead-free. The Department is also sending letters to the owners of these properties to inform them of the investigation and to encourage them to have their properties retested. A review of the Department's records of children tested for exposure to lead from 2010 to present identified no children living at the addresses in question with a blood lead level at or above the Centers for Disease Control's established reference level.

The Department has invalidated seven lead-free certificates issued by the private inspector after finding lead paint in the properties or noting that surfaces that should have been tested were not. These findings prompted the wider investigation. The Department is conducting this investigation in coordination with the EPA and the Maryland Department of Health and Mental Hygiene.

Letters are being sent to the residents and owners of 384 Maryland properties certified lead-free by the private inspection contractor between 2010 and 2014, when the inspector's accreditation expired. The largest number of properties is in Prince George's County. Other properties are in Anne Arundel, Baltimore, Calvert, Charles, Howard, Montgomery and St. Mary's counties and Baltimore City. Current residents of the properties are being asked to complete an online survey that includes questions on the number of young children living in the home and the condition of paint in the residence. For a list of addresses to which letters are being mailed click here. For further information, the public may call the Department at 410-537-3825.

The Department of the Environment is the primary state agency responsible for preventing childhood lead poisoning in Maryland. Since Maryland's lead law was enacted in 1994, the number of childhood lead poisoning cases in the State has decreased by 98 percent. The Department is providing public notice of this investigation out of an abundance of caution.

Under Maryland's lead law, owners of rental units built before 1978 must take certain steps to reduce the risk of lead exposure. State law allows owners of these properties to be exempt from risk reduction requirements by certifying that the rental units are free of lead paint. Such certifications are issued by private inspectors that are accredited by the Department of the Environment.

The Department's Lead Poisoning Prevention Program received a complaint concerning the validity of a lead-free certificate issued by the private inspector. After that certificate was determined to be invalid, the Department conducted inspections of additional properties that had been certified lead-free by the private inspection contractor, leading to the invalidation of six more certificates. As a result, the Department issued a Notice of Violation with Penalty to American Homeowner Services LLC, of Lusby, Maryland, with a settlement offer that included payment of a $5,000 penalty. That penalty has been paid. All of the invalidated certificates were issued by one private inspector.

Lead poisoning is the number one environmental health threat in the United States for children 6 and younger. Residents of homes built prior to 1978 may have lead around their home without knowing it because you can't see, taste or smell lead. Because it does not break down naturally, lead can remain a problem until it is removed.

Below are tips for residents and homeowners to use to better protect their families from lead:

Get your child tested. Even children who appear healthy may have high levels of lead. A blood test takes only 10 minutes, and results should be ready within a week. Blood tests are usually recommended for children at ages one and two.

Keep your home clean. Ordinary dust and dirt may contain lead. Children can swallow lead or breathe lead contaminated dust if they play in dust or dirt and then put their fingers or toys in their mouths, or if they eat without washing their hands first.

Reduce the risk from lead paint. Most homes built before 1978 contain lead paint. This paint could be on window frames, walls, the outside of your house, or other surfaces. Tiny pieces of peeling or chipping paint are dangerous if eaten. Lead paint in good condition is not usually a problem except in places where painted surfaces rub against each other and create dust. Make sure your child does not chew on anything covered with lead paint, such as painted window sills, cribs or playpens.

Don't remove lead paint yourself. Lead dust from repairs or renovations of older buildings can remain in the building long after the work is completed. Hire a person with special training to remove lead paint from your home.

Eat right. A child who gets enough iron and calcium will absorb less lead. Foods rich in iron include eggs, lean red meat, and beans. Dairy products are high in calcium. Don't store food or liquid in lead crystal glassware or imported or old pottery. If you reuse plastic bags to store or carry food, keep the printing on the outside of the bag.

For more information about lead safety, go to mde.maryland.gov/lead and http://www.epa.gov/lead or call the National Lead Information Center at 1-800-424-LEAD.

###

theguardian

Baltimore warns that children are at risk of lead poisoning from paint

After seven homes certified as lead-free were found to be contaminated, doubts over inspections mean 384 families have been urged to have their children tested

Baynard Woods in Baltimore

Saturday 30 January 2016 07.00 EST

Environmental officials found this week that at least seven Maryland homes certified as lead-free were actually contaminated by lead paint or not inspected at all. The findings by the Maryland department of the environment and the Environmental Protection Agency have prompted a broader investigation into the unnamed private inspector, and notices to 384 families urging them to have their children tested for lead poisoning.

While attention to the recent crisis in Flint, Michigan, has focused on lead contamination in water, high rates of lead poisoning in Baltimore come from lead paint. Children, particularly those younger than six, are vulnerable to long-term effects when they ingest lead particles from peeling paint.

When people in Baltimore talk about "lead checks" they are not talking about the inspections that are supposed to ensure that children aren't endangered by lead poisoning; they are talking about the settlement payments that come after the damage is done. In the most recent discovery of fraudulent lead inspections, the inspector was not named, but is known to have worked for American Homeowner Services LLC between 2010 and 2014.

Although there have been dramatic reductions in lead poisoning in Baltimore over recent decades, an investigation by the Baltimore Sun in December showed that more than 4,900 children have been affected by lead in the last decade - 129 in the last year alone.

But Saul Kerpelman, a lawyer who has handled thousands of lead cases, says these numbers don't really show the extent of the problem. Those numbers, he said, are calculated based on a blood lead level (BLL) of 10 micrograms per deciliter (mg/dl). But the CDC has recently determined that any amount of lead in a child's blood can immediately and irreversibly cause brain damage. Kerpelman said that if you cut the BLL number in half to the current threshold number of 5 mg/dl, there could be as many as 4,000 cases in Baltimore last year and if the acceptable lead level were set to zero, it could be as many as 10,000 exposed children. Kerpelman said that out of the more than 4,000 cases he has dealt with, "99% are black".

"The hysteria about Flint, Michigan, is totally justified," Kerpelman said, referencing

findings that residents had been using water with alarmingly high levels of lead. A Guardian investigation in the wake of Flint has found that cities around the country are systematically distorting water tests to underplay the amount of lead in the water.

But Kerpelman says Baltimore's problem with lead paint is even worse because such a large percentage of the city's housing stock was built before 1978, when lead paint became illegal, and is owned by landlords who see their properties "not as an investment [but] as a cashflow machine" in "the same areas where there used to be legal segregation and those were the only places that a black person was allowed to live".

Many of the same absentee landlords come up in these cases over and over again.

"If you type Stanley Rochkind into Maryland case search, his name comes up over 500 times," Kerpelman said.

One of those cases was a suit filed by Freddie Gray, who lived in a Rochkind-owned home as a young boy and tested with a blood lead level of between 11 and 19 mg/dl. He suffered from the effects of lead poisoning, which studies have linked to decreased IQ and short and long-term memory impairment, causing numerous related social problems. Researchers have also found a significant link between lead exposure and crime. Kerpelman calls it "a root cause" of bad schools, crime and drug use. "It all relates back to lead poisoning and because it is black kids we're not doing anything meaningful."

State delegate Jill P Carter goes even further to suggest that a "survey of everyone in the prison system would reveal that a majority of perpetrators of violent crime suffered from lead poisoning".

Rochkind was fined $90,000 by the Maryland department of the environment in 2001, as part of a deal to do lead abatement in nearly 500 units, but for housing advocate Carol Ott that's not enough.

"The consistency needs to be there in terms of fining these property owners. Honestly, some of them should be in jail. When you break a law enough times you should run the risk of coming before the judge who says you're done," she said. "The city has done not a very good job of saying to some of these prolific offenders, 'you need to sell off your properties and not do business in our city. You've poisoned enough families, don't let the door hit you on the way out.'"

Mary Pat Clarke, a member of Baltimore's city council, called for a council meeting on 4 February to investigate how so many children in Baltimore are still poisoned every year. Carter, who introduced legislation to make it easier to punish fraudulent inspectors, called the current situation "particularly heinous" because it could have been prevented, at least partly by the kinds of inspections that the state is now investigating.

"I've been in Annapolis since 2003, there were indications then that there were big problems with the inspection process," Carter said. "A number of years ago I got a little bill passed that tried to address conflicts of interest between property owners and inspectors

that they couldn't be related."

Carter said that bill was not enough, but it was all she could get through the legislature at the time because "the property owners' association has an extremely strong lobby in Annapolis and there has been no ability of victims of lead poisoning to counter that" in the state capitol.

Those like Freddie Gray who win their cases and end up with settlements - or lead checks - are often preyed upon by predatory financial institutions that offer an immediate sum of money in exchange for the far larger sum that would come over time. Gray, whose death in police custody in April set off protests and a riot, traded a $146,000 structured settlement, estimated to be worth $94,000 at the time, for just over $18,000.

According to Carter, who sees Baltimore's lead problem as a human rights violation, "the only reparative solution is the market share liability bill which would afford an opportunity to hold paint companies that existed at the time that knew it was poisonous and continued to sell it in the housing stock in Baltimore and get compensation. Without that we'll never be able to address the problem."

Kerpelman sees public nuisance lawsuits, such as those filed against National Lead and Sherwin Williams as another option. "California brought a case against those companies, saying they had created a public nuisance in all the cities that had joined the case. The judge ordered them to join a $1bn fund to abate lead paint in California."

He estimates it would cost about that same amount - $1bn - to abate all the lead paint in Baltimore, which, he estimates, affects 100,000 houses - everything built before lead paint was outlawed in 1978.

"If they cared to, the law could fix this problem," he said. "For sure, if they were white kids the problem would have been solved years and years ago."

More news

Topics

Baltimore Pollution Maryland

The Washington Post

Maryland Politics

Maryland launches probe of whether nearly 400 homes are lead-free

By Ovetta Wiggins January 28

The Maryland Department of the Environment has launched an investigation into whether hundreds of rental properties across the state that were deemed lead-free are indeed free of the material.

State officials said Thursday that they are working with the U.S. Environmental Protection Agency to determine the validity of hundreds of lead-free certificates that were issued between 2010 and 2014 by a private inspector.

The Department of the Environment sent letters on Thursday to nearly 400 homes in Prince George's, Anne Arundel, Baltimore, Calvert, Charles, Howard, Montgomery and St. Mary's counties and Baltimore City to make residents aware of the investigation.

The state said the majority of the homes were in Prince George's County.

"We intend to expand it, depending on what we find," said Horacio Tablada, a deputy secretary of the department.

Tablada said the inspector was accredited from 1996 to 2014. The investigation could eventually involve 1,000 more homes, Tablada said.

"The Department and EPA are investigating whether the contractor followed the correct inspection protocols and whether the properties inspected are, in fact, lead free," the letter reads. "At this time, it has not been determined that there are lead paint hazards in your home. . . . The Department is advising you of this investigation out of an abundance of caution."

The inspector's work was called into question after a resident filed a complaint in 2014 with the state about possible lead paint in the home. The state determined that lead paint existed and that the lead-free certification, which was done in 2010, was not valid.

The state ordered American Homeowner Services LLC of Lusby, the company with which the inspector was affiliated, to provide test results from 10 other properties inspected by the contractor. Seven of those inspections were invalidated after a review.

The company was issued a notice of violation and fined $5,000.

The company owner did not return phone calls seeking comment.

The department would not release the name of the inspector because the "investigation is ongoing," said Jay Apperson, a spokesman for the department.

The letter suggests that if property owners have a child younger than 6 in their home that they contact their primary care physician on whether the child should be tested for lead exposure.

Advocates have pointed to lead exposure as a contributor to aggression and diminished cognitive function among some children living in inner-city communities with poor housing quality. For years, most Maryland children known to have lead poisoning lived in Baltimore rental homes built before 1950. The state recently passed regulations calling for all 1- and 2-year-olds in the state to be tested, regardless of where they live. State health officials have said an increased number of lead-poisoning cases are now linked to newer rental homes and owner-occupied units in other parts of the state.

Ovetta Wiggins covers Maryland state politics in Annapolis.

Would Flint crisis happen in wealthier, whiter community?

1/6 SLIDES © Provided by Associated Press
9, 2016 file photo, Michigan State Representatives Shelton Neeley, left, and Phil Phelps, right, address people during a rally to talk about the water crisis in Flint, Mich. Ever since the full extent of the Flint water crisis emerged, one question has loomed above all others: Would this have happened in a wealthier, whiter community? (Sean Proctor/The Flint Journal-MLive.com via AP, File) LOCAL TELEVISION OUT; LOCAL INTERNET OUT; MANDATORY CREDIT
FLINT, Mich. — Ever since the full extent of the Flint water crisis emerged, one question has persisted: Would this have happened in a wealthier, whiter community?

Residents in the former auto-making hub — a poor, largely minority city — feel their complaints about lead-tainted water flowing through their taps have been slighted by the government or ignored altogether. For many, it echoes the lackluster federal response to New Orleans during Hurricane Katrina in 2005.

"Our voices were not heard, and that's part of the problem," Flint Mayor Karen Weaver said this week at the U.S. Conference of Mayors meeting in Washington, D.C., where she also met with President Barack Obama to make her case for federal help for her city.

The frustration has mostly been directed at Michigan Gov. Rick Snyder, who appointed an emergency manager to run Flint. That manager approved a plan in 2013 to begin drawing drinking water from the Flint River, and the city began doing so the next year. But officials failed to treat the corrosive water properly to prevent metal leaching from old pipes.

Snyder, a Republican in his second term, was blasted by Hillary Clinton in her remarks after the recent Democratic presidential debate.

"We've had a city in the United States of America where the population, which is poor in many ways and majority African-American, has been drinking and bathing in lead-contaminated water. And the governor of that state acted as though he didn't really care," Clinton said.

Snyder "had requests for help that he had basically stone-walled. I'll tell you what: If the kids in a rich suburb of Detroit had been drinking contaminated water and being bathed in it, there would've been action."

Flint residents complained loudly and often about the water quality immediately after the switch but were repeatedly told it was safe. They didn't learn the water was tainted until the state issued warnings a year and a half later. Now families fear for their health and especially for the future of their children, who can develop learning disabilities and behavior problems from lead exposure.

Snyder, who has apologized for the mishandling of the situation, declined a request by The Associated Press for an interview Thursday. But in response to Clinton's remarks, he said the former secretary of state should not make Flint a political issue.

His staff issued a statement to AP that cited his efforts in urban areas such as Detroit, which also has a large black population. An emergency manager appointed by Snyder led that city through bankruptcy in 2013-14.

"Bringing Detroit back to a solid fiscal foundation has allowed the city to restore services, and we've watched its economy grow, creating jobs and better opportunities," the statement said. Snyder has also "focused on improving education in all our cities, knowing that students need to not just graduate, but graduate with in-demand skills as they compete in a global economy."

Snyder's staff also noted his signing of Medicaid expansion, which provided health care coverage to 600,000 low-income adults.

Flint, a city about 75 miles north of Detroit, is the birthplace of General Motors and once had 200,000 residents. In the early 1970s, the automaker employed 80,000 blue- and white-collar workers in the area. Fewer than 8,000 GM jobs remain, and the city's population has dropped to just below 100,000, with a corresponding rise in property abandonment and poverty.

The city is 57 percent black, and 42 percent of its people live in poverty.

The decline of GM jobs "left a lot of people destitute and desperate, and they feel like their voices aren't being heard. It just adds to the frustration," said Phil Rashead, 66, of Flint, who is white.

Paul Mohai, a professor at the University of Michigan in Ann Arbor, has studied environmental burdens and their disproportionate impact on low-income and minority communities since the late 1990s. He said Flint is a classic case of minority and low-income residents confronting an environmental issue and that "it may be one of the biggest environmental justice disasters we've seen in a long time."

"What's kind of clear is that they've been vocalizing their concerns and the response has been rather weak," he said.

Former Flint Mayor Dayne Walling, who lost his re-election bid in November amid the water crisis, said newly released emails by Snyder showed that the governor's staffers disregarded Flint's plight because of the city's demographics.

"There are a number of indications that concerns of Flint's elected leaders and faith and community leaders were being dismissed as political posturing instead of taken seriously as efforts to address very real problems," said Walling, who is white and was first elected mayor in 2009.

Frustrations boiled over at a weekend protest outside City Hall.

"They would never do this to Bloomfield. They would never do this to Ann Arbor. They would never do this to Farmington Hills," filmmaker and Flint native Michael Moore said, referring to much wealthier Michigan communities. He called for Snyder's ouster and arrest.

Moore also cited deaths from Legionnaires' disease recorded in the Flint area over the past two years and only announced publicly last week by Snyder. The state has not linked them to Flint's waters, but others disagree.

"Let's call this what it is," Moore said. "It's not just a water crisis. It's a racial crisis. It's a poverty crisis. That's what this is, and that's what created this."

Roger Schneider reported from Detroit. Associated Press writers Jesse Holland in Washington and David Eggert in Lansing, Michigan, also contributed.

Follow Roger Schneider on Twitter at https://twitter.com/rogschneider .

Mona Hanna-Attisha, Jenny LaChance, Richard Casey Sadler, and Allison Champney Schnepp. Elevated Blood Lead Levels in Children Associated With the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response. American Journal of Public Health: February 2016, Vol. 106, No. 2, pp. 283-290. doi: 10.2105/AJPH.2015.303003

Accepted on: Nov 21, 2015

Elevated Blood Lead Levels in Children Associated With the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response

Mona Hanna-Attisha, MD, MPH, Jenny LaChance, MS, Richard Casey Sadler, PhD, and Allison Champney Schnepp, MD

Mona Hanna-Attisha and Allison Champney Schnepp are with Hurley Children's Hospital/Michigan State University College of Human Medicine, Department of Pediatrics and Human Development, Flint, MI. Jenny LaChance is with Hurley Medical Center Research, Flint. Richard Casey Sadler is with Michigan State University College of Human Medicine, Division of Public Health, Flint.

Correspondence should be sent to Mona Hanna-Attisha, MD, MPH, FAAP, Hurley Medical Center, Pediatrics 3W, One Hurley Plaza, Flint, MI 48503 (e-mail: mhanna1@hurleymc.com). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

CONTRIBUTORS

M. Hanna-Attisha originated the study, developed methods, interpreted analysis, and contributed to the writing of the article. J. LaChance and R. Casey Sadler assisted with the development of the methods, analyzed results, interpreted the findings, and contributed to the writing of the article. A. Champney Schnepp assisted with the interpretation of the findings and contributed to the writing of the article.

Peer Reviewed

ABSTRACT

Section: Choose

Objectives. We analyzed differences in pediatric elevated blood lead level incidence before and after Flint, Michigan, introduced a more corrosive water source into an aging water system without adequate corrosion control.

Methods. We reviewed blood lead levels for children younger than 5 years before (2013) and after (2015) water source change in Greater Flint, Michigan. We assessed the percentage of elevated blood lead levels in both time periods, and identified geographical locations through spatial analysis.

Results. Incidence of elevated blood lead levels increased from 2.4% to 4.9% ($P < .05$) after water

source change, and neighborhoods with the highest water lead levels experienced a 6.6% increase. No significant change was seen outside the city. Geospatial analysis identified disadvantaged neighborhoods as having the greatest elevated blood lead level increases and informed response prioritization during the now-declared public health emergency.

Conclusions. The percentage of children with elevated blood lead levels increased after water source change, particularly in socioeconomically disadvantaged neighborhoods. Water is a growing source of childhood lead exposure because of aging infrastructure.

In April 2014, the postindustrial city of Flint, Michigan, under state-appointed emergency management, changed its water supply from Detroit-supplied Lake Huron water to the Flint River as a temporary measure, awaiting a new pipeline to Lake Huron in 2016. Intended to save money, the change in source water severed a half-century relationship with the Detroit Water and Sewage Department. Shortly after the switch to Flint River water, residents voiced concerns regarding water color, taste, and odor, and various health complaints including skin rashes.[1] Bacteria, including *Escherichia coli*, were detected in the distribution system, resulting in Safe Drinking Water Act violations.[2] Additional disinfection to control bacteria spurred formation of disinfection byproducts including total trihalomethanes, resulting in Safe Drinking Water Act violations for trihalomethane levels.[2]

Water from the Detroit Water and Sewage Department had very low corrosivity for lead as indicated by low chloride, low chloride-to-sulfate mass ratio, and presence of an orthophosphate corrosion inhibitor.[3,4] By contrast, Flint River water had high chloride, high chloride-to-sulfate mass ratio, and no corrosion inhibitor.[5] Switching from Detroit's Lake Huron to Flint River water created a perfect storm for lead leaching into drinking water.[6] The aging Flint water distribution system contains a high percentage of lead pipes and lead plumbing, with estimates of lead service lines ranging from 10% to 80%.[7] Researchers from Virginia Tech University reported increases in water lead levels (WLLs),[5] but changes in blood lead levels (BLLs) were unknown.

Lead is a potent neurotoxin, and childhood lead poisoning has an impact on many developmental and biological processes, most notably intelligence, behavior, and overall life achievement.[8] With estimated societal costs in the billions,[9–11] lead poisoning has a disproportionate impact on low-income and minority children.[12] When one considers the irreversible, life-altering, costly, and disparate impact of lead exposure, primary prevention is necessary to eliminate exposure.[13]

Historically, the industrial revolution's introduction of lead into a host of products has contributed to a long-running and largely silent pediatric epidemic.[14] With lead now removed from gasoline and paint, the incidence of childhood lead poisoning has decreased.[15] However, lead contamination of drinking water may be increasing because of lead-containing water infrastructures, changes in water sources, and changes in water treatment including disinfectant.[16–18] A soluble metal, lead leaches into drinking water via lead-based plumbing or lead particles that detach from degrading plumbing components. ("Plumbing" is derived from the Latin word for lead, "plumbum.") Lead was restricted in plumbing material in 1986, but older homes and neighborhoods may still contain lead service lines, lead connections, lead solder, or other lead-based plumbing materials. Lead solubility and particulate release is highly variable and depends on many factors including water softness, temperature, and acidity.[19–21] The US Environmental Protection Agency (EPA) regulates lead in public water supplies under the Safe Drinking Water Act Lead and Copper Rule, which requires action when lead levels reach 15 parts per billion (ppb).

Lead in drinking water is different from lead from other sources, as it disproportionately affects developmentally vulnerable children and pregnant mothers. Children can absorb 40% to 50% of an oral dose of water-soluble lead compared with 3% to 10% for adults.[22] In a dose–response relationship for children aged 1 to 5 years, for every 1-ppb increase in water lead, blood lead increases 35%.[23] The greatest risk of lead in water may be to infants on reconstituted formula. Among infants drinking formula made from tap water at 10 ppb, about 25% would experience a BLL above the Centers for Disease Control and Prevention (CDC) elevated blood lead level (EBLL) of 5 micrograms per deciliter (μg/dL).[24] Tap water may account for more than 85% of total lead exposure among infants consuming reconstituted formula.[25] A known abortifacient, lead has also been implicated in increased fetal deaths and reduced birth weights.[26]

As recommended by the CDC and supported by the American Academy of Pediatrics, blood lead screening is routine for high-risk populations and for children insured by Medicaid at age 1 and 2 years.[27] The CDC-recommended screening ages are based on child development (increased oral–motor behavior), which places a child most at risk for house-based lead exposure (e.g., peeling paint, soil, dust). State and national blood lead–screening programs, however, do not adequately capture the risk of lead in water because infants are at greatest risk.

Armed with reports of elevated WLLs and recognizing the lifelong consequences of lead exposure, our research team sought to analyze blood lead data before (pre) and after (post) the water source switch with a geographic information system (GIS) to determine lead exposure risk and prioritize responses. This research has immediate public policy, public health, environmental, and socioeconomic implications.

This research includes Flint, Michigan, and surrounding municipalities in Genesee County (Greater Flint). Greater Flint is a postindustrial region of nearly 500 000 people struggling from years of disinvestment by the automobile industry and associated manufacturing activities: the region has lost 77% of its manufacturing employment and 41% of employment overall since 1980.[28] National and local data sources demonstrate dismal indicators for children, especially within Flint city limits.[29–32] Greater Flint ranks toward the bottom of the state in rates of childhood poverty (42% in Flint vs 16.2% in Michigan and 14.8% in the United States), unemployment, violent crime, illicit drug use, domestic violence, preterm births,

infant mortality, and overall health outcomes (81st out of 82 Michigan counties).

Greater Flint's struggles have been amplified by a history of racial discrimination, whereby exclusionary housing practices were common.[33,34] Such attitudes toward integration later precipitated White flight and emboldened home-rule governance,[35,36] causing a massive decline in tax revenue for the city. The declining industrial and residential tax bases strained the city's ability to provide basic services and reversed the public health fortunes of the city and suburbs.[37] Severely reduced city population densities reduced water demand in the distribution system, exacerbating problems with lead corrosion.

METHODS

Section: Choose

This retrospective study includes all children younger than 5 years who had a BLL processed through the Hurley Medical Center's laboratory, which runs BLLs for most Genesee County children. The pre time period (before the water source change) was January 1, 2013, to September 15, 2013, and the post time period (after the water source change) was January 1, 2015, to September 15, 2015. The primary study group comprised children living within the city of Flint (n = 1473; pre = 736; post = 737) who received water from the city water system. Children living outside the city where the water source was unchanged served as a comparison group (n = 2202; pre = 1210; post = 992).

After institutional review board approval and Health Insurance Portability and Accountability Act waiver, we drew data from the Epic electronic medical record system including BLL, medical record number, date of birth, date of blood draw, full address, sex, and race. For each child, only the highest BLL was maintained in the data set. We coded timing (pre or post) of the BLL on the basis of the date of blood draw. We calculated age at time of blood draw.

We geocoded the data set with a dual-range address locator, and manually confirmed accuracy of geocoded addresses. We conducted a series of spatial joins to assign participant records to Greater Flint municipalities and Flint wards (including those with high WLL), enabling the calculation of the number and percentage of children with EBLLs in each geographic region for both time periods. The reference value for EBLL was 5 μg/dL or greater. We identified Flint wards with high WLLs with water lead sampling maps.[38] Wards 5, 6, and 7 had the highest WLLs; in each ward, more than 25% of samples had a WLL higher than 15 ppb. We theorized that children living in this combination of wards would have the highest incidence of EBLLs (referred to as "high WLL Flint"; the remainder of Flint was referred to as "lower WLL Flint").

We derived overall neighborhood-level socioeconomic disadvantage from census block group variables intended to measure material and social deprivation. We calculated these scores from an unweighted *z* score sum of rates of lone parenthood, poverty, low educational attainment, and unemployment (adapted from Pampalon et al.[39]; used previously in Flint by Sadler et al.[40]), and assigned these to each child on the basis of home address. Positive values denote higher disadvantage, and negative values denote lower disadvantage. Table 1 highlights the overall socioeconomic disadvantage score comparison by time period and area.

Click to view table

TABLE 1— **Demographic Comparison of the Time Periods Before (Pre) and After (Post) Water Source Change From Detroit-Supplied Lake Huron Water to the Flint River, by Area: Flint, MI, 2013 and 2015**

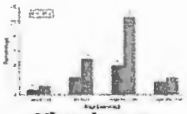
We created spatial references for EBLL risk and a predictive surface for BLL by using GIS, providing the ability to see otherwise invisible spatial–temporal patterns in environmental exposure.[17] Because of the need to understand spatial variations and geographically target resources, we also ran ordinary Kriging with a spherical semivariogram model on the entire data set for Greater Flint, allowing interpolation of associated BLL risks with lead in water. Previous methods for evaluating spatial variation in lead levels have ranged from multivariable analyses at the individual level[41] to interpolation methods such as inverse distance weighting[42] and Kriging.[43] Given our assumption that lead risk is spatially correlated in Greater Flint because of the age and condition of pipes, interpolation methods are appropriate for building a preliminary risk surface. Both inverse distance weighting and Kriging derive such surfaces by calculating values at unmeasured locations based on weighting nearby measured values more strongly than distant values.[44] Whereas inverse distance weighting is a deterministic procedure and relies on predetermined mathematical formulae, Kriging has the added sophistication of using geostatistical models that consider spatial autocorrelation, thereby improving accuracy of prediction surfaces (ArcGIS Desktop version 10.3, Environmental Systems Research Institute, Redlands, CA). As well, Kriging can be run with relatively few input points: adequate ranges fall between 30 and 100 total points, although Kriging has been conducted with just 7.[44]

Our city of Flint sample included 736 children in the pre period and 737 children in the post period, which amounts to a density of approximately 22 points per square mile. Kriging has become an increasingly common method for measuring variations in soil lead, and is given more in-depth treatment elsewhere.[45] To examine change in proportion of children with EBLL from the pre to post time periods, we used χ^2 analysis with continuity correction for each area (outside Flint, all Flint, high WLL Flint, and lower WLL Flint). In addition, we examined differences in overall socioeconomic disadvantage scores from the pre to post time periods by using the independent *t* test. Finally, we used both χ^2 analysis with continuity correction and 1-way ANOVA to assess demographic differences by area. We used post hoc least significant difference analysis following statistically significant 1-way ANOVAs.

RESULTS

Section: Choose

We uncovered a statistically significant increase in the proportion of Flint children with EBLL from the pre period to the proportion of Flint children in the post period. In the pre period, 2.4% of children in Flint had an EBLL; in the post period, 4.9% of children had an EBLL ($P < .05$). By comparison, outside of Flint water, the change in EBLL was not statistically significant (0.7% to 1.2%; $P > .05$). In high WLL Flint, EBLL increased from 4.0% to 10.6% ($P < .05$). Figure 1 shows the EBLL percentage change per area.



View larger version(15K)

FIGURE 1— **Comparison of Elevated Blood Lead Level Percentage, Before (Pre) and After (Post) Water Source Change From Detroit-Supplied Lake Huron Water to the Flint River: Flint, MI, 2013 and 2015**

Note. WLL = water lead level.

*$P < .05$.

Results of the GIS analyses show significant clustering of EBLLs within the Flint city limits. According to ordinary Kriging, Figure 2 shows a predicted surface based on observations of actual child BLL geocoded to home address to visualize BLL variation over space (measured in µg/dL). The darkest shades of red represent the highest risk for EBLL based on existing observations. Outside Flint, the entire county falls entirely within the lowest half of the range (in shades of blue); the only locations where predicted BLL is greater than 1.75 µg/dL is within Flint city limits.

View larger version(88K)

FIGURE 2— **Predicted Surface of Child Blood Lead Level and Ward-Specific Elevated Water Lead Level After (Post) Water Source Change From Detroit-Supplied Lake Huron Water to the Flint River: Flint, MI, 2015**

Note. BLL = blood lead level; WLL = water lead level.

Within Figure 2, each ward is also labeled according to the percentage of water samples that exceeded 15 ppb. The areas with the highest WLLs strongly coincide with the areas with the highest predicted BLLs. In addition, the high percentage of EBLL in wards 5, 6, and 7 also correspond with the high WLLs in wards 5, 6, and 7 (the labels in Figure 2). Table 2 shows ward-specific WLLs, pre period and post period EBLL percentages, and predicted BLL and predicted change in BLL from Kriging.

Click to view table

TABLE 2— **Ward-Based Comparison of WLL Percentages, Pre- and Post-Switch EBLL Percentages, and Predicted Post BLL and Change in Predicted BLL by Ordinary Kriging Geostatistical Analysis: Flint, MI, 2013 and 2015**

Areas experiencing the highest predicted BLL in the post period (Figure 2) are generally also areas with greatest change in predicted BLL (measured in µg/dL) when compared with the pre period (Table 2; Figure A, available as a supplement to the online version of this article at http://www.ajph.org). Figure A quantifies this rate of change with a green to red scale: large increases are shown in increasingly darker shades of red, whereas large decreases are shown in increasingly darker shades of green. These once again match with city wards that experienced greater rates of EBLL percentage increase (Figure 1, Table 2). In wards 5 and 6 (which experienced a predicted 0.51 and 0.27 µg/dL increase, respectively), the EBLL percentage more than tripled. In ward 5, the EBLL percentage increased from 4.9% to 15.7% ($P < .05$). The area of intersection between wards 3, 4, and 5 (in the east side of the city) also appeared high in the Kriging analysis of Figure 2, and with a different unit of aggregation this neighborhood would also exhibit a significant increase in EBLL percentage. Ward 7 had high pre period and post period EBLL percentage levels above 5% (with a particularly high rate in the western portion of the ward). Citywide, 4 wards (1, 4, 7, and 9) experienced decreases in predicted BLL, 3 wards (2, 5, and 6) experienced large increases, and 2 wards (3 and 8) remained largely the same (Figure A).

Overall, statistically significant differences exist between the areas examined (outside Flint, high WLL Flint, and lower WLL Flint) in all demographic characteristics except sex. The overall percentage of African American children is 24.4% outside Flint, compared with 76.8% in high WLL Flint and 67.0% in lower WLL Flint ($P < .001$). Children outside Flint were younger (mean = 1.86 years [SD = 1.10]) than high WLL Flint (mean = 2.04 years [SD = 1.02]) and lower WLL Flint (mean = 2.09 years [SD = 1.07]; $P < .001$). Differences in overall socioeconomic disadvantage scores are likewise significant ($P < .001$). Post hoc least significant difference analysis shows statistically significant differences for overall socioeconomic disadvantage between outside Flint and high WLL Flint ($P < .001$), between outside Flint and lower WLL Flint ($P < .001$), and between high WLL Flint and lower WLL Flint ($P < .001$).

($P < .001$), and between high WLL Flint and lower WLL Flint ($P < .001$).

DISCUSSION

Section: Choose

Our findings reveal a striking increase in the percentage of Flint children with EBLL when we considered identical seasons before and after the water source switch, with no statistically significant increase in EBLL outside Flint. The spatial and statistical analyses highlight the greatest EBLL increase within certain wards of Flint, which correspond to the areas of elevated WLLs.

A review of alternative sources of lead exposure reveals no other potential environmental confounders during the same time period. Demolition projects by the Genesee County Land Bank Authority (Heidi Phaneuf, written communication, October 29, 2015) showed no spatial relationship to the areas of increased EBLL rates. As well, no known new lead-producing factories nor changes in indoor lead remediation programs were implemented during the study period. Although Flint has a significant automobile history, the historical location of potentially lead-using manufacturing (e.g., battery plants, paint and pigment storage, production plants) do not align with current exposures.

Because there was no known alternative source for increased lead exposure during this time period, the geospatial WLL results, the innate corrosive properties of Flint River water, and, most importantly, the lack of corrosion control, our findings strongly implicate the water source change as the probable cause for the dramatic increase in EBLL percentage.

As in many urban areas with high levels of socioeconomic disadvantage and minority populations,[46] we found a preexisting disparity in lead poisoning. In our pre water source switch data, the EBLL percentage in Flint was 2.4% compared with 0.7% outside Flint. This disparity widened with a post water source switch Flint EBLL of 4.8%, with no change in socioeconomic or demographic variables (Table 1). Flint children already suffer from risk factors that innately increase their lead exposure: poor nutrition, concentrated poverty, and older housing stock. With limited protective measures, such as low rates of breastfeeding,[47,48] and scarce resources for water alternatives, lead in water further exacerbates preexisting risk factors. Increased lead-poisoning rates have profound implications for the life course potential of an entire cohort of Flint children already rattled with toxic stress contributors (e.g., poverty, violence, unemployment, food insecurity). This is particularly troublesome in light of recent findings of the epigenetic effects of lead exposure on one's grandchildren.[49]

The Kriging analysis showed the highest predicted BLLs within the city along a wide swath north and west of downtown. This area has seen significant demographic change, an increase in poverty, and an increase in vacant properties, especially over the past 25 years (Richard Sadler, written communication, October 5, 2015). Higher BLLs were also predicted northeast of downtown and in other older neighborhoods where poverty and vacancy rates have been high for many decades. Significantly, the biggest changes in predicted BLL since 2013 were also found in these impoverished neighborhoods; more stable neighborhoods in the far north and south of the city may have experienced improved predicted BLLs because of prevention efforts taken by the more-often middle-class residents in response to the water source change. Of considerable interest is that the areas shown as having the best public health indices by Board and Dunsmore in Figure 2 of their 1948 article[37] are virtually identical to the areas with the worst lead levels today.

After our preliminary zip code–based findings (pre to post water source switch EBLL = 2.1% to 4.0%; $P < .05$) were shared at a press conference,[50] the City of Flint and the Genesee County Health Department released health advisories,[51] and the county health department subsequently declared a public health emergency.[52] Shortly after, the State of Michigan released an action plan with short- and long-term solutions focusing on additional sampling, filter distribution, and corrosion control.[53] One week later, Michigan's governor revealed WLLs in 3 schools to be in the toxic range with 1 school showing a water lead level of 101 ppb, almost 7 times the level that requires remediation.[54] A $12 million plan to reconnect to Detroit's water source was announced.[54]

We undertook our current spatial analytic approach to overcome limitations of zip code boundaries and to develop a more thorough understanding of specific areas in Flint where EBLL risk is more severe (post office addresses often do not align with municipal boundaries in Michigan, and one third of Flint mailing addresses are not in the city of Flint). This spatial analysis is valuable for understanding subneighborhood patterns in EBLL risk because aggregation by zip code or ward minimizes the richness of spatial variation and creates artificial barriers that may obscure hot spots (as in the confluence of wards 3, 4, and 5).

Such use of spatial analysis for estimating lead exposure risk has been used to target blood lead–screening programs. In our case, in addition to identifying areas of risk, spatial analysis helps guide municipal and nongovernmental relief efforts aimed at identifying vulnerable populations in specific neighborhoods for priority distribution of resources (e.g., bottled water, filters, premixed formula).

Limitations

Our research contains a few limitations. First, we may have underestimated water-based lead exposure. Our sample included all children younger than 5 years with blood lead screening, although the greatest risk from lead in water is in utero and during infancy when lead screening is not done. If lead screening were recommended at a younger age (e.g., 6 or 9 months) for children who live in homes with potential lead piping or lead service lines, more children with EBLL from water could be identified, although state and national comparison rates would be lacking. Second, lead screening is not completed for all children. It is mandated by Medicaid and CDC-recommended for other high-risk groups; such data may be skewed toward higher-risk children and thus overestimate EBLL, especially in non–high-risk areas. Third, the underserved population of Flint has significant housing instability: lead levels may reflect previous environmental exposure, and exposure often cannot be adequately estimated on the basis of current residence alone.[55]

Fourth, although large, our sample does not reflect all lead screening from Flint. We estimate that our data

capture approximately 60% to 70% of the Michigan Childhood Lead Poisoning Prevention Program data for Flint. Annual data released from this program further support our findings, revealing an annual decrease in EBLL percentage from May to April 2010 to 2011 until the same period in 2013 to 2014 (4.1%, 3.3%, 2.7%, 2.2%, respectively[56]; Robert L. Scott, e-mail correspondence, September 25, 2015). Following the water switch in April 2014, the 4-year declining trend (as seen nationally) reversed with an annual EBLL of 3.0%.

We found consistent results (with control for age and methodology) when we analyzed Michigan Childhood Lead Poisoning Prevention Program data for both high WLL Flint (EBLL percentage increased: 6.6% to 9.6%) and outside Flint (EBLL percentage remained virtually unchanged: 2.2% to 2.3%). Our institution-processed laboratory blood lead tests, however, had an even greater proportion of children with EBLLs versus state data in the post period. This may reflect that the BLLs processed at Hurley Medical Center, the region's only safety-net public hospital, represent a patient population most at risk with limited resources to afford tap water alternatives.

Conclusions and Future Research

Future research directions include conducting more detailed geospatial analyses of lead service-line locations with locations of elevated BLLs and WLLs; repeating identical spatial and statistical analyses in the same time period in 2016 reflecting changes associated with the health advisory and return to Lake Huron source water; analyzing feeding type (breastfed or reconstituted formula) for children with EBLLs; analyzing cord blood lead of Flint newborns compared with non-Flint newborns; and conducting water lead testing from homes of children with EBLLs.

A once celebrated cost-cutting move for an economically distressed city, the water source change has now wrought untold economic, population health, and geopolitical burdens. With unchecked lead exposure for more than 18 months, it is fortunate that the duration was not longer (as was the case in Washington, DC,'s lead-in-water issue).[16] Even so, the Flint drinking water crisis is a dramatic failure of primary prevention. The legal safeguards and regulating bodies designed to protect vulnerable populations from preventable lead exposure failed.

The Lead and Copper Rule requires water utilities to notify the state of a water source or treatment change recognizing that such changes can unintentionally have an impact on the system's corrosion control.[57] Although a review is required before implementing changes, the scope of risk assessment is not specified and is subject to misinterpretation. In response to the Flint drinking water crisis, the EPA recently released a memo reiterating and clarifying the need for states to conduct corrosion control reviews before implementing changes.[58] This recommendation is especially relevant for communities with aging infrastructures, usurped city governance, and minimal water utility capacity; in such situations, there is an increased need for state and federal expertise and oversight to support decisions that protect population health.

Through vigilant public health efforts, lead exposure has fallen dramatically over the past 30 years.[13] With the increasing recognition that no identifiable BLL is safe and without deleterious and irreversible health outcomes,[13] *Healthy People 2020* identified the elimination of EBLLs and underlying disparities in lead exposure as a goal.[59] Regrettably, our research reveals that the potentially increasing threat of lead in drinking water may dampen the significant strides in childhood lead-prevention efforts. As our aging water infrastructures continue to decay, and as communities across the nation struggle with finances and water supply sources, the situation in Flint, Michigan, may be a harbinger for future safe drinking-water challenges. Ironically, even when one is surrounded by the Great Lakes, safe drinking water is not a guarantee.

ACKNOWLEDGMENTS

We would like to thank Marc Edwards, PhD, and Elin Betanzo, MS, for their expert assistance with understanding the historical and scientific background of lead in water.

HUMAN PARTICIPANT PROTECTION

This study was reviewed and approved by Hurley Medical Center institutional review board.

REFERENCES

Section: Choose

1. Associated Press. "I don't even let my dogs drink this water." *CBS News*. March 4, 2015. Available at: http://www.cbsnews.com/news/flint-michigan-break-away-detroit-water-riles-residents. Accessed October 3, 2015.
2. City of Flint 2014 Annual Water Quality Report. 2014. Available at: https://www.cityofflint.com/wp-content/uploads/CCR-2014.pdf. Accessed September 30, 2015.
3. M Edwards, S Triantafyllidou. Chloride to sulfate mass ratio and lead leaching to water. *J Am Water Works Assoc.* 2007;99(7):96–109.
4. M Edwards, LS McNeill. Effect of phosphate inhibitors on lead release from pipes. *J Am Water Works Assoc.* 2007;94(1):79–90.
5. M Edwards, J Falkinham, A Pruden. Synergistic impacts of corrosive water and interrupted corrosion control on chemical/microbiological water quality: Flint, MI. National Science Foundation Grant abstract. Available at: http://www.nsf.gov/awardsearch/showAward?AWD_ID=1556258&HistoricalAwards=false. Accessed September 10, 2005.
6. C Guyette. Scary: leaded water and one Flint family's toxic nightmare. *Deadline Detroit*. July 9, 2015. Available at: http://www.deadlinedetroit.com/articles/12697/scary_leaded_water_and_one_flint_family_s_toxic_nightmare#.V Accessed September 13, 2015.

7. R Fonger. Flint data on lead water lines stored on 45,000 index cards. *Mlive Media Group*. October 1, 2015. Available at: http://www.mlive.com/news/flint/index.ssf/2015/10/flint_official_says_data_on_lo.html. Accessed October 4, 2015.
8. Centers for Disease Control and Prevention. Preventing lead poisoning in young children. 2005. Available at: http://www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf. Accessed September 30, 2015.
9. E Gould. Childhood lead poisoning: conservative estimates of the social and economic benefits of lead hazard control. *Environ Health Perspect*. 2009;117(7):1162–1167. [CrossRef] [Medline]
10. PJ Landrigan, CB Schechter, JM Lipton, MC Fahs, J Schwartz. Environmental pollutants and disease in American children: estimates of morbidity, mortality, and costs for lead poisoning, asthma, cancer, and developmental disabilities. *Environ Health Perspect*. 2002;110(7):721–728. [CrossRef] [Medline]
11. J Schwartz. Societal benefits of reducing lead exposure. *Environ Res*. 1994;66(1):105–124. [CrossRef] [Medline]
12. E Pamuk, D Makuc, K Heck, C Reuben, K Lochner. Socioeconomic status and health chartbook. Health, United States, 1998. Centers for Disease Control and Prevention. 1998. Available at: http://www.cdc.gov/nchs/data/hus/hus98cht.pdf. Accessed October 1, 2015.
13. Low level lead exposure harms children. A renewed call for primary prevention. Report of the Advisory Committee on Childhood Lead Poisoning Prevention. Centers for Disease Control and Prevention. 2012. Available at: http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf. Accessed September 2015.
14. PJ Landrigan, JW Graef. Pediatric lead poisoning in 1987: the silent epidemic continues. *Pediatrics*. 1987;79(4):582–583. [Medline]
15. MW Shannon. Etiology of childhood lead poisoning. In: SM Pueschel, JG Linakis, AC Anderson, eds. *Lead Poisoning in Childhood*. Baltimore, MD: Paul H. Brookes Publishing Company; 1996:37–58.
16. M Edwards, S Triantafyllidou, D Best. Elevated blood lead in young children due to lead-contaminated drinking water: Washington, DC. *Environ Sci Technol*. 2009;43(5):1618–1623. [CrossRef] [Medline]
17. ML Miranda, D Kim, AP Hull, CJ Paul, MA Overstreet Galeano. Changes in blood lead levels associated with use of choramines in water treatment systems. *Environ Health Perspect*. 2007;111(2):221–225.
18. M Edwards. Designing sampling for targeting lead and copper: implications for exposure. Lecture presented to: the US Environmental Protection Agency National Drinking Water Advisory Group; September 18, 2014.
19. CI Davidson, M Rabinowitz. Lead in the environment: from sources to human receptors. In: HL Needleman, ed. *Human Lead Exposure*. Boca Raton, FL: CRC Pres; 1991.
20. RH Gaines. The corrosion of lead. *J Ind Eng Chem*. 1913;5(9):766–768. [CrossRef]
21. GM Raab, DPH Laxen, N Anderson, S Davis, M Heaps, M Fulton. The influence of pH and household plumbing on water lead concentration. *Environ Geochem Health*. 1993;15(4):191–200. [CrossRef] [Medline]
22. Toxicological profile for lead. US Department of Health and Human Services, Public Health Service, Agency for Toxic Substances and Diseases Registry. 2007. Available at: http://www.atsdr.cdc.gov/toxprofiles/tp13.pdf. Accessed October 6, 2015.
23. G Ngueta, A Belkacem, R Tarduf, J St-Laurent, P Levallois. Use of a cumulative exposure index to estimate the impact of tap-water lead concentration on blood lead levels in 1-to 5-year-old children (Montreal, Canada). *Environ Health Perspect*. 2015; Epub ahead of print. [Medline]
24. S Triantafyllidou, D Gallagher, M Edwards. Assessing risk with increasingly stringent public health goals: the case of water lead and blood lead in children. *J Water Health*. 2014;12(1):57–68. [CrossRef] [Medline]
25. US Environmental Protection Agency. Safe Drinking Water Act Lead and Copper Rule (LCR). *Fed Regist*. 1991;56:26460–26564.
26. M Edwards. Fetal death and reduced birth rates associated with exposure to lead-contaminated drinking water. *Environ Sci Technol*. 2014;48(1):739–746. [CrossRef] [Medline]
27. Advisory Committee on Childhood Lead Poisoning Prevention. Recommendations for blood lead screening of young children enrolled in Medicaid: targeting a group at high risk. *MMWR Recomm Rep*. 2000;49(RR-14):1–13.
28. AJ Jacobs. The impacts of variations in development context on employment growth: a comparison of central cities in Michigan and Ontario, 1980–2006. *Econ Dev Q*. 2009;23(4):351–371. [CrossRef]
29. Kids Count Data Center. A project of the Annie E Casey Foundation. Available at: http://datacenter.kidscount.org/data#MI/3/0. Accessed September 26, 2015.
30. County health rankings and roadmaps: building a culture of health, county by county. Available at: http://www.countyhealthrankings.org/app/michigan/2015/overview. Accessed September 26, 2015.
31. Michigan MIECHV Needs Assessment FY2015. Available at: http://www.michigan.gov/documents/homevisiting/Updated_MHVI_Needs_Assessment_2014_All_counties_4740 Accessed October 5, 2015.
32. US Census Bureau. Quick Facts Beta. Available at: http://www.census.gov/quickfacts/table/PST045214/00,2629000,26. Accessed September 2015.
33. PF Lewis. Impact of Negro migration on the electoral geography of Flint, Michigan, 1932–1962: a cartographic analysis. *Ann Assoc Am Geogr*. 1965;55(1):1–25. [CrossRef]
34. KE Taeuber, AF Taeuber. *Negroes in Cities: Residential Segregation and Neighborhood Change*. Chicago, IL: Aldine Publishing Company: 1969.
35. AR Highsmith. Demolition means progress: urban renewal, local politics, and state-sanctioned ghetto formation in Flint, Michigan. *J Urban Hist*. 2009;35:348–368. [CrossRef]
36. BG Zimmer, AH Hawley. Approaches to the solution of fringe problems: preferences of residents in the Flint metropolitan area. *Public Adm Rev*. 1956;16(4):258–268. [CrossRef]
37. LM Board, HJ Dunsmore. Environmental health problems related to urban decentralization: as observed in a typical metropolitan community. *Am J Public Health Nations Health*. 1948;38(7):986–996. [Abstract]
38. R Martin, M Tang. Percent lead in water by Flint ward. Flint Water Study. 2015. Available at: http://i0.wp.com/flintwaterstudy.org/wp-content/uploads/2015/09/Flint-Ward-Map_252-989x1280-2.jpg. Accessed September 26, 2015.
39. R Pampalon, D Hamel, P Gamache, G Raymond. A deprivation index for health planning in Canada. *Chronic Dis Can*. 2009;29(4):178–191. [Medline]
40. RC Sadler, JA Gilliland, G Arku. Community development and the influence of new food retail sources on the price and availability of nutritious food. *J Urban Aff*. 2013;35(4):471–491. [CrossRef]
41. D Hastings, ML Miranda. Using GIS-based models to protect children from lead exposure in international series in

operations research and management science. In: M Johnson, ed. *Community-Based Operations Research: Decision Modeling for Local Impact and Diverse Populations*. 1st ed. New York, NY: Springer-Verlag New York; 2012:173–187. [CrossRef]

42. K Schwarz, STA Pickett, RG Lathrop, KC Weathers, RV Pouyat, ML Cadenasso. The effects of the urban built environment on the spatial distribution of lead in residential soils. *Environ Pollut*. 2012;163:32–39. [CrossRef] [Medline]
43. DA Griffith, PG Doyle, DC Wheeler, DL Johnson. A tale of two swaths: urban childhood blood-lead levels across Syracuse, New York. *Ann Assoc Am Geogr*. 1998;88(4):640–665. [CrossRef]
44. RW Jernigan. *A Primer on Kriging*. Washington, DC: US Environmental Protection Agency; 1986.
45. J Markus, AB McBratney. A review of the contamination of soil with lead: II. Spatial distribution and risk assessment of soil lead. *Environ Int*. 2001;27(5):399–411. [CrossRef] [Medline]
46. A Schulz, ME Northridge. Social determinants of health: implications for environmental health promotion. *Health Educ Behav*. 2004;31(4):455–471. [CrossRef] [Medline]
47. Genesee County Health Department. Re: Breastfeeding initiation challenge. 2010. Available at: http://www.gchd.net/PressReleases/20100923bfeeding_challenge.asp. Accessed October 6, 2015.
48. JC Sherlock, MJ Quinn. Relationship between blood lead concentrations and dietary lead intake in infants: the Glasgow Duplicate Diet Study 1979–1980. *Food Addit Contam*. 1986;3(2):167–176. [CrossRef] [Medline]
49. A Sen, N Heredia, M-C Senut, et al. Multigenerational epigenetic inheritance in humans: DNA methylation changes associated with maternal exposure to lead can be transmitted to the grandchildren. *Sci Rep*. 2015;5:14466. [CrossRef] [Medline]
50. R Fonger. Elevated lead found in more Flint kids after water switch, study finds. *Mlive Media Group*. September 24, 2015. Available at: http://www.mlive.com/news/flint/index.ssf/2015/09/study_shows_twice_as_many_flin.html. Accessed November 8, 2015.
51. R Fonger. Flint makes lead advisory official, suggests water filters and flushing. *Mlive Media Group*. September 25, 2015. Available at: http://www.mlive.com/news/flint/index.ssf/2015/09/flint_makes_lead_advisory_offi.html. Accessed October 6, 2015.
52. J Johnson. Don't drink Flint's water, Genesee County leaders warn. *Mlive Media Group*. October 1, 2015. Available at: http://www.mlive.com/news/flint/index.ssf/2015/10/genesee_county_leaders_warn_do.html. Accessed October 6, 2015.
53. R Erb, K Gray. State to tackle unsafe water in Flint with tests, filters. *Detroit Free Press*. October 2, 2015. Available at: http://www.freep.com/story/news/local/michigan/2015/10/02/state-officials-outline-plan-flint-water/73200250. Accessed October 6, 2015.
54. J. Snyder announces $12 million-plan to fix Flint water. *Detroit Free Press*. October 8, 2015. Available at: http://www.freep.com/story/news/local/michigan/2015/10/08/snyder-flint-water-reconnect/73567778. Accessed October 8, 2015.
55. Y Kestens, A Lebel, B Chaix, et al. Association between activity space exposure to food establishments and individual risk of overweight. *PLoS One*. 2012;7(8):e41418. [CrossRef] [Medline]
56. K Tanner, N Kaffer. State data confirms higher blood-lead levels in Flint kids. *Detroit Free Press*. September 29, 2015. Available at: http://www.freep.com/story/opinion/columnists/nancy-kaffer/2015/09/26/state-data-flint-lead/72820798. Accessed October 7, 2015.
57. US Environmental Protection Agency, Office of Water. Lead and Copper Rule 2007 short-term regulatory revisions and clarifications state implementation guidance. June 2008. Available at: http://water.epa.gov/lawsregs/rulesregs/sdwa/lcr/upload/New-Lead-and-Copper-Rule-LCR-2007-Short-Term-Regulatory-Revisions-and-Clarifications-State-Implementation-Guidance.pdf. Accessed October 25, 2015.
58. PC Grevatt. Lead and Copper Rule requirements for optimal corrosion control treatment for large drinking water systems. Memo to EPA Regional Water Division Directors, Regions I-X. November 3, 2015. Available at: http://flintwaterstudy.org/wp-content/uploads/2015/11/LCR-Requirements-for-OCCT-for-Large-DW-Systems-11-03-2015.pdf. Accessed December 8, 2015.
59. *Healthy People 2020*: topics and objectives index. Washington, DC: US Department of Health and Human Services; 2012. Available at: http://www.healthypeople.gov/2020/topicsobjectives2020. Accessed October 27, 2015.

Cited by

David Rosner. (2016) Flint, Michigan: A Century of Environmental Injustice. *American Journal of Public Health* **106**:2, 200-201.
Online publication date: 21-Jan-2016.
Citation | Full Text | PDF (511 KB) | PDF Plus (514 KB)

Sandro Galea, Roger Vaughan. (2016) A Public Health of Consequence—February 2016. *American Journal of Public Health* **106**:2, 201-202.
Online publication date: 21-Jan-2016.
Citation | Full Text | PDF (511 KB) | PDF Plus (517 KB)

American Journal of Public Health®
Print ISSN: 0090-0036 | Electronic ISSN: 1541-0048

A Question of Environmental Racism in Flint

Photo

From left, Marcus Shelton, Roland Young and Darius Martin retrieved free water on Sunday at Heavenly Host Full Gospel Baptist Church in Flint, Mich., where the water supply has been tainted.

Credit

Jake May/The Flint Journal, via Associated Press

If Flint were rich and mostly white, would Michigan's state government have responded more quickly and aggressively to complaints about its lead-polluted water?

The 274 pages of emails released by Gov. Rick Snyder this week on Flint's water crisis included no discussion of race. Instead, they focused on costs relating to the city's water supply, questions about scientific data showing lead contamination and uncertainty about the responsibilities of state and local health officials.

But it is indisputable that in Flint, the majority of residents are black and many are poor. So whether or not race and class were factors in the state's agonizingly slow and often antagonistic response, the result was the same: Thousands of Flint's residents, black and white, have been exposed to lead in their drinking water. And the long-term health effects of that poisoning may not be fully understood for years.

Many of those advocates assert that environmental racism is a major reason black people in Louisiana's factory-laden "Cancer Alley" contract the disease at higher rates, or why the most polluted ZIP code in Michigan is in a southwest pocket of Detroit that is 84 percent black.

Many also say that environmental racism left blacks confined to the most flood prone parts of New Orleans, and that the government was slow to respond to the agonies immediately after Hurricane Katrina. President George W. Bush staunchly rejected that assertion.

Environmental decisions are often related to political power. In some cities, garbage incinerators have been built in African-American neighborhoods that do not have the political clout to block them. In Michigan, where blacks are 14 percent of the population and the state government is dominated by Republicans, Flint has little political power.

The water contamination in Flint was born out of a decision to switch the city's water source to the Flint River in April 2014. The explicit goal was to save Flint, which was on the brink of financial collapse, millions of dollars. At the time, an emergency manager appointed by Mr. Snyder, a Republican, was running Flint. And in a sign of how racial issues are often not simple, that manager, Darnell Earley, who supported the switch, is black.

Photo

More than 150 protesters from Flint and Detroit chanted on Thursday in the main lobby of the Capitol in Lansing, asking for the resignation of Gov. Rick Snyder.

Credit

Jake May/The Flint Journal, via Associated Press

There were immediate concerns among residents about the quality of the murky water from the Flint River,

which years ago was a repository for industrial waste from the city's once booming, now almost extinct, factories. (Officials argued that they were drawing water from a cleaner portion of the river upstream.) Early tests showing coliform bacteria in the water were not "an actual threat to citizen safety," Mr. Earley was quoted saying in The Flint Journal on Sept. 12, 2014.

Complaints continued to roll in — people got rashes, lost hair and were sickened by the water. But state officials sought to minimize the problem and attributed the uproar to politics. Flint is a Democratic stronghold which voted overwhelmingly against Mr. Snyder during his re-election campaign two years ago.

If the emails make no mention of race, they do at times view things through a political prism, treating some complaints from community representatives as political grandstanding. One notes that state environmental regulators believed that Flint activists were trying to turn lead exposure "into a political football." Another email referred to the "anti-everything group."

Even as levels of one chemical compound in Flint water exceeded federally allowable levels, a memo prepared for Mr. Snyder by his staff said that it was "not a top health concern" and that residents needed to understand the compound in context, the email records show. The memo, sent last February, also said that by the time the city connected to a new water system in 2016, "this issue will fade in the rearview."

Dennis Muchmore, who was Mr. Snyder's chief of staff at the time, sounded alarm bells in July. But some state officials responded tepidly. When Mr. Muchmore wrote to the state health department that people were rightfully concerned about studies of lead levels, the department responded by sending him a report indicating that the Flint water was safe. That report, however, ignored another analysis that showed elevated levels of lead in in the city's children.

In an email sent about two months later, Mr. Muchmore, wrote that there was a "swirl of misinformation" and that the outrage was partly because of a "long-term distrust of local government."

In recent months, the governor asked for daily briefings. On Tuesday, Mr. Snyder apologized for his administration's stumbling response to the water crisis. "I'm sorry most of all that I let you down," the governor said in his annual State of the State address. "You deserve better. You deserve accountability."

Asked on Thursday whether the racial and socioeconomic makeup of Flint played a role in the state's response, David Murray, a spokesman for Mr. Snyder, focused mostly on the governor's work in Detroit, the state's largest city that is nearly 83 percent black. Indeed, Mr. Snyder has poured tens of millions of dollars into the city's recovery from bankruptcy. And much to the dismay of his Republican allies, he has expanded Medicaid to make health insurance available to thousands more low-income people, many of them black. But Mr. Murray's statement did not address the lax response to the water crisis in Flint.

Representative Dan Kildee, a Democrat who represents Flint, said he was not surprised. He called race "the single greatest determinant of what happened in Flint."

He added, "They treated it like it was a public-relations problem not a public problem for the people in Flint."

Mitch Smith contributed reporting from Chicago.

A version of this article appears in print on January 22, 2016, on page A1 of the New York edition with the headline: A Question of Environmental Racism in Flint . Order Reprints| Today's Paper|Subscribe

News / Maryland

Maryland launches investigation into 'invalid' lead-paint certificates

By **Luke Broadwater · Contact Reporter**
The Baltimore Sun

JANUARY 28, 2016, 9:09 PM

State officials are urging nearly 400 families to find out whether their children may have lead poisoning after launching an investigation of a private inspector who they say improperly certified rental properties as lead-free.

The Maryland Department of the Environment said it is partnering with the U.S. Environmental Protection Agency in the investigation of an unnamed individual involved in 384 inspections in Maryland, including Baltimore and its suburbs. The investigation was launched after officials determined that seven properties certified as lead-free actually had lead paint or weren't properly tested, the agency said.

The remaining properties with certificates issued by the inspector are now under review.

Flaking or peeling paint is a primary source of poisoning for children, who studies have found are more likely to struggle in school and to get in trouble, both as juveniles and adults. Under state law, properties built before 1978, when lead paint was banned nationally, must be inspected and certified as safe before they can be rented.

Jay Apperson, a spokesman for the environment department, said officials didn't want to wait for the results of the investigation to inform the public.

"We wanted people to be aware this is going on so they can take steps to protect the health of their families," Apperson said.

The investigation began when state officials received a complaint concerning the validity of a lead-free certificate issued by the inspector, who performed work for American Homeowner Services LLC, based in Lusby in Southern Maryland. State officials said they determined the certificate was invalid — and then discovered six more of the inspector's certificates were also invalid.

American Homeowner Services LLC paid a $5,000 fine to settle the matter, state officials said. The company did not respond to a request for comment.

Ruth Ann Norton, a longtime advocate on lead-poisoning issues, said she was "pleased" the state was launching an investigation. She said she believes that fakery and shoddy inspections in the lead paint certification process are not rare.

"It's about time that we are ensuring that we do a better job of enforcement and oversight," Norton said. "Any level of lead causes cognitive impairment and irreversible damage. There's no room for a mistake."

State officials are now sending letters to the residents and owners of the 384 properties certified lead-free from 2010 to 2014, when the inspector's accreditation expired. The largest number is in Prince George's County, but other affected jurisdictions include Baltimore City and Anne Arundel, Baltimore, Calvert, Charles, Howard, Montgomery and St. Mary's counties. Eighteen properties have a Baltimore address.

The letter urges parents living at the properties to have their children visit a doctor, and report to the state how many children live in the house and whether there is flaking or chipping paint visible on the property.

"At this time, it has not been determined that there are lead paint hazards in your home," the letter states. "In the future, you may be visited by a government representative or contractor seeking access to your property."

The state has also ordered new tests of all the properties to determine whether they are lead-free.

Del. Jill P. Carter, a Baltimore Democrat, called the allegations "extremely serious."

"I think it's the tip of the iceberg," Carter said of the investigation. "I definitely think there should be a broad investigation."

Carter is pursuing legislation that would make it easier to sue companies for the lead-based paint they sold until 1978. After learning of the investigation, Carter said she planned to introduce a bill that "imposes severe criminal penalties and heavy fines on purveyors of fraudulent lead certificates."

A Baltimore Sun investigation, published in December, found that the inspection system Maryland has set up to protect youngsters from deteriorating lead-based paint is inadequately enforced and relies on data riddled with errors. While lead-poisoning cases have fallen significantly, at least 4,900 Maryland children have been poisoned in the past decade.

State auditors have repeatedly criticized the environment department's oversight of its registry of rental properties, finding that, over the years, thousands of properties have dropped off the list without explanation.

The Public Justice Center, in a recent survey of renters facing eviction, showed 41 percent reported flaking or peeling paint at their homes. The survey showed many of the properties were not registered with the state and, if registered, had not passed safety inspections.

The Maryland Department of the Environment has fewer than a dozen inspectors to cover as many as 400,000 rental units statewide.

Lawrence Brown, assistant professor of community health and policy at Morgan State University, said the investigation underscores the problem of relying on contractors to conduct inspections that should be done by the state health professionals.

"Having a law on the books is no good if we're not enforcing it," he said. "You can't cut corners when it comes to lead poisoning. We should not have our children in Maryland being poisoned by lead any longer. Let's spend whatever we need to spend."

lbroadwater@baltsun.com

Twitter.com/lukebroadwater

This article is related to: Environmental Science, Lead Poisoning, U.S. Environmental Protection Agency

Flint Crisis Renews Calls to Replace All Lead Pipes in America

There's more than 7 million lead service lines nationwide, and replacing them isn't easy or cheap. But Flint on Tuesday pledged to join the few cities that have gotten rid of the dangerous infrastructure.

BY DANIEL C. VOCK | FEBRUARY 3, 2016

Any exposure to lead can be dangerous, particularly to children and pregnant women. *(AP/Carlos Osorio)*

Near the end of a press conference on the Flint water crisis last week, one reporter repeatedly asked Michigan Gov. Rick Snyder why the lead pipes that have been poisoning the town weren't going to be replaced as soon as possible.

The answer, the governor explained, is that Flint is using the same process that drinking water utilities across the United States use to minimize the risk of lead poisoning: They add chemicals to the water that create a protective barrier on the inside of the pipes and prevent them from corroding. It's a process the U.S. Environmental Protection Agency (EPA) has required since 1991.

Flint Mayor Karen Weaver has since announced Tuesday that the city will replace lead pipes, starting with the homes of small children and pregnant women.

Even before news of Flint's water crisis came to light, public health advocates and water utilities have increasingly questioned the decades-old approach. That's because research shows that any exposure to lead can be dangerous, particularly to pregnant women and children. It can damage the brain, red blood cells and kidneys, and can cause lifelong developmental problems.

That risk and the Flint water crisis has led an influential group advising the EPA to suggest making the removal of all lead service lines a national priority -- something only a few cities have done. "To truly solve the problem of exposure to lead in drinking water, [we] concluded that lead-bearing materials should be removed from contact with drinking water to the greatest degree possible, while minimizing the risk of explosure in the meantime," wrote the EPA National Drinking Water Advisory Committee Working Group.

Replacing lead pipes with pipes made of copper or other materials would be a Herculean task. There are approximately 7.3 million lead service lines throughout the U.S. that connect water mains to buildings. Drinking water utilities like Flint's often don't know where lead plumbing is located. Plus, those lead lines often cross between public property and private property, which makes it harder to force property owners to replace their lines.

"Ultimately, removing the lead lines would be optimal," said Tracy Mehan, the executive director for government affairs for the American Water Works Association, which represents 4,000 water utilities. "But it won't be cheap, and it will take time. It will take contributions from private owners, from society at-large and utilities."

The push for infrastructure upgrades comes as federal, state and local officials scramble to address the water quality issues in Flint, where the water system and homes have had lead plumbing for decades. Residents didn't report anything out of the ordinary until April 2014, when the city, under a state-appointed emergency manager, switched the source of its drinking water from Detroit's Lake Huron to the Flint River. Because Flint failed to add anti-corrosive chemicals to the water -- as required by the EPA -- the new water source corroded the pipes. Lead is still getting into the water even though Flint switched back to Detroit water.

Flint residents began complaining about the quality of the water almost as soon as the switch was made. State officials intially downplayed those concerns until a Flint pediatrician documented high levels of lead in local children's blood and a Virginia Tech researcher showed that lead levels in the water were much higher than the state reported.

The revelations prompted calls for Snyder's resignation. The Republican governor declined to step aside. Instead, he apologized several times to Flint residents and accepted the resignation of the chief of Michigan's environmental agency. He also backed a $28 million aid package for Flint in the Michigan Legislature.

For now, government officials are following federal rules and hope the Detroit water, which is treated with anti-corrosive chemicals, will recoat the lead pipes with a protective layer over time. The 1991 EPA Lead and Copper Rule requires drinking water utilities to take water

samples from high-risk homes or buildings every six months. If more than 10 percent of those samples contain more than 15 parts per billion of lead -- which they do in Flint -- the utility must take steps to address it, including using anti-corrosive chemicals.

But there's mounting pressure to make the rule even stricter. Public health officials worry that the threshold for action is too high. "No safe blood level has been identified and all sources of lead exposure for children should be controlled or eliminated," according to the Centers for Disease Control and Prevention. "Lead concentrations in drinking water should be below the U.S. Environmental Protection Agency's action level of 15 parts per billion."

The National Drinking Water Advisory Council recently suggested that water utilities fully replace lead service lines. That's a big change from current regulations, which only require utilities to replace those lines if testing shows high levels of lead *and* other methods of reducing those levels -- like anti-corrosion treatments -- don't work.

But Yanna Lambrinidou, who worked with the council to draft that suggestion, criticized the council's report because "it does not ensure that these replacements actually happen, and it does not have a Plan B for water utilities that cannot replace their lines."

Lambrinidou, the president of Parents for Nontoxic Alternatives and a professor who researched the lead contamination in Washington, D.C's water in the early 2000s, stressed the need for replacing lead pipes because utilities often underestimate how much lead is already in the water. In Flint, for example, the state had advised residents to "pre-flush" their taps by running them the night before the sample was taken. That cleared the lines of water that had been sitting in lead pipes, which resulted in artificially low test results.

Washington, D.C., replaced some of its lead pipes in the 2000s. (FlickrCC/IntangibleArts)

Madison, Wis., is one of the few cities that have replaced all its lead pipes. It finished putting in 6,200 new service lines in 2012 -- more than a decade after the city mandated property owners to make the switch.

Madison was lucky in that it stopped building new lead lines in the 1930s, several decades before other cities. Still, the process was still tricky. Just locating the lead lines was a "massive undertaking," said Amy Barrilleaux, a spokeswoman for the Madison Water Utility. It required historical research, surveys and community meetings. Another big obstacle was the Wisconsin Public Service Commission, which prohibited the city from using ratepayer money to subsidize the private owners switching out their pipes. Eventually, the city leased antennae on its water towers and used the revenues to pay for the subsidies.

Similarly, Lansing, Mich., which is advising Flint in its lead removal efforts, is nearly finished replacing all of its lead service lines. Michigan's capital city spent more than $42 million since 2004 replacing 13,500 lines. It only has 650 to go, and the Board of Water and Light expects to complete those replacements by June 2017. Lansing crews can replace the pipes without digging long trenches. They attach the new pipe to the back of the old pipe, and then pull the old pipe out to the street, leaving the new pipe in place. Weaver, the Flint mayor, praised the approach for being quicker and cheaper than digging up yards.

Lansing, though, has one advantage many water utilities do not: It owns the service lines from the mains all the way up to the water meter. That means it doesn't have to compel private landowners to replace their pipes, and there's no questions about subsidizing private property.

Daniel C. Vock | *Staff* Writer
dvock@governing.com | https://twitter.com/danvock

0 comments

LATEST INFRASTRUCTURE & ENVIRONMENT HEADLINES

Flint Mayor Announces Plan to Replace Lead Pipes 3 hours ago

Flint Crisis Renews Calls to Replace All Lead Pipes in America 4 hours ago

Post-Flint, More EPA Water Protections May Be Hard for Some States to Swallow 21 hours ago

Why Are Traffic Deaths Rising? 2 days ago

Want to Impact Climate Change? One State Tells You How. 2 days ago

As Residents Drank Toxic Water, State Workers in Flint Got Purified Water for Over a Year 4 days ago

MORE NEWS

MARCH 3, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

March 3, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
PAUL, Manjula	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

March 3, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
DAVID FIELDER	LSBC	DFIELDER@BALTIMORECOUNTYMD.GOV
Duane Johnson	MDE	duane.johnson2@maryland.gov
Dan Jay	AMA Training	
Chris Lahiff	Arc	cwhite@arcenvironmental.com
Sweetan Hampton-Cole	GHHI	SHAMPTONEL@GHHI.org
Xavier Walker	MHMH	xavier.walker@maryland.gov.
Megan Young	[illegible]	
Christine Schifkovitz	CONNOR	cschifkovitz@connorinstitute.com
PT Connor	CONNOR	PCONNOR@CONNERSOLUTIONS.COM
C Burke	BCHD	Camille.burke at baltimore city.gov
MARVIN TURNER	HUD	MARVIN.TURNER@HUD.GOV
Rachel Mutinda	DHMH	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, March 3, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Follow-up on Rental Registry Compliance and Registration Targeting Efforts in Baltimore City and Baltimore County – Joe Wright
   b. Child Care Subcommittee Report – Ed Landon
   c. Update on Work with Paint Retailers – Christine Schifkovitz, Connor Institute
   d. Lead Legislation in the General Assembly – Ed Landon
   e. Update on Lead Free Certificate Investigation and Enforcement Issues – Paula Montgomery
   f. Other

III. New Business
   a. Remediating Lead Problems – Health Provider perspective – Barbara Moore
   b. State of the Insurance Industry – Availability of Lead Liability Insurance for Maryland Property Owners – John Scott

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, April 7, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
March 2016

APPROVED Minutes

Members in Attendance
Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, John Scott, Ken Strong

Members not in Attendance
Nancy Egan, Melbourne Jenkins, Manjula Paul, Christina Peusch, Del. Nathaniel Oaks, Tameka Witherspoon

Guests in Attendance
Camille Burke (BCHD), Patrick Connor (CONNOR), David Fielder (LSBC), Syeetah Hampton-El (GHHI), Duane Johnson (MDE), Dawn Joy (AMA), Myra Knowlton (BCHD), Rachel Hess Mutinda (DHMH), Christine Schifkovitz (CONNOR), Marvin Turner (HUD), Xaviour Walker (DHMH), Chris White (Arc Environmental)

Welcome and introductions
Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions. Minutes of February 4, 2016 were reviewed. John Scott made a motion to accept and the motion was seconded by Ed Landon. All present commission members were in favor.

Old Business.
Follow-up on Rental Registry Compliance and Registration Targeting Efforts in Baltimore City and Baltimore County
Joe Wright was not present at the meeting. Paula Montgomery reported that MDE has a referral process for jurisdictions and counties that require registration prior to issuing a license. Baltimore City has license requirements for all non-owner-occupied properties. Jason Hessler calls MDE when the City has issues with a property. Baltimore City Housing is ensuring compliance. Baltimore County only issues licenses on 2+ or 5+ units and MDE also has an open line of communication with Baltimore County. MDE has similar agreements with Anne Arundel County, Montgomery County, Cambridge, Salisbury, College Park and Hagerstown. Paula Montgomery indicated she does not know if the Department wants the Commission to know about the results of these efforts. She does not know if the Commission's time is best spent by auditing MDE's work. Paula Montgomery stated that out of 15,000 violations sent out by MDE, more than 3,000 were determined to be of concern.

Child Care Subcommittee Report
Ed Landon reported that the subcommittee met on February 4th, talked about research on non-compliance, identified geographic communities at higher risks and looked at resources. Ed

Landon introduced Jack Daniels, DHCD Special Loans Program, who will be part of this subcommittee. One issue raised to the subcommittee was how to apply for loan or grant assistance. Licensed child care facilities that receive notice that they are not in compliance need money for both a lead survey and for construction. Other issues included roof and mold. The subcommittee is trying to identify where licensed child care facilities are that need help because the local and state loan application processes differ. Another question is how best to market the program and get the word out – the subcommittee talked about the feasibility of having information available on line.

Paula Montgomery asked if there was a link on the Office of Child Care's site to lead remediation information from MDE. Ed stated that this could be done and he would follow-up with Manjula Paul; other resources could be provided geographically. Ken Strong noted that Flint Michigan is getting $3.6 million for Head Start Centers and asked what we are doing with Head Start in Baltimore City. Syetta Hampton-El indicated that GHHI has trained staff and parents at Judy Centers and Head Starts. Pat McLaine stated that the University of Maryland School of Nursing is beginning a new Eco-Healthy Childcare initiative with Head Start and Early Head Start in Baltimore City. Baltimore County also works with their child care facilities and is happy to link facilities that need assistance to state resources. The Commission will ask Manjula to provide an update on Office of Child Care efforts around lead (last report was February 2015).

Update on Work with Paint Retailers

Christine Schifkovitz, Connor Institute, reported that Connor sent out posters and a copy of the law requiring their posting to 141 paint retailers including Home Depot, Lowes, Sherwin Williams, ACE Hardwares and local hardware stores. After the mailing, Christine followed up with site visits to 31 stores. Only three stores, all Lowes stores, had the poster up as required. One owner with ACE Hardware did not realize this was a problem. One ACE had an old poster on display. Experienced employees, who had been working in 2010, knew the importance of the year 1978. All were selling approved EPA test kits. One large retailer required installers to use the EPA test kits.

Paula Montgomery stated she applauds and appreciates this effort and asked for more details about this work so MDE could follow up. Ed Landon asked what the penalty is for not having the poster on display. Paula stated that EPA had just sued Lowes about disclosure information and suggested that maybe we should work smarter. Ed Landon noted that enforcement is very important; if you have a law you need to enforce it. Paula Montgomery stated that MDE can enforce under 848, Title VI. The Department will consider following up. Ed Landon said that the poster should be available for downloaded at DHCD.

Lead Legislation

Ed Landon reported that 2016 legislative session is very busy with 1700 House and 1200 Senate bills filed to date. Bills must be passed in one house by 3/21 in order to ensure cross-file in the other house before the end of the session. Ken Strong said he will be talking with the Baltimore

City delegation tomorrow; SB 951 is the biggest ticket item. Ken Strong asked what MDE's position was on the bill. Paula Montgomery stated that the bill allows only outreach and education about risk reduction. Ken Strong asked if the fund could be used to remediate lead hazards. Paula Montgomery stated that the bill would provide oversight under the provision of Title 6, only for risk reduction. If MDE was to inspect 20% of all rental properties, Paula Montgomery indicated that MDE would need 150 additional enforcement staff. Syetta Hampton-El said the bill was much more than outreach and education. The bill can also be supported with amendments. The hearing is March 9, 2016. Syetta Hampton-El stated she was very concerned that the Commission has not taken a position on any of these bills. Barbara Moore stated that unless you are present in Annapolis or present testimony, you aren't involved in the process. Pat McLaine noted that the Commission has taken a position on bills in the past and can provide written or oral testimony if members are in support. Ed Landon stated that the Commission could submit a written letter of support and that Commissioners can watch the hearing on March 9th. Paula Montgomery said she feels there is a conflict of interest for her and that she feels uncomfortable with the Commission testifying on this. Cliff Mitchell said he does not believe the Commission can vote to support any bill without a two week public notice because of the Open Meeting Law requirements. Cliff Mitchell suggested that the Commission might be better off to identify what a bill ought to do more proactively. He suggested that moving from 10µg/dL to 5µg/dL now may be premature. John Scott asked when the Commission would do this. Cliff Mitchell suggested that ideally before the legislature meets. Barb Moore stated that the Commission has taken positions on bills in years past and has sent letters. Ed Landon suggested that the Commission indicate what is needed, based on meetings and deliberations, in an annual report.

SB 308/HB 396 – Susan Kleinhammer said she supports this legislation because it would bring requirements for multi-family housing into compliance with current Federal requirements and RRP rule. The bills also changes the time frame for limited lead free from two to 5 years but owners have to provide an affidavit yearly to affirm paint is in good condition; they must provide that affidavit if MDE requests it. Syetta Hampton-El said the change from two to five years was not clearly justified based on data and GHHI is appalled. She asked what a "notified affidavit" was and expressed concern about this change based on on-going MDE investigations into questionable inspections. Barb Moore noted that the law has required that owners must do a re-inspection if there is a change in occupancy and asked what the data show: are there any suggestions that there are problems? What are the trends? Do we have a source of data to look at this problem? Paula Montgomery stated that MDE has some data to support that paint is stable for 2+ years. Paula Montgomery stated that mechanisms are in place for this, making the tenant aware of rights when there are defective conditions. She stated that MDE will not enforce provisions of the law if the tenant stops paying rent because then it is not a rental property. Myra Knowlton stated that people often don't pay rent because they don't want to. The City's focus is to get them to set up rent escrow; judges do hear these cases. In Baltimore City, the violation stays with the property, regardless of whether rent is paid. Paula stated that MDE says that if a tenant stops paying rent, MDE will not enforce. Myra Knowlton stated that this happens

frequently – sometimes tenants don't pay for a year. Pat McLaine requested that the Commission be given a legal opinion about this by one of MDE's Attorneys General.

SB 951/HB 1154 – Ken Strong stated that Baltimore City Housing was still debating their position on these bills, holding the paint manufacturers responsible for damages. He asked if the Commission was in support of the bill, indicating that more resources are needed for remediation, outreach and education. Barb Moore said she agreed that more resources are needed but that she needs to study the bill. Ken Strong requested that the Commissioners study the bill, and vote their support (up or down) by email. Pat McLaine will send out an email to Commissioners.

HB 810 – Paula Montgomery did not know MDE's position on this bill.

Cliff Mitchell stated that during Legislative Session, people get caught up in issues. He suggested that the Commission's role is to establish the important public health goals for the state. Further discussion by Commissioners supported that the Commission's job is to identify the big public health concerns, set goals and determine what the state needs to do to meet these goals.

Update of Lead Free Certificate Investigation and Enforcement Issues

Paula Montgomery stated that the investigation is active and that EPA has offered assistance in follow-up of some areas. Three inspectors and one supervisor from MDE are working on the investigation. MDE is going out into Southern Maryland in the next few weeks. Marvin is following up in Section 8 Housing in Prince Georges and other counties. Paula Montgomery indicated that the inspector no longer works for the company and is not accredited. MDE is focusing on prre-1950 rental properties. MDE sent out 800 letters to owners saying there might be a problem and that MDE may be visiting. John Scott said a landlord had approached him because he had hired the company in good faith and had received letters from MDE. The landlord was concerned about what he is expected to do. He has 14 affected houses; reinspection would cost about $10,000. Maybe all contractors need to be bonded so that owners are protected. Maybe it is too easy to become a lead inspector. The landlord hired a lead inspector because he needed to get work done quickly; he was trying to comply.

Paula Montgomery said MDE is very sensitive to what has transpired. She hopes this is an isolated incident. She is not sure what percentage of errors is typical or tolerable for an inspection. David Fuller stated that 5-7 properties were in Baltimore County. The County sent out two letters to the tenant and owner of each property and went door to door to these properties, offering free inspections but only got one response accepting their assistance.

Paula Montgomery stated that EPA Region 3 has volunteered six inspectors to do preliminary interviews. MDE has a lot of support. She estimated that about 60,000 certificates/year are being issued. MDE targets the risk reduction certificates because they are not lead-free.

Baltimore City Council Hearing
Ken Strong indicated that at the City Council Hearing on lead in February, many problems had been identified along with too few resources. Ken Strong stated that Mary Pat Clark would welcome an invitation to attend the Commission meeting, possibly in April, and could speak about where the City Council wants to take this. The Commission will extend an invitation to attend the April meeting, or a future meeting.

New Business
Remediating Lead Problems – Health Provider Perspective
Barb Moore stated that the clinic at Mount Washington sees 20-30 new patients per year, most with BLLs over 10µg/dL, some with BLLs in the 5-9µg/dL range. The clinic follows 50-100 patients/year. Barb Moore said she had examined recent cases to see how quickly the children's BLLs go down. Children living in rental units where the owner responded quickly to make the unit safe experienced decreases in BLLs much more quickly than children living in owner occupied homes. If a Notice of Defect was issued, action typically occurred in 6-12 months. If the property was owner-occupied, action took 6 months to three to four years. Resources have not been available for low income owner occupant families whose children have high BLLS. Grants and loans are not available: many families bought a fixer upper and cannot afford to remediate their home.

In addition, with regards to closing the loop with primary care providers (PCPs), Barb Moore indicated that PCPs don't get feedback on what is happening. They hear from their patients, not from the state or local agency. Sonia from BCHD gets back quickly, but it is very important to close the loop and get information back to the PCP. If the PCP issues a Notice of Defect (NOD), the process is very tedious. The PCP has to download the form. It isn't clear what the PCP needs to do – send a copy to MDE, send the NOD with return receipt requested and then do what with the little green card? If no one signs the green card, the NOD gets dropped. The Commission has discussed that future follow-up for children with BLLs 5-9µg/dL will be done by the PCP and that the PCP can initiate a NOD. However, based on experience of Mount Washington Pediatrics, Barb Moore said she isn't clear what will actually be done.

Cliff Mitchell stated that anyone can give a NOD to a landlord and that triggers the process. The receipt triggers the process and this is a big issue. Cliff Mitchell stated that MDE and DHMH will meet with all local health department case managers to talk about case management for children with BLLs 5-9µg/dL. The PCPs will be doing this, using a phone script. Health educators across the state will follow up on this. Health educators will walk through the process; many steps are involved. Cliff Mitchell indicated that the PCP will call. The goal is to have families do this so they are in control of the process. Cliff Mitchell stated that DHMH/MDE will schedule monthly case management calls with all local health departments. Pat McLaine expressed concern about the length of time it was taking to get action when a Notice of Defect was filed, indicating that this appeared to be unchanged from or possibly worse than 10 or more

years ago. David Fielder asked what a reasonable timeline would be to get action on a Notice of Defect.

State of the Insurance Industry – due to time constraints, this presentation was bumped to the April meeting.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, April 7, 2016 at MDE, 9:30am – 11:30am.

Agency Updates
In the interest of time, Agencies were asked to provide only necessary reports.

Maryland Department of the Environment –Paula Montgomery indicated there was nothing further to report.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell indicated there was nothing further to report.

Maryland Department of Housing and Community Development. – Ed Landon reported on Project Core, planned demolition in Baltimore City. Baltimore City, DHCD and the Maryland Stadium Authority will implement this work. Information about Project Core including a Frequently Asked Questions (FAQ) document was distributed and is available on DHCD's website. If commissioners have any questions, please let Ed Landon know.

Baltimore City Health Department – nothing further to report.

Baltimore City Housing Department – Ken Strong indicated that he is retiring the end of June from City Government. Olivia Farrow, Deputy Commissioner for Baltimore City, has been suggested to represent Baltimore City. Ken Strong stated it has been an honor to serve on the Commission.

Office of Child Care – not in attendance

Maryland Insurance Administration – not in attendance

Public Comment – none offered

Adjournment
A motion was made by Cliff Mitchell to adjourn the meeting, seconded by Ed Landon. The motion was approved unanimously and the meeting was adjourned at 11:35 AM.

Paint Retailers To Display Information on Lead Paint Reduction

Annotated Code of Maryland requires that paint retailers display a poster distributed by Maryland Department of the Environment.

Subtitle 8- Reduction of Lead Risk in Housing

§6–848.1. Paint retailers to display information on lead paint reduction

(a) In this section, "retailer" means any person who sells paint or paint supplies to a consumer.

(b) A retailer shall display a poster developed and provided by the Department under subsection (c) of this section:

(1) Within an area in which paint or paint supplies are sold or displayed; or

(2) At each register or checkout aisle.

(c) The Department shall develop and provide a poster to retailers that includes the following information:

(1) The dangers and hazards of lead poisoning; and

(2) A phone number that consumers can call for assistance in lead risk reduction and safe renovation practices.

Poster requirement- Item 5 ¾ inches wide and 7 inches long proposed for use pursuant to this section may be considered a "poster," but it does not contain sufficient information to fulfill the statutory requirements because the text does not provide "information about the dangers and hazards of lead poisoning," but simply cross-references a brochure 88 Op. Att'y Gen. 190 (Dec. 9, 2003)

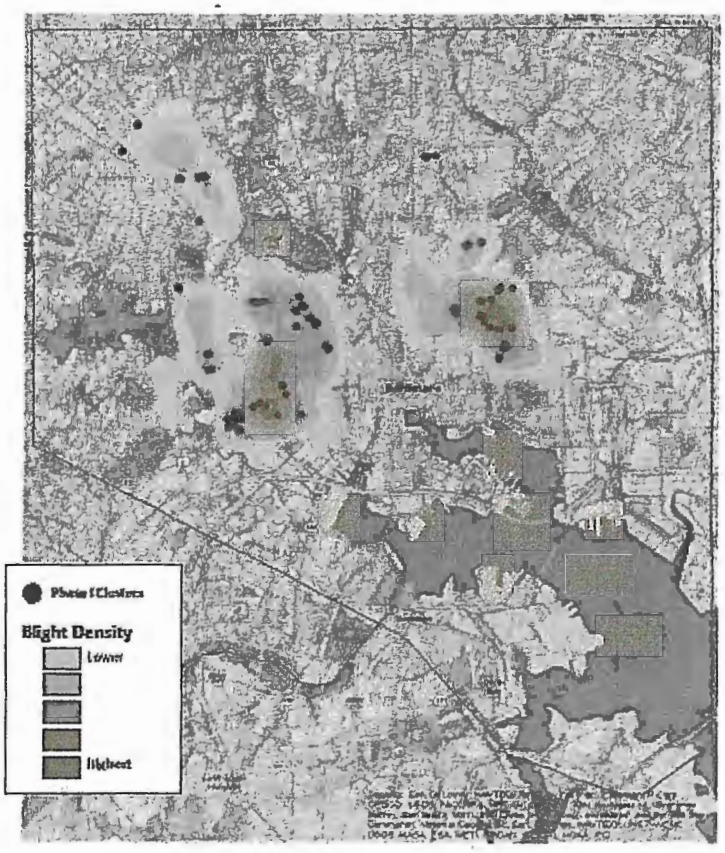
Project C.O.R.E.

Project C.O.R.E. or Creating Opportunities for Renewal and Enterprise, means a new canvas for Baltimore, clearing the way for new green space, new affordable and mixed use housing, new and greater opportunities for small business owners to innovate and grow. The initiative will generate jobs, strengthen the partnership between the City of Baltimore and the State of Maryland and lead to safer, healthier and more attractive spaces for families to live and put down roots.

INTRODUCTION

The goals of Project C.O.R.E are:

1. To support community growth in Baltimore City.
2. To eliminate in a strategic manner as many full blocks of blight as possible.
3. To encourage investment in Project C.O.R.E. communities through attractive financing and other incentives.



Recommended Phase I, Year 1 Demolition Locations Project C.O.R.E. Planned Four-Year Activity:

Phase I – Demolition of Blighted Properties

The state will invest $75 million, along with $18.5 million of investment from Baltimore City, over four years to demolish as many city blocks of blight as possible.

Click on the map to view locations recommended by the City of Baltimore for demolition during the first year of Phase I activity.

The Maryland Stadium Authority will serve as project manager. The Baltimore City Department of Housing will identify potential properties for demolition. These properties will be reviewed with the Maryland Department of Housing and Community Development for final approval.

Once a property is demolished or stabilized, the Maryland Stadium Authority will be responsible for grading, seeding and fencing the site. The city provides in-kind services with a monetary value of $0.25 for every $1 in state allocations.

Phase II – Revitalization through Redevelopment

The state will leverage an estimated $600 million through Maryland Department of Housing and Community Development programs to encourage new investment in these blighted communities.

All funding will be through well-established investment tools managed by the Department of Housing and Community Development.

Project C.O.R.E. Financial Tools:

The Maryland Department of Housing and Community Development will utilize well-established tools to direct new resources into Project C.O.R.E. investments, including programs listed below. Click on each link to learn more about how these programs are currently used in communities throughout Maryland.

HISTORICAL PRESERVATION

Project C.O.R.E. will include appropriate controls and consideration of historical preservation associated with demolition and redevelopment procedures. The Project C.O.R.E. team has established procedures for working closely with the Maryland Historical Trust to ensure that all necessary preservation review processes are included in planning and project implementation.

Click here for more details on the Maryland Historical Trust's involvement in Project C.O.R.E.

COMMUNITY ENGAGEMENT

The Maryland Department of Housing and Community Development will support Baltimore City in organizing and structuring public meetings. The purpose of these meetings will be to inform members of the community about Project C.O.R.E. and to receive their input in the development process. The Department has extensive experience in working with communities that have benefited by neighborhood revitalization projects.

Check back soon for details of scheduled public meetings, which will cover topics including:

- Workforce training opportunities
- Analysis of blocks and lots
- Incorporating community input
- Adverse impacts and mitigation

WORKFORCE DEVELOPMENT

Project C.O.R.E. partners will ensure that City residents have access to jobs that result from C.O.R.E. investments, including through such activities as demolition, deconstruction, building stabilization and rehabilitation, and site redevelopment.

Click here for more information on skills training and workforce development.

QUESTIONS AND COMMENTS

Click here for answers to commonly asked questions about Project C.O.R.E.

If you have any further questions or comments, please send us an e-mail: project.core@maryland.gov or complete the form below:

Project Core FAQ

1. What is Project C.O.R.E. and how will it benefit Baltimore City?

On Jan. 5, Governor Larry Hogan and Mayor Stephanie Rawlings-Blake announced a four-year partnership to demolish thousands of vacant buildings to serve as the catalyst for redevelopment, reinvestment, and stabilization in Baltimore. Project Creating Opportunities for Renewal and Enterprise – or Project C.O.R.E. – is the name of this initiative.

The goal of this historic partnership is to improve economic opportunity and quality of life in Baltimore City neighborhoods. It is a far-reaching initiative designed to address the needs of the existing population as well as expand opportunities for the development and expansion of small businesses that will benefit the community, the city and the entire state of Maryland.

Project C.O.R.E investments will result in safer and more attractive neighborhoods, more jobs, more green space, and more quality, energy efficient affordable housing for the benefit of existing residents.

2. What is the timetable for Project C.O.R.E.?

Project C.O.R.E is a four-year initiative that will have significant future impact.

Opportunities for demolition will be determined by Baltimore City in partnership with the community.

3. How can I follow the progress of Project C.O.R.E.?

To stay up to date on the schedule of demolition, please monitor our website at dhcd.maryland.gov/projectcore

4. Will the community be involved in choosing the sites for demolition?

Yes. The community will be a valued partner throughout the process. Baltimore City has established a transparent and ongoing process to engage communities in identifying targets for demolition as well as identifying new purposes for resulting open spaces. The city engages affected communities regularly through its ongoing Vacants to Value (or V2V) program. The schedule of Project C.O.R.E. demolitions will continue to be determined after substantial community input.

5. Will this initiative lead to the involuntary relocation of residents in the city?

No. Project C.O.R.E will not forcibly displace residents. For those residents living in affected areas, provisions will be made by Baltimore City for their relocation in accordance with the federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (or Uniform Act). The goal of

Project C.O.R.E is to empower residents by improving economic opportunity and quality of life in existing neighborhoods. Additionally, it is expected that Project C.O.R.E will result in the creation of jobs and housing opportunities for new residents to live and work in revitalizing neighborhoods.

6. How can I participate in Project C.O.R.E.?

The best way to participate is by checking the information posted to the Project C.O.R.E. web pages on the Maryland Department of Housing and Community Development's website, which is: dhcd.maryland.gov/projectcore.

7. Will this initiative raise my taxes?

No.

8. Will this initiative move blight to another neighborhood?

No. Baltimore City is working closely with affected communities to ensure that Project C.O.R.E. supports city residents and that all neighborhoods benefit from the initiative.

9. Will this initiative accommodate people with different incomes and wealth?

Yes. Project C.O.R.E. will result in a mix of affordable single family and multifamily housing along with green space and commercial development.

10. Will Project C.O.R.E. create transportation choices?

The initiative will coordinate its resources with programs and plans of the Maryland Department of Transportation and other state and city agencies. Project C.O.R.E. will complement Governor Hogan's recent plan to improve Baltimore's transit system. Announced in October 2015, the plan will support a CityLink system — a color-coded network of 12 high-frequency Maryland Transit Administration routes serving downtown Baltimore. Governor Hogan's financial support for CityLink is expected to provide better access to local employment and services for all city residents.

11. Will Project C.O.R.E. create employment opportunities?

Yes. Project C.O.R.E. will link job-seeking residents with demolition, deconstruction, stabilization, and redevelopment activity supported by the initiative. In addition, Project C.O.R.E. will support training programs and partner with local trade organizations, non-profit organizations, and other agencies within the State of Maryland to provide a range of workforce development services.

12. Will Project C.O.R.E. expand beyond Baltimore City?

The focus for Project C.O.R.E. is Baltimore City. The initiative will create shovel-ready development opportunities that will positively impact areas that are not able to access existing investment tools. Other

existing programs and resources serving Marylanders will remain available statewide.

13. Why is the Maryland Stadium Authority involved in Project C.O.R.E.?

Project C.O.R.E represents an important and unique new partnership between Baltimore City, the Maryland Department of Housing and Community Development, and the Maryland Stadium Authority and will utilize the core strengths of each in order to accelerate blight removal and reinvestment in Baltimore City neighborhoods. The Maryland Department of Housing and Community Development's core strength is financing; the City's core strength includes community engagement, land use planning, and strategic development; and the Stadium Authority's core strength is project management. The partnership will build upon these strengths to create a strong team that can realize greater results than otherwise would be possible.

HUD Award for Healthy Homes

2016 HUD Healthy Homes Award

The deadline has been extended to March 15, 2016.

The U.S. Department of Housing and Urban Development (HUD), in partnership with the National Environmental Health Association (NEHA), announces the second annual Secretary's Awards for Healthy Homes.

The award will recognize excellence in healthy housing innovation and achievement in three categories: Public Housing/Multifamily Housing, Policy and Research Innovation, and Cross Program Coordination among health, environment, and housing. The activities or policies nominated must show measurable benefits in the health of residents and be available to low- and/or moderate-income families.

Complete applications must be submitted no later than 11:59:59 p.m. Pacific Time, March 15, 2016. The awards will be presented at the NEHA 2016 AEC & Exhibition and HUD National Healthy Homes Conference, June 13-16 in San Antonio, Texas. Please complete this application form and upload all other required materials as attachments. Applicants selected for an award agree to submit a

summary of their accomplishments to be published online.

"The connection between health and dwelling is one of the most important that exists." —Florence Nightingale

Award Categories

Award submissions will be considered in one of three categories described on this page. An organization may submit only a single application as the lead agency. Organizations may participate as partnering organizations in more than one application.

Public Housing/Multifamily Housing

- Eligible Applicants: Public housing authorities; multifamily housing owners and managers; resident organizations (for example, tenant task forces) in public or private assisted housing.
- Nomination Examples: A public housing authority's universal adoption of smoke-free housing; adoption of integrated pest management policies; tenant task force creating and implementing a resident health and energy program.
- Outcome Data Examples: Number of residents impacted by policy; number or rate of residents with improved health outcomes due to implementation of healthy homes activity; number or rate of reduction in asthmatic episodes among residents; measurable reduction of indoor air pollutants related to policy.

Policy and Research Innovation

- Eligible Applicants: State, county, city, regional units of government (including legislative bodies); healthcare providers (including hospitals); universities and schools of higher education; nonprofit organizations; health insurance providers; advocacy organizations.
- Nomination Examples: Creating adopted local/state code enhancements with significant health outcomes or impacts; developing a system for enhancing housing and/or code inspection efficiency and effectiveness; research related to environmental conditions, such as allergens, and resident health.
- Outcome Data Examples: Numbers of localities adopting public policy change(s); number of residents directly and indirectly affected by the public policy change(s); Research Innovation applicants should have recent (or in process) peer-reviewed published article. (See more information under "Research Innovation Applications.")

Cross Program Coordination

- Eligible Applicants: State, county, city, regional units of government; healthcare providers (including hospitals); housing providers; nonprofit organizations; health insurance providers;

advocacy organizations.

- Nomination Examples: Comprehensive cross-program coordination (for example, a county health department coordinating asthma interventions with Community Development Block Grant program and/or HOME program rehabilitation resources); a national or regional foundation creates and funds a healthy housing program based on cross sector coordination.
- Outcome Data Examples: Number or rate of residents with improved health outcomes due to implementation of healthy homes activity (for example, reduction in asthmatic episodes among residents or falls in the home among elderly people).

Thousands of kids at risk of lead poisoning in Baltimore City

Low-income housing resident challenges landlord in suit alleging lead poisoning

UPDATED 5:45 PM EST Feb 15, 2016

BALTIMORE —Lead paint poisoning is an issue that some are surprised is still on the forefront.

While the numbers have decreased significantly since the year 2000, it's estimated 56,000 Baltimore City children remain at risk.

It is dangerous because the Centers for Disease Control and Prevention said there is no safe level of lead in the blood at all.

Some call it Baltimore's toxic legacy: lead paint poisoning -- the tie that binds generations.

"People used to say I was dumb, I was slow, I was retarded, and it wasn't none of that," Baltimore resident Chetina Long said.

Long said she remembers the sweet taste of paint chips as a toddler. She was lead poisoned at age 3. Her mother sued a Baltimore City landlord and won.

Now Long is in the same predicament, seeking relief from landlords for three of her children, who struggle with learning disabilities and attention issues that court documents allege are due to lead paint in low-income housing.

"I used to feel it was my fault, but at this point, I don't feel like it's my fault. I feel like we was unlucky. We just unfortunately were living in messed-up houses," Long said.

Attorney Saul Kerpelman, who has handled thousands of lead paint cases, said he sees a multigenerational case a week in Baltimore City.

Kerpelman represented Long as a child and now as a mother.

"It really is the death of cities, and the only way we can bring them back to life is to get all the lead out," Kerpelman said.

The Maryland Department of the Environment estimates 95 percent of housing units built before 1978, when the government banned lead paint, contain lead.

While the state requires landlords perform lead risk reduction work before a tenant moves in, there is no requirement all lead paint be removed.

In Baltimore, the health department maintains a lengthy list of apartments and homes with lead hazard violations that have not been fixed, meaning a child in the home had an elevated lead level in his or her blood, raising the questions: Are people still living in these homes? Are owners still renting them out?

A random check of some of the listed properties found a number of them boarded up and abandoned, but not all the properties appeared that way.

It included the home where Long said one of her daughters became sick.

In another older home, the I-Team saw the extent to which workers protect themselves before lead risk reduction work is performed -- a stark reminder of the dangerous toxicity of lead.

"It takes the equivalent of three granules of sugar to start poisoning a child. That small amount on a child's hands and in their mouth, disrupts the neurological development," said Ruth Ann Norton, with Green and Healthy Homes Initiative.

Baltimore City Council member Mary Pat Clarke, who has been involved with this issue since the '70s, said she is ashamed it remains a problem.

"They are not getting certified, they are not being inspected until a child is poisoned. No, that's not the trigger," Clarke said.

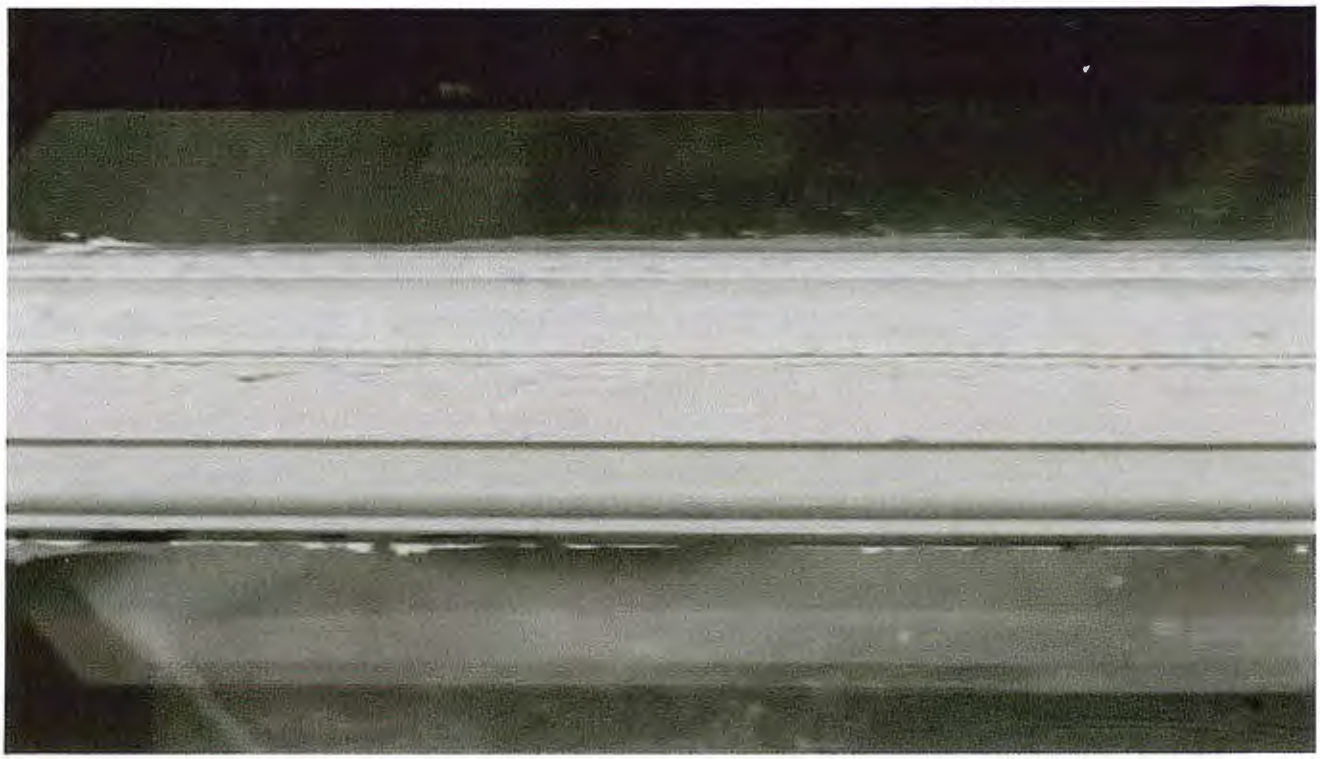
Those who represent landlords cite state figures that show more than a third of the lead poisoning cases in 2014 were actually linked to owner-occupied housing.

"A lot of people in Baltimore City don't have the resources to get the lead out of their homes, off their windows, off their doors and replace these items, and they're left in limbo," said Thomas Tompsett, with the Maryland Multi-Housing Association.

Groups like the Green and Healthy Home Initiative are working around the clock to help homeowners, because the best way to protect children is to prevent lead exposure in the first place.

It is something Long has learned in the most painful way. In the case of Long's children, each of the landlords has denied liability.

Late last fall, Gov. Larry Hogan announced plans to expand testing for lead poisoning to include all 1- and 2-year-olds.



Maryland environmental officials have invalidated seven lead-free certificates issued by a private inspector after finding issues with reports and tests. The Maryland Department of the Environment said in a news release Thursday that is investigating whether rental properties certified by the inspector as having no lead paint are really free of the material.

Advocates say lead paint industry should be held liable in poisoning of Baltimore children

In letters, lead industry health director called Baltimore's poor "rodents," "slum child," "ineducable." With dozens of Baltimore children dead from lead poisoning, city health officials sent weekly reports to the lead paint industry's top health official in the 1950s, alerting him to the harm being caused.

He responded with mockery.

Manfred Bowditch, director of health and safety for the Lead Industries Association, repeatedly shifted blame for the poisoning from the lead industry to Baltimore's poor. He referred to them as "slum-dwellers" who were incapable of being educated — and worse.

"It seems not too late to wish you a very happy New Years, despite the continued activities of Baltimore's little human rodents," Bowditch wrote to a city health official just after Christmas in 1955.

With lead poisoning still harming hundreds of children in Maryland each year, Baltimore lawmakers in the General Assembly are pushing — once again — to hold the industry responsible for generations of damage. To bolster their case, legislators, lawyers and advocates are preparing a dossier of the lead industry's activities over a century, unearthing little-known documents from decades past, including Bowditch's letters.

Correspondence, reports and advertisements — largely culled from court files — will be submitted as testimony in Annapolis as the lawmakers attempt to pass the Maryland Lead Poisoning Recovery Act, which advocates say would make it easier for plaintiffs to win lawsuits filed against manufacturers of lead paint.

They are hoping to convince fellow lawmakers that, much like tobacco companies, the lead industry knew its product was harmful as early as 1899, marketed the paint to children anyway, and then callously dismissed the damage caused.

"The paint industry knew about the dangers of lead, and they still sold lead-based paint to the public," said Del. Jill P. Carter, a Baltimore Democrat who is among the leaders of the effort. "They have never been held accountable for the thousands of children they poisoned."

Industry representatives have denied knowingly harming children and have successfully fought lawsuits in Maryland and elsewhere. Several paint firms have hired lobbyists to fight the effort in Maryland.

Tim Hardy, a lawyer for former lead paint manufacturer NL Industries — which is lobbying against the bill — argues that it doesn't make sense to hold modern-day paint companies liable for actions taken decades ago. He dismisses the legislation as a money-grab by plaintiffs' lawyers.

The bill would "allow people to sue companies that had nothing to do with the house or the kid or any injury," Hardy said.

Advocates hope the legislation will gain momentum this year after lead poisoning in Flint, Mich., and the death of Freddie Gray made national headlines. Gray, who died after sustaining spinal injuries in police

custody, suffered from lead poisoning as a child.

They also point to a Baltimore Sun investigation that reported in December that at least 37,500 Baltimore children have been poisoned in the past two decades in part because of lax enforcement of state laws.

"Every poor child in Baltimore City is in a house that's exposing them to much more lead than the children in Flint are being exposed to," said Saul Kerpelman, a Baltimore lawyer whose firm has filed many lawsuits against landlords on behalf of poisoned children.

"Lead is a root cause of bad schools, the dropout rate, drugs and crime. We as a society are paying for this, and the people that caused this giant mess are standing on the sidelines laughing."

Gov. Larry Hogan's administration is studying the bill and hasn't yet taken a position, spokesman Matt Clark said. He also noted that the governor is "strongly committed to protecting communities and families from leadpoisoning" and has called for all 1- and 2-year-old children in Maryland to be tested for lead poisoning.

Prominent in the advocates' dossier of court documents are Bowditch's letters to city officials and other organizations. A Harvard alumnus, Bowditch believed the problems of lead poisoning in Baltimore were caused by irresponsible behavior on the part of the city's children and parents, not necessarily the industry's products. He argued that until conditions in Baltimore's "slums" were improved, there was little the industry could do.

Bowditch ridiculed Baltimore children in the letters — after the city became the first in the country to ban lead-based paint from home construction in 1950. The product was banned nationally in 1978. Maryland has passed laws requiring that properties built before then be inspected and certified as safe before being rented.

In 1951, Bowditch joked about Baltimore children chewing on lead paint in a letter to the American Public Health Association. He said education was the key to solving the problem of lead poisoning.

"While there appears to be all too much 'gnaw-ledge' among Baltimore babies, I am not alone in the opinion that we adults still lack the well-rounded knowledge essential to an all-out preventive attack on this very difficult problem," he wrote.

In a letter written in 1956, he expressed doubt that black and Latino parents could even be educated on the issue.

"Next in importance is to educate the parents, but most of the cases are in Negro and Puerto Rican families, and how does one tackle that job?" he wrote. Around the same time, he sent a letter to a health official in England saying, "The only real remedy lies in educating relatively ineducable category of

parents. It is mainly a slum problem with us."

Bowditch died in 1960 in New York City at age 69. He was the son of Henry Pickering Bowditch, the dean of the Harvard Medical School.

The letters show a callousness to a known public health risk, says lobbyist John A. Pica Jr., a former Maryland state senator who helped lawmakers compile the dossier.

"It's the most despicable, egregious conduct in the history of American business," he said.

Hardy, the lawyer for a paint company, sees the letters differently. He argues that Bowditch's words have been "cherry-picked" and presented "without context."

"His language is not PC [politically correct] by today's standards," Hardy says. "He was describing the problem of poor kids eating paint, which he agreed needed to be addressed. We would never use that kind of language today."

The dossier also shows how long the industry knew that lead paint was dangerous to children.

According to the documents, the Sherwin-Williams Company's newsletter as far back as 1899 included research stating that "white lead is a deadly cumulative poison ... any paint is poisonous in proportion to the percentage of lead contained in it."

A Sherwin-Williams spokesman did not respond to requests for comment for this article, but the Fortune 500 company has argued in the past that irresponsible landlords are to blame for modern-day lead poisoning.

In 1904, the company's newsletter cited French research that "condemns the addition of white lead to paints and all colors containing it, declaring them to be poisonous in a large degree, both for workmen and for the inhabitants of a house painted with lead colors."

Yet lead companies marketed their products to children, the documents show.

A marketing brochure printed in 1923 in National Geographic for the National Lead Company, now called NL Industries, contained cartoons and comic books.

"The little boy's eyes shine with excitement as he takes his new lead soldiers out of the box on Christmas Day," one ad states. "Made of lead, they will not rust or mold as did the toy soldier of Field's 'Little Blue Boy.'"

The same year, paint-manufacturer Dutch Boy — now owned by Sherwin-Williams — marketed their lead paint to children, the documents show.

"Do not forget the children. Some day they may be customers," the documents state. "We are not even

overlooking the children in our campaign for record paint businesses this fall. ... Another effective method is to mail the paint books to the children of prospective customers."

Between 1931 and 1951, 83 Baltimore children died from lead poisoning, the documents show.

The bill Pica and other advocates are backing would open lead-based paint manufacturers to more lawsuits under the legal theory of "market-share liability" — after several high-profile lawsuits failed.

The theory suggests that makers of lead-based paint would share in all of the damages caused by the toxic metal based on their sales, even if it can't be proved that a particular product poisoned a specific child. Advocates for lead-poisoned children say such a law would significantly improve the chances of winning claims against paint manufacturers.

The bill — sponsored in the state Senate by Baltimore Democrats Joan Carter Conway and Catherine E. Pugh — would also create a Lead Paint Restitution Fund. The Maryland Department of the Environment would use settlement and judgment money from lawsuits brought by local governments to prevent lead poisoning and address the needs of impacted children and adults.

"The neurological damage done from poisonous lead paint is mainly irreversible and permanent," said Pugh, a leading mayoral candidate. "The companies that did this should pay the price of abating lead from the homes in Baltimore City."

Such legislation has been introduced — and killed — repeatedly in Annapolis over the past two decades, in the face of staunch industry opposition.

But with hundreds of Maryland children still absorbing harmful levels of lead from their homes and little public money to deal with the problem, more than 30 delegates have signed on as co-sponsors of Carter's bill. The Senate version of the bill has yet to attract co-sponsors.

The Democrats say they're encouraged by a successful lawsuit in California in which a judge in Santa Clara County ordered three companies to pay a combined $1.15 billion to remediate lead-paint hazards in homes in 10 jurisdictions. The paint industry has argued that the judge's ruling "rewards scofflaw landlords who are responsible for the risk to children from poorly maintained lead paint."

Many of the documents in the dossier stem from a pair of unsuccessful lawsuits filed in 1999 by attorney Peter G. Angelos that accused lead paint manufacturers of conspiring during the 1940s and 1950s to cover up the dangers of their products, which have been linked to brain dysfunction in children.

A judge ruled in 2002 that the "voluminous" documents produced by the Angelos firm failed to "raise any material facts supporting a conspiracy." The companies paid major U.S. universities to research the toxicity of their paint in the 1950s so they could "give the most accurate information to the consumer public" about the potential hazards and safe use of their products, the court found.

Hardy argues that the evidence in that case and others shows that the lead paint industry is quite different from big tobacco.

"Plaintiffs have never found that the lead paint industry did any secret research or had special knowledge," he said. "The dangers of lead paint were well-known. The tobacco industry got in trouble because they did secret research and denied research. There's none of that in our industry."

But Pica sees evidence in the dossier of behavior even worse than knowingly addicting smokers.

The tobacco industry "knowingly addicted people to tobacco, yes, but this is children," he said. "These people never paid for what they did."

The legislation comes after a recent Sun investigation found that children continue to be poisoned as a result of inadequate enforcement of a 1994 law requiring landlords to keep the lead paint in their homes from deteriorating.

The Sun investigation found that the system Maryland has set up to protect youngsters from lead-based paint is inadequately enforced and relies on data riddled with errors.

While the number of lead poisoning cases has fallen significantly, at least 4,900 Maryland children have been poisoned in the past decade, their brains exposed to a contaminant that causes lasting learning and behavioral problems. There likely are more victims, because not all children are tested.

More than 260 children were poisoned last year, 129 of them from Baltimore.

Ruth Ann Norton, a longtime advocate on lead-poisoning issues, said the documents are part of long history in which America did not take lead poisoning seriously. The League of Nations banned lead-based interior paint in 1922, but the United States declined to adopt the ban for another 50 years, she noted.

"Why is it the tobacco industry was made to pay but the lead industry hasn't?" she asked.

Lawmakers, activists call for better enforcement of Md. lead-paint laws

Lawmakers, activists demand stronger state, city enforcement on lead paint.
State and city regulators need to do a better job enforcing laws meant to protect children from lead poisoning if the longtime health scourge is ever to be eliminated, key lawmakers and community leaders said Monday.

Speaking in reaction to a Baltimore Sun investigation that found breakdowns in state and city oversight of rental housing containing lead-based paint, they questioned whether the enforcement effort is being managed properly and whether enough money is being spent.

Sen. Joan Carter Conway, a Baltimore Democrat who chairs the Environmental Matters Committee, said her panel will look into why hundreds of children are still being poisoned every year in Maryland and what more can be done.

Her counterpart in the Maryland House, Del. Kumar P. Barve, said he was surprised to learn so many children have been poisoned despite state laws designed to protect them. "I find it amazing that this is still an issue," said Barve, a Montgomery County Democrat who heads the Environment and Transportation Committee. "We are going to take a look."

Marvin L. "Doc" Cheatham Sr., former president of the Baltimore NAACP, said he believes lead poisoning is contributing to poor and violent conditions in some Baltimore neighborhoods. He said the state should increase fines on noncompliant landlords to raise the money to pay for more inspectors to enforce the law.

"If the issue is money, raise the fines up high enough," said Cheatham, president of the Matthew A. Henson Neighborhood Association. "They can pay for the staff that's needed to do it." The current gaps in enforcement, he said, are "inexcusable."

A Baltimore Sun investigation, published Sunday, found that the system Maryland has set up to protect youngsters from deteriorating lead-based paint is inadequately enforced and relies on data riddled with errors. While lead-poisoning cases have fallen significantly, at least 4,900 Maryland children have been poisoned in the past decade, their brains exposed to a contaminant that causes lasting learning and behavioral problems.

The article described how state and city agencies failed to intervene after tests showed elevated levels of toxic lead in the blood of a 3-year-old boy living in a dilapidated West Baltimore rowhouse with crumbling paint. The landlord was not required to fix the paint problem, and a year later, the boy's 1-year-old sister had lead poisoning and a brother had a high level as well.

Though rental homes old enough to have lead paint arè required to pass a safety inspection, the Maryland Department of the Environment has fewer than a dozen inspectors to cover as many as 400,000 rental units statewide, the article said.

Gov. Larry Hogan's spokesman pointed out Monday that "great progress" has been made over the past two decades, with a 98 percent reduction statewide in the number of children found to be poisoned. But spokesman Matt Clark acknowledged that "there is more work to be done in order to put an end to childhood lead poisoning once and for all."

He noted that Hogan has announced plans to expand testing of Maryland children for exposure to lead, encouraging caregivers to test the blood of all 1- and 2-year-olds, no matter where they live. The state now tests only about 20 percent of all youngsters under the age of 6, though screening is targeted at communities with a history of poisoning cases.

But Del. Samuel I. "Sandy" Rosenberg said increased testing is "insufficient." The Baltimore Democrat argued that with limited resources, efforts need to be better targeted at those areas of the state and city with the most widespread poisoning problems.

City Councilwoman Mary Pat Clarke said reading that hundreds of children are still being poisoned "upset me terribly."

"It's an unacceptable situation," she said. "The state has to spend the money. The city has to spend the staffing time. We all have to support reversing this situation. There is no excuse. I know we were making progress, but systems are failing us and understaffing is failing us. We can overcome those problems, and we have to."

Mayor Stephanie Rawlings-Blake defended the city's effort, pointing to the big drop in poisoning cases over the years. She suggested any shortcomings lie at the state's doorstep.

"I'm very proud of the progress we've made in Baltimore City in dealing with lead paint ... and reducing the impact of lead on Baltimore's children and families,"Rawlings-Blake said. "We're certainly willing to

work with the state, as much as they are willing, to help improve their enforcement as well."

Del. Nathanael T. Oaks, a Baltimore Democrat and longtime proponent of stronger state action, said he intends to introduce legislation next year that would broaden the state's definition of lead poisoning, requiring regulators to act when children absorb lower but still harmful levels of the toxic metal.

Last year, for instance, while 129 children were found to be poisoned in Baltimore, another 708 had less lead in their blood but still enough to warrant follow-up under guidelines set three years ago by the U.S. Centers for Disease Control and Prevention.

Oaks warned, however, that expanding regulators' responsibilities alone won't cure the problem.

"We can put all the legislation on the books that we can, but if we're not going to enforce it, it's not going to do anything."

Zafar Shah, an attorney with the Public Justice Center, noted the group's recent survey of renters facing eviction showed 41 percent reported flaking or peeling paint at their rental properties. The survey showed many of the properties were not registered with the state and, if registered, had not passed safety inspections.

"There's simply not enough enforcement," Shah said. "It's the honor system."

twitter@tbwheelertwitter@lukebroadwater

APRIL 7, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

April 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	NANCY.EGAN@maryland.g
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	~~MDE~~ -410537-3317.
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
PAUL, Manjula	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

April 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
DawnJon	AMA Training (Aeroso Monitoring + Aerosol).	
[illegible]	HUD	HUD HQ
DAVID FIELDER	LSBC	DFIELDER@BALTIMORECOUNTYMD.GOV
TOMMY TOMPSETT	MMHA	ttompsett@mmhaonline.org
M B HALLER	BCHD	mb.haller@baltimorecity.gov
Michelle ARMIGER	MDSLPPD	Michelle.ARMIGER@Maryland.gov 410 537 4317
Chris White	Arc	cwhite@arcenvironmental.com
MARVIN TURNER	HUD	MARVIN.TURNER@HUD.GOV
Sheetah Hampton-El	GHHI	SA
[illegible]	BCHD	
Jack Daniels	DHCD	jack.daniels2@Maryland.gov
Christine Schifkovitz	CONNOR	cschifkovitz@connorinstitute.com

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, April 7, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Lead Legislation in the General Assembly – Ed Landon
   b. Update on Lead Free Certificate Investigation and Enforcement Issues – Paula Montgomery
   c. Other

III. New Business
   a. State of the Insurance Industry – Availability of Lead Liability Insurance for Maryland Property Owners – John Scott
   b. Lead Commission attendance
   c. Proposal for 2016

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, May 5, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
April 7, 2016

APPROVED Minutes

Members in Attendance
Nancy Egan, Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Paula Montgomery, Cliff Mitchell, Barbara Moore, Christina Peusch, Manjula Paul

Members not in Attendance
Del. Nathaniel Oaks, John Scott, Ken Strong, Tameka Witherspoon

Guests in Attendance
Michelle Armiger (MDE), Jack Daniels (DHCD), David Fielder (LSBC), Mary Beth Haller (BCHD), Syeetah Hampton-El (GHHI), Dawn Joy (AMA), Myra Knowlton (BCHD), Victor Powell (HUD), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Marvin Turner (HUD), Chris White (Arc Environmental)

Welcome and introductions
Pat McLaine called the meeting to order at 9:35 with welcome and introductions. Minutes of March 3, 2016 were reviewed. Ed Landon made a motion to accept and the motion was seconded by Mel Jenkins. All present commission members were in favor.

Old Business
Childcare Subcommittee Report
The Subcommittee has identified some resources but does not yet have a report. If there are problems with regards to funding of lead hazard control work that make it difficult for childcare facilities to apply for funding, the Subcommittee needs to identify them so that resources can be identified. Manjula Paul reported that the Department of Education has links for child care facilities and the lead report for childcare facilities is available on-line now too. Paula Montgomery asked if funding would be for licensed childcare or new child care centers. David Fielder noted that the Lead Safe Baltimore County Program is working with a number of in-home child care facilities. Pat McLaine asked for a report by the June 2016 meeting.

Lead Legislation in the Maryland General Assembly
A summary of 2016 lead legislation was distributed by Ed Landon who noted that it is possible that no lead legislation will pass this session. Ed Landon reported that HB 396 had passed the house but was stuck in Judicial Proceedings in the Senate. Two bills (HB 810 and HB 1331) are referred to summer study. Syeetah Hampton-El noted that HB 535/SB 734, one of the structured settlement bills, probably will pass, adding rules to how structured settlements will be handled by the Court. Syeetah Hampton-El thanked Baltimore City and Commissioner Barbara Moore for providing written testimony in support of SB 951/HB 1154. Ed Landon indicated that

Commissioner Ken Strong wanted the Commission to weigh in on HB 1154 at or after the March meeting. Pat McLaine noted that a number of Commissioners were not in support of the bill and that no Commissioner requested a vote in support of legislation. Pat McLaine indicated that she could not ask Commissioners to vote their support outside of a formal meeting but had sent out an email to Commissioners on March 6th urging that they review the language of HB 1154, share their concerns about the bill with Ken Strong with cc to other Commissioners, and consider testifying or submitting written testimony or a letter to the Committee Chair on behalf of legislation before the scheduled hearing. Nancy Egan stated that the Maryland Insurance Administration had prepared amendments to MDE legislation following the Dachman decision but legislation did not move forward this year; the agency plans to resubmit in September. Barbara Moore asked at what point GHHI or MDE knows that there will be a bill in the next session. Syeetah Hampton-El stated that GHHI did track legislation. Barbara Moore noted that the Commission starts talking about legislation in August. If we can discuss potential legislation early, the Commission can be more active. It takes time to review legislation so early notification would be helpful. Nancy Egan noted that Government Agency packets are due before Labor Day. The Agencies do not hear if the packets (and legislation) are approved by the Governor's office until November or December. Once the legislative proposals have been reviewed, agencies can share with each other and review pre-filed bills (in December). Syettah Hampton-El indicated that GHHI would be willing to help the Commission by providing general information and providing assistance in following bills. Paula Montgomery noted that when there has been discussion at MDE about upcoming legislation, most has been based on last year's bills that they know about. A lot of the time MDE has no idea that bills will be submitted. Separate from these bills, the Commission could identify what changes we want to see moving forward. Christina Peusch stated her organization was able to drive legislation so that unlicensed child care providers who advertised to provide care were given a citation. Ed Landon stated that the mechanics are different for state government and suggested that we should start bringing legislation up at the Commission meeting in November or December.

Drinking Water

Pat McLaine reported she had received questions about state requirements to test drinking water in Maryland schools from Claire Barnett, of the Healthy Schools Network and about the number of schools in Maryland that were still using bottled water because the tap water at the school had too much lead. She sent an email to Nancy Reilman, MDE Water Supply, who indicated that MDE had no regulatory authority over schools receiving drinking water from a munincipal water system. Nancy Reilman indicated that each county managed individual facilities differently and that MDE was in the process of collecting additional information on how each of the local jurisdictions monitors drinking water quality in schools. She indicated that once MDE has completed their evaluation of the situation, they would update the Commission. Pat McLaine noted that a written report on lead in public water system including report forms used for the Lead and Copper Rule by water systems had been sent out to Commissioners after our March meeting.

Update on Lead-Free Certificate Investigation

Michelle Armiger reported that MDE is focusing on certificates issued between 2010 and 2014, 384 properties, 107 pre-50 residential properties. MDE staff is performing inspections on the pre-50 properties, compiling information and determining the extent to which problems exist. MDE plans to get a contract for oversight of inspections for the post1949 properties. Of the properties inspected to date, 41% were not in compliance (lead was present even though lead free certificate had been issued); MDE is issuing violation notices for this. Paula Montgomery noted that "lead free" means that the lead is below a certain level, but there may be some lead. She indicated that the investigations are extremely thorough, with 150-400 readings, following HUD protocols and commended her staff for their work. EPA and HUD have both collaborated on this investigation and made resources available. Commissioners thanked Paula Montgomery for MDE's excellent follow-up work. Syeetah Hampton-El asked if any of the 41% of properties with violations were rentals or had children living there. Paula Montgomery stated that MDE is tracking this but she does not have that information available.

Victor Powell noted that Marvin Turner from HUD's DC Field Office has been providing assistance. A HUD team will look at Prince Georges and Montgomery public housing next month and requests to work together with MDE. He also plans to look at four public housing authority properties in Baltimore. David Fielder indicated that Lead Safe Baltimore County mailed out letters to property owner and residents of properties identified in Baltimore County. One owner responded and Baltimore County did a full risk assessments but no lead was found. Two of the letters were returned. Paula Montgomery stated she was not concerned about tenant based assisted housing in Baltimore City but was concerned about outlying counties, where MDE has seen children lead poisoned. Paula Montgomery stated that MDE sent a letter to all HUD-assisted agencies about 5 years ago. Victor Powell indicated that HUD can update that letter and send it out again. Michelle Armiger noted that concern was also raised about other inspections by the same firm, conducted between 1996-2009, approximately 1600-2000 more properties. MDE has sent out letters. Manjula Paul stated that if any child care homes or centers were part of these properties, the Office of Child Care would like to know if a property is not in compliance. Paula Montgomery indicated she could provide addresses so the Office of Child Care could check for affected properties. Ed Landon asked if DHCD could get a copy of letters to housing authority directors because DHCD can also provide oversight. There are 17 Housing Authorities in the State and also Section 8. Paula Montgomery stated that the letter went out to Bill Tamborino and known Housing Authorities. Marvin Turner stated that Christine Jenkins and Bill Tamborino were supposed to send letters out. Paula Montgomery noted that MDE will work with Marvin Turner and Victor Powell from HUD on this. Ed Landon said he could pass out a letter to Housing Codes Officials. David Fielder noted that code enforcement could be stronger, tied to any chipping peeling paint. Ed Landon noted that attempts were made by many counties in 2012 to get lead put into the livability code. But the Code Officials refused to include lead in the code. This means that local legislation would be required to establish a local livability code. Syeetah Hampton-El noted that most of the codes refer back to the Environmental Article. Local jurisdictions differ on what they do to follow-up all around the

state. There is no uniform standard for this across Maryland. Ed Landon stated that changes would be needed to the state livability code in order to ensure similar oversight across the state.

New Business

Lead Commission Attendance

A sheet with attendance for 2015 was circulated. Commissioners were asked to see Pet Grant if they had any problem with the report.

State of the Insurance Industry

The discussion was deferred until May because John Scott was unable to attend today's meeting due to a work-related emergency.

Proposal for 2016

Pat passed out a copy of the Overview of the Lead Poisoning Prevention Commission, with responsibilities listed and a draft MDE Lead Commission calendar for 2016, with a schedule of dates for reports to be provided to the Commission about state and local efforts to prevent lead poisoning in Maryland. Regular reports will enable the Commission to better understand what is going on and to promote oversight of efforts across our state. Paula Montgomery stated she wanted more time to review the proposal. She thinks this may be duplicative and suggested that the Commission should focus on a topic or two about what we can do; asking for more reports won't help. Barbara Moore noted that in 2010 we were supposed to be "finished" with lead poisoning and in 2012 when a subcommittee of the Commission tried to prepare a report on where Maryland was with lead elimination efforts, it was very difficult to get data. She stated that if the Commission as a group is going to provide oversight to protect children, this information is needed on a regular basis throughout the year. Paula Montgomery stated that information is available on MDE's website and does include much useful information. She indicated she could bring enforcement and compliance reports but the report won't tell the Commission what MDE is doing every day and won't show the Commission where the issues are. Barbara Moore stated that by having data, the Commission could look at data, analyze trends and identify gaps. Manjula Paul noted that with a report, we can identify challenges, barriers, financial implications and look at staffing. The Commission can then initiate action to address issues. Marvin Turner suggested that the calendar should include federal regulatory actions also and that HUD would be willing to provide a briefing. Victor Powell added that HUD is looking at the Lead Safe Housing rule again. Susan Kleinhammer asked Paula Montgomery what the Commission could do to help MDE meet the goal of preventing childhood lead poisoning. Paula Montgomery stated that MDE gets little Federal assistance; most of the funding is from the Lead Rental Registry. Lead is a priority of the media and the media has suggested that MDE must do more oversight of inspection contractors which is difficult because she only has two staff. Susan Kleinhammer asked how the Commission could move to help with this and indicated that if the Commission has data, it can take steps to advocate for more resources. Michelle Armiger noted that one of the biggest challenges has been IT and MDE's antiquated database.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, May 5, 2016 at MDE, Aeris Conference Room, 9:30AM – 11:30AM.

Agency Updates
Maryland Department of the Environment – nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell stated that the 2016 Guidelines for Assessment and Management of Childhood Lead Exposure were released on March 28, 2016 and new regulations are now in place. He will email the regulation to Pet Grant for distribution to all Commissioners. The definition of blood lead level changed on 3/28/16 when the regulations went into effect. A laminated copy of the Guidelines is going out to all health care providers in Maryland and was distributed to the Commissioners. DHMH will also produce a flip chart. Cliff Mitchell thanked Barbara Moore and all clinicians who have provided feedback. The new regulations are also going up on DHMH's website and will be available as a PDF. Cliff Mitchell reported he is doing grand rounds around the state focused on universal testing. Form 4620 has also been updated. DHMH does not regulate out of state health care providers or children who live out of state. DHMH can't compel testing of out of state residents who attend childcare in Maryland. Barbara Moore asked whether the 11-13 month well child visit would still be in the "one year window". Cliff Mitchell stated that Maryland would follow Medicaid guidance for this. Maryland's report is by age, so the Commission might want to look at this more closely.

Maryland Department of Housing and Community Development. – Housing is in process of amending regulation to increase Special Loan commitment to $250,000 for sponsors (non profits) and $30-75,000 for child care centers. Eligibility is based on income, a statutory requirement.

Baltimore City Health Department – Myra Knowlton said that things are going well. Mary Beth Haller was introduced and has been recommended to replace Ken Strong on the Commission after his retirement in June. Mary Beth Haller has worked at GHHI, was attorney for lead violation cases at BCHD, directed the Baltimore City LPPP, worked in Environmental Safety, lead and water for the City Schools and now is the Assistant Commissioner for Environmental Health.

Baltimore City Housing Department – no report.

Office of Child Care – Manjula Paul reported that OCC is working with MDE and DHMH. She is providing education to licensing specialists and providers.

Maryland Insurance Administration – no report

Public Comment

GHHI - Syeetah Hampton-El reported that the Governor is committed to demolition in Baltimore City and GHHI is working with the City and the Stadium Authority to ensure that protocols are in place to protect residents from lead dust.

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by Mel Jenkins. The motion was approved unanimously and the meeting was adjourned at 11:40 AM.

2016 LEAD LEGISLATION

4/5/2016

BILL NO.	TITLE	SUMMARY	REMARKS	HEARING DATE/ SPONSOR
HB-1158 - Last Year 2015	Lead Risk Reduction Standards - Maintenance of Exemptions	Requiring an owner of specified residential rental property to submit specified certifications and affidavits to the Department of the Environment in order to maintain a specified exemption from lead-based paint risk reduction standards; providing that a specified exemption for a multifamily rental dwelling expires on October 1, 2020, unless a specified inspection was conducted in accordance with specified lead-based paint inspection standards established by the U.S. Department of Housing and Urban Development; etc	Delegate Stein	Made it through the house and stopped in the senate for unknown reasons - Probably time
SB-308	Lead Risk Reduction Standards - Maintenance of Exemptions	Altering the time period when an owner of specified residential rental property is required to submit a specified certification to the Department of the Environment in order to maintain a specified exemption from specified lead-based paint risk reduction standards; requiring an owner of specified residential rental property to submit a specified certification to the Department within a specified time period after receiving a specified written notice in order to maintain a specified exemption; etc.	Senator Eckardt	Never moved see HB-396
HB-396	Lead Risk Reduction Standards - Maintenance of Exemptions	Requiring an owner of specified residential rental property to submit certifications and affidavits to the Department of the Environment in order to maintain an exemption from lead-based paint risk reduction standards; providing that an exemption for a multifamily rental dwelling expires on October 1, 2020, unless an inspection was conducted in accordance with regulations adopted by the Department; requiring an owner of a specified residential rental property to maintain a specified copy of each affidavit; etc.	Delegate Stein	House passed (135-0) with amendments /Senate first reading judicial proceedings 3/19
HB-42	Transfer of Structured Settlements - Childhood Lead Poisoning Claims - Requirements and Limitations	Requiring an application for authorization of a transfer of specified structured settlement payment rights to be filed in a circuit court in the county where the payee resides; requiring the payee to appear in person at the hearing on an application for authorization of a transfer of specified structured settlement payment rights; prohibiting the payee from transferring more than 25% of the discounted present value of future payments under a specified structured settlement agreement; applying the Act prospectively; etc. EFFECTIVE JUNE 1, 2016 CJ, § 5-1103 - amended and § 5-1103.1 - added Assigned to: Judiciary	Delegate Haynes	Unfavorable 3/18/16

2016 LEAD LEGISLATION

4/5/2016

BILL NO.	TITLE	SUMMARY	REMARKS	HEARING DATE/ SPONSOR
HB-810	Reduction of Lead Risk in Housing - Fees and Enforcement	Increasing the annual fee required to be paid to the Department of the Environment for specified affected properties from $30 to $75; increasing the processing fee required to be submitted with a report that a rental dwelling unit is lead free from $10 to $75; requiring the Department to use the additional revenue from the increase in fees for a specified purpose; and requiring the Department to report to the General Assembly, on or before October 1 each year, on the implementation of the Act.	Delegate Rosenberg	Referred to study 3/14/16
SB-951 / HB1154	Maryland Lead Poisoning Recovery Act	Establishing that specified manufacturers of lead pigment are liable to specified persons for damages caused by lead-based paint; establishing the types of damages caused by the presence of lead-based paint in residential buildings for which manufacturers of lead pigment are liable to specified persons; creating the Lead Paint Restitution Fund; etc.	Senator Conway Delegate Carter	SB-951 Unfavorable 3-18/ HB-1154 hearing canceled
HB-1331	Environment - Reduction of Lead Risk in Housing - Blood Lead Level	Altering the elevated blood lead level at which an owner of affected property is required to satisfy the modified risk reduction standard; and altering the elevated blood lead level at which a local health department is required to notify specified persons. **(2015 - HB-1067 - Unfavorable report)**	Delegate Oaks	Referred to study 3-14-16
HB-1328	Environment - Lead and Mercury Wheel Weights - Prohibited	Prohibiting specified persons from using, allowing to be used, or selling lead or mercury wheel weights after specified dates; requiring the Department of the Environment to adopt regulations that at a minimum list environmentally safe lead- and mercury-free wheel weights; requiring the Department to inform specified persons regarding the requirements under the regulations; providing for the enforcement of the Act, including the required issuance of a warning for an initial violation; etc.	Delegate Lam	Passed (117-18) with amendments/ Senate hearing 3/29/16
HB-1307 /SB/1010	Environment - Municipal Water Supply Contamination - Remediation Costs	Authorizing the Department of the Environment to use the Maryland Oil Disaster Containment, Clean-Up and Contingency Fund to pay costs incurred by a municipality associated with the contamination of the municipal water supply caused by the action of an entity that receives funding from the State; requiring the Department to use the Fund to pay for specified cleanup, corrective action, and treatment of contamination of the water supply of the Town of Chestertown on detection of a specified contaminant; etc.	Delegate Jacobs	House - Hearing 3/2 / Senate hearing 3/15 No changes

2016 LEAD LEGISLATION

4/5/2016

BILL NO.	TITLE	SUMMARY	REMARKS	HEARING DATE/ SPONSOR
HB- 1563	Reduction of Lead Risk in Housing - False Reports - Criminal Penalties	Establishing criminal penalties for an accredited inspector who verifies any report required to be submitted to the Department of the Environment that contains a statement that the inspector knows or reasonably should know is false; establishing criminal penalties for an owner of an affected property who submits a specified report of an accredited inspector to the Department that contains a statement that the owner knows or reasonably should know is false; etc.	Delegate Carter	In the House - First Reading House Rules and Executive Nominations 2/22 - same no change

DEAD
REFERRED TO STUDY
INTERESTED
STILL ALIVE
LAST YEAR

LEAD COMMISSION ROSTER

Please check one:

[X] **YES** – 50% COMPLIANCE MET NO – 50% NOT MET [ ]

BOARD NAME: GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

CALENDAR YEAR 2015

MEMBER NAME	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	% OF ATTENDANCE
EGAN	✓	X		X	✓	X	✓	✓	X	✓	X	X	45%
JENKINS	✓	✓		X	✓	✓	✓	X	✓	X	✓	✓	73%
KLEINHAMMER	X	✓		✓	✓	X	✓	X	✓	✓	X	✓	64%
LANDON	✓	✓		✓	✓	✓	X	✓	✓	✓	X	✓	82%
MCLAINE	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
MITCHELL	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
MONTGOMERY	✓	✓		X	✓	X	✓	X	✓	✓	✓	X	64%
MOORE	✓	X		✓	X	✓	✓	X	✓	✓	X	✓	64%
OAKS	✓	X		X	✓	✓	✓	X	✓	✓	X	X	55%
PEUSCH	✓	✓		✓	✓	✓	✓	✓	✓	✓	X	✓	90%
ROBERTS	✓	✓		X	✓	✓	✓	X	X	X	X	X	45%
SCOTT	✓	✓		X	✓	✓	X	X	✓	X	X	✓	55%

STRONG	✓	✓		X	✓	✓	X	✓	✓	✓	✓	X	73%
WITHERS POON	✓	X		X	✓	✓	✓	✓	✓	X	X	X	54%

The Commission held __11__ meetings in **2015**, January, February, April, May, June, July, August, September, October, November and December. The commission did not meet in March due to inclement weather.

After consultation with members not meeting 50% attendance, we recommend the following actions:

Name 1_____ Waiver request attached: Yes___ No___
Name 2_____ Waiver request attached: Yes___ No___

Waiver of cause not recommended:

Name 1_____ Reason for denial_____
Name 2_____ Reason for denial_____
Other, please explain

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD POISONING PREVENTION COMMISSION OVERVIEW

The Lead Poisoning Prevention Commission, established under Environment Article 6, Subtitle 8, advises the Department of the Environment, the Legislature, and the Governor regarding lead poisoning prevention in Maryland.

COMMISSION MEMBERSHIP

The Commission consists of 19 members. Of the 19 members:

(i) One shall be a member of the Senate of Maryland, appointed by the President of the Senate;
(ii) One shall be a member of the Maryland House of Delegates, appointed by the Speaker of the House; and
(iii) 17 shall be appointed by the Governor as follows:

1. The Secretary or the Secretary's designee;

2. The Secretary of Health and Mental Hygiene or the Secretary's designee;

3. The Secretary of Housing and Community Development or the Secretary's designee;

4. The Maryland Insurance Commissioner or the Commissioner's designee;

5. The Director of the Early Childhood Development Division, State Department of Education, or the Director's designee;

6. A representative of local government;

7. A representative from an insurer that offers premises liability coverage in the State;

8. A representative of a financial institution that makes loans secured by a rental property;

9. A representative of owners of rental property located in Baltimore City built before 1950;

10. A representative of owners of rental property located outside Baltimore City built before 1950;

11. A representative of owners of rental property built after 1949;

12. A representative of child health or youth advocacy group;

13. A health care provider;

14. A child advocate;

15. A parent of a lead poisoned child;

16. A lead hazard identification professional; and

17. A representative of child care providers.

In appointing members to the Commission, the Governor shall give due consideration to appointing members representing geographically diverse jurisdictions across the State.

The term of a member appointed by the Governor is 4 years. A member appointed by the President and Speaker serves at the pleasure o the appointing officer. The terms of members are staggered as required by the terms provided for the members of the Commission on October 1, 1994. At the end of a term, a member continues to serve until a successor is appointed and qualified. A member who is appointed after a term has begun serves only the remainder of the term and until a successor is appointed and qualifies. (1994, ch.114, § 1; 1995, ch. 3, § 1; 2001, ch. 707; 2006, ch.44.)

COMMISSION RESPONSIBILITIES

1. The Commission shall study and collect information on:

    - The effectiveness of legislation and regulations protecting children from lead poisoning and lessening risks to responsible property owners;

    - The effectiveness of the full and modified lead risk reduction standards, including recommendations for changes;

    - Availability and adequacy of third-party insurance covering lead liability, including lead hazard exclusion and coverage for qualified offers;

    - The ability of state and local officials to respond to lead poisoning cases;

    - The availability of affordable housing;

    - The adequacy of the qualified offer caps;

    - The need to expand the scope of this subtitle to other property serving persons at risk, including child care centers, family day care homes, and preschool facilities.

2. The Commission may appoint subcommittees to study subjects relating to lead and lead poisoning.

3. The Commission shall give consultation to the Department in developing regulations to implement Environment Article 26.16 (House Bill 760).

4. The Commission will prepare or participate in the preparation of the following reports:

    - Assist MDE and HCD to study and report on methods for pooling insurance risks, with recommendations for legislation as appropriate by January 1, 1995;

    - Develop recommendations in consultation with the Department of Housing and Community Development (HCD) by January 1, 1996, for a financial incentive or assistance program for window replacement in affected properties;

    - Provide an annual review of the implementation and operation of the Lead Poisoning Prevention Program under HB 760, beginning January 1, 1996.

COMMISSION MEETINGS

Frequency, times and places. - The Commission shall meet at least quarterly at the times and places it determines.

Chairman. – From among the members, the Governor shall appoint the Chairman of the Commission.

Quorum. – A majority of the members then serving on the Commission constitutes a quorum.

The Commission may act upon a majority vote of the quorum.

Compensation; expenses. A member of the Commission:
(1) May not receive compensation; but
(2) Is entitled to reimbursement from the Fund for reasonable travel expenses related to attending meetings and other Commission events in accordance with the Standard State Travel Regulations. (1994, ch. 114, § 1.)

DRAFT MDE Lead Commission Calendar for 2016

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
January	Governor Hogan's Plans for Baltimore City	DHMH Lead Screening Update		Lead Legislation	Crisis of Lead in Drinking Water – Flint MI	Pay for Success – Ruth Ann Norton High Eviction Rate Balt. City
February	Update on Water Safety in MD - MDE Update on Gov. Hogan's Plans for Baltimore City - DHCD	MDE Rental Registry/Compliance Report	Baltimore City Housing Permitting Process - Jason Hessler	Lead Legislation		
March		MDE Lead Free Certificate Investigation update		Lead Legislation	Health Care Provider Perspective – remediating lead problems – Barbara Moore	Child Care Subcommittee Report Report on work with paint retailers - Connor
April				Lead Legislation	Planning for 2016	
May	Planning Session for CLR Report and Case Mgt report		Baltimore City Housing Permitting Process – Jason Hessler	Availability of Lead Insurance for Land Lords in Maryland – John Scott		
June	Update on DHMH Lead Screening	Office of Childcare Annual Update				
July	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program			
August	MDE Childhood Lead Registry					

	Report – Annual Review					
September	Update on DHMH Lead Screening		Baltimore City CLPP Fiscal Year Report			
Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
November	Review and Planning Meeting for 2017					
December	Update on DHMH Lead Screening					
January 2017	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program			

Lead Commission Responsibilities (for Calendar)

Updates from Major State Agencies

I. Maryland Department of the Environment
    a. MDE Childhood Lead Registry Report
        i. Annual Review
        ii. Planning session to discuss additions or changes including report on case management
        iii. Quarterly report on case management by local jurisdictions and MDE
    b. MDE Rental Registry Report
        i. Quarterly and Annual updates
            1. Registered properties, properties in/out of compliance, lead free, outreach efforts
            2. Enforcement Actions
    c. Lead in Drinking Water Annual Update
    d. RRP Oversight
    e. MDE Training Oversight
II. Maryland Department of Housing and Community Development
    a. Report on State Lead Hazard Reduction Funds
        i. Expenditure of funds
        ii. Availability of grants and loans for at-risk properties, including child care
    b. Report on efforts made by Department to ensure appropriate lead hazard control and prevention measures are taken in work done in older housing, owner occupied and rental
III. Maryland Department of Health and Mental Hygiene
    a. Lead Screening Initiative
        i. Universal testing
            1. Plans for implementation
            2. Engagement of private sector and PCPs
            3. Quarterly update on progress – March, June, September, December
        ii. Follow-up of BLLs 5-9µg/dL
            1. Plans for follow-up across state
            2. Quarterly update on progress – March, June, September, December
        iii. Regulations
IV. Maryland Department of Education – Office of Child Care
    a. Annual Update on lead in licensed child care facilities (last report - February 2015)

Updates from Major Local Governmental Agencies

I. Baltimore City Health Department
   a. Annual Review (Fiscal Year) to include case investigation and follow-up

II. Baltimore City Housing Department
   a. Baltimore HUD Grant
      i. Quarterly progress report
   b. Baltimore City Department of Housing
      i. Permitting Process (RRP Training by contractor)

III. Other Local Health/Housing Departments?

Other Responsibilities of Commission

I. Availability of safe, affordable housing
II. Effectiveness of Section 8 Voucher Program
III. Effectiveness of current legislation and regulations to protect children from lead poisoning
   a. Prevention of poisoning in affected properties
   b. Speedy remediation of affected properties when hazard has been identified or when child has been exposed
IV. Effectiveness of full and modified risk reduction standards
V. Availability and adequacy of third party insurance (lead liability, lead hazard exclusion and coverage)

Additional Topics of Interest (to be scheduled as needed)

I. Concerns of local or state officials
II. State legislation (January, February, March, April)
III. Federal legislation and funding of state and local programs
IV. Lead laboratory issues
V. Requests to hold hearings

State and Local Agency Reports to include:

I. At least 3 **data points** – comparing data over last 3-6 years (since 2010)
II. **Major findings** – in what direction are we going, what does this mean
III. Are there any **gaps** in existing law?
IV. Are there any **barriers** to doing what the agency needs/wants to do?
V. Are **additional resources** needed?

2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure

For Children 6 Months to 72 Months of Age

Maryland Department of Health and Mental Hygiene

Maryland Department of the Environment

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)

For ALL children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated

For children born before 1/1/15, AND not on Medicaid, AND never lived in a 2004 At-Risk ZIP code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Screening	• Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards
Indications for Testing	• Parental/guardian request • Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. *(Questions can be found in the Lead Risk Assessment Questionnaire section of this document)* • Follow-up testing on a previously elevated Blood Lead Level *(Table 4)* • Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. • For more information about lead testing of pregnant and breastfeeding women, see: *http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf.*

** See back of chart for list of 2004 At-Risk ZIP codes*

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test**

Capillary Screening Test Result	Perform Venous Test Within
< 5 mcg/dL	Not Required
5 – 9 mcg/dL	12 weeks
10 – 44 mcg/dL	4 weeks
45 – 59 mcg/dL	48 hours
60 – 69 mcg/dL	24 hours
70 mcg/dL and above	Immediate Emergency Lab Test

***Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old and younger who resides in Maryland.*

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months *(Full Guidelines in Table 5)*

Blood Lead Level	Follow-up testing	Management
< 5 mcg/dL	On schedule **Table 1**	• Continue screening and testing on schedule. • Continue education for prevention. • If new concern identified by clinician, then retest blood lead level.
5-9 mcg/dL	3 months See **Table 4**	All of above AND: Investigate for exposure source in environment and notify health department. • For more detail consult **Table 5**
≥ 10 mcg/dL	See **Table 4**	Consult **Table 5**

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 – 9 mcg/dL	1 – 3 months***	6 – 9 months
10 – 19 mcg/dL	1 – 3 months***	3 – 6 months
20 – 24 mcg/dL	1 – 3 months***	1 – 3 months
25 – 44 mcg/dL	2 weeks – 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Seasonal variation of Blood Lead Levels exists, greater exposure in the summer months may necessitate more frequent follow-up.

**** Some clinicians may choose to repeat elevated blood lead test within a month to ensure that their BLL level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)*

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years						
Confirmed Blood Lead Level (mcg/dL)[1]	**< 5**	**5 – 9**	**10 – 19**	**20 – 44**	**45 – 69**	**≥ 70**
Primary Prevention: parent/guardian education about lead hazards[2]	X	X	X	X	X	X
Medical/nutritional history and physical	X	X	X	X	X	X
Evaluate/treat for anemia/iron deficiency	X	X	X	X	X	X
Exposure/environmental history[3]		X	X	X	X	X
Home environmental investigation		X[4]	X	X	X	X
Follow-up blood lead monitoring[5]		X	X	X	X	X
Coordinate care with local health department		X[6]	X	X	X	X
Obtain developmental and psychological evaluation[7]			X	X	X	X
Consult with lead specialist, who will also evaluate for chelation therapy				X	X	X
Urgent evaluation for chelation therapy					X	X
Hospitalize for medical emergency						X

[1] Refer to information about confirmation of capillary tests in Table 2.

[2] Includes discussion of pica and lead sources including house paints (before 1978), ceramics, paint on old furniture, soil, foreign travel, traditional folk medicines, certain imported items (candies, food, jewelry, toys, cosmetics, pottery), and parental occupations that can bring home lead dust and debris (e.g. painting, construction, battery reclamation, ceramics, furniture refinishers, radiator repair).

[3] Exposure/environmental history to identify potential lead sources. (see screening questions) Consider Notice of Defect (information at right) for child living in pre-1978 rental property.

[4] Initial confirmed blood lead of 5 – 9 mcg/dL may not require home environmental investigation. Contact LHD for more guidance.

[5] Refer to schedule of follow-up blood lead testing in Table 4.

[6] Contact LHD for more information about care coordination for blood lead levels of 5 - 9 mcg/dL.

[7] Use validated developmental screen for levels 10 – 19 mcg/dL, such as Ages and Stages Questionnaire (ASQ). Refer children as appropriate for further evaluation. Children with BLL over 20 mcg/dL should be evaluated in consultation with an experienced clinician, specialist, or Local Health Department regarding further evaluation.

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

2004 Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by ZIP Code

Allegany County	21133	21244	**Dorchester County**	21798	21661	20722	20913	20674
ALL	21155	21250	ALL	**Garrett County**	21667	20731	**Queen Anne's County**	20687
Anne Arundel County	21161	21251	**Frederick County**	ALL	**Montgomery County**	20737	**Talbot County**	ALL
20711	21204	21282	20842	**Harford County**	20737	20738	21607	21612
20714	21206	21286	21701	21001	20740	20741	21617	21654
20764	21207	**Baltimore City**	21703	21010	20787	20742	21620	21657
20779	21208	ALL	21704	21034	20812	20743	21623	21665
21060	21209	**Calvert County**	21716	21040	20815	20748	21628	21671
21061	21210	20615	21718	21078	20816	20752	21640	21673
21225	21212	20714	21719	21082	20818	20770	21644	21676
21226	21215	**Caroline County**	21727	21085	20838	20781	21649	**Washington County**
21402	21219	ALL	21757	21130	20842	20782	21651	ALL
Baltimore County	21220	**Carroll County**	21758	21111	20868	20783	21657	**Wicomico County**
21027	21221	21155	21762	21160	20877	20784	21668	**Worcester County**
21052	21222	21757	21769	**Howard County**	20901	20785	21670	ALL
21071	21224	21787	21776	20763	20910	20787	**Somerset County**	
21082	21227	21791	21778	**Kent County**	20912	20788	ALL	
21085	21228	**Cecil County**	21780	21610	20913	20790	**St. Mary's County**	
21093	21229	21913	21783	21620	**Prince George's County**	20791		
21111	21234	**Charles County**	21787	21645	20703	20792	20606	
	21236	20640	21791	21650	20710	20799	20626	
	21237	20658		21651	20712	20912	20628	
	21239	20662						

A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a 'Person at Risk' (a child under the age of six or a pregnant woman) has a lead level of 10 or above and that repairs need to be made in the home.

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. A rental property owner CAN evict a tenant if they fail to make timely rental payments. To download a copy of the Notice of Defect form, visit: *http://www.mde.state.md.us/programs/Land/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf*

For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

Clinical Resources

Mid-Atlantic Center for Children's Health & the Environment
Pediatric Environmental Health Specialty Unit
866-622-2431
kidsandenvironment@georgetown.edu
www.pehsu.net/region3.html

Mt. Washington Pediatric Hospital Lead Treatment Program
410-367-2222
www.mwph.org

Maryland Poison Control
800-222-1222

Regulatory Programs and Resources

Maryland Department of Health and Mental Hygiene
866-703-3266
dhmh.envhealth@maryland.gov
http://phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx

Maryland Department of the Environment
Lead Poisoning Prevention Program
410-537-3825/800-776-2706
http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/index.aspx

Local Health Departments
http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX

Centers for Disease Control and Prevention
www.cdc.gov/nceh/lead/

Green & Healthy Homes Initiative
410-534-6447
800-370-5223
www.greenandhealthyhomes.org/

MAY 5, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

May 5, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	~~Hazard ID~~ Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	~~Child~~ Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	~~Health~~ Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing MB HALLEY	for Ken Strong
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
PAUL, Manjula	Office of Child Care/MSDE	
~~VACANT~~ Adam Sholinsky	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

May 5, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Chris White	Arc	cwhite@arcenvironmental.com
Jack Daniels	DHCD	jack.daniels2@maryland.gov
Tommy Thompsett	MMHA	tthompsett@mmhaonline.org
[illegible]	[illegible]	
Christine Schifkoitz	CONNOR	cschifkoitz@[illegible]connorinstitute.com
Barbara Mock	CONNOR	bmock@connorsolutions.com
Kirsten Held	MDE	Kirsten.Held2@maryland.gov
Nick Kyriacou	MDE	Nick.Kyriacou@maryland.gov
Sheetah Hampton-El	GHHI	SHamptonEL@ghhi.org
William Fracassi	MDE	William.Fracassi@maryland.gov
NATHANIEL		
Rachel Mutinda		
Carol Payne	HUD	Carol.bPayne@hud.gov

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, May 6, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Lead Legislation in the General Assembly – Ed Landon
   b. Update on Lead Free Certificate Investigation and Enforcement Issues – Paula Montgomery
   c. Other

III. New Business
   a. State of the Insurance Industry – Availability of Lead Liability Insurance for Maryland Property Owners – John Scott
   b. MDE Annual Enforcement and Compliance Report for 2015 – Paula Montgomery
   c. Proposal for Commission Focus for 2016

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, May 5, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
May 6, 2016

APPROVED Minutes

Members in Attendance
Edward Landon, Patricia McLaine, Paula Montgomery, Cliff Mitchell, Barbara Moore, Del. Nathaniel Oaks, Manjula Paul, John Scott, Adam Skolnik

Members not in Attendance
Nancy Egan, Mel Jenkins, Susan Kleinhammer, Christina Peusch, Ken Strong, Tameka Witherspoon

Guests in Attendance
Jack Daniels (DHCD), David Fielder (LSBC), M. B. Haller (BCHD), Syeetah Hampton-El (GHHI), Dawn Joy (AMA), Myra Knowlton (BCHD), Ruth Ann Norton (GHHI), Victor Powell (HUD), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Marvin Turner (HUD), Chris White (Arc Environmental)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:45 AM with welcome and introductions. Adam Skolnik, new Commissioner introduced himself. He is a small landlord with 41 rental units, born in Baltimore. He has many interests in and concerns about children; his mother ran the Maryland Committee for Children for 30 years.

Approval of Minutes
Three changes to the minutes for April 7, 2016 were identified. Ed Landon made a motion to accept the minutes with these changes and the motion was seconded by Cliff Mitchell. All present Commission members were in favor.

Old Business
Lead Legislation in the Maryland General Assembly
Ed Landon reported that HB 810 and HB 1331 were referred to summer study. The Structured Settlement Bill HB 535 passed and has a section specific to lead paint. Ruth Ann Norton stated she was very disappointed in the lack of vigorous support for HB 1331 to lower the BLL. She indicated it would put Maryland in a better position to get money and would lead to prevention. She stated she hopes the Commission will pursue support of this bill in the future. She asked Cliff Mitchell if the blood lead level could be lowered by DHMH without a statutory change. She also noted that this was the 3rd year that attempts were made to roll back standards on lead free inspections and that legislators do not support this change. She said she thought the structured settlement bill would be helpful. Nathaniel Oaks asked if it was possible for the Governor to do an executive order. Could the Housing Commissioner also lead this effort?

Paula Montgomery stated that MDE has a small grant from CDC to provide special project funding to Baltimore City Health Department (BCHD) to make visits to families of a child with a BLL of 5-9μg/dL who live in a property built before 1978 to ensure compliance and to issue Notices of Defect where warranted. Paula wants to do the same thing in Prince Georges, Montgomery, and Baltimore Counties but CDC has only provided $200K. MDE is in the first year and a half of the grant now. MDE inspectors are working with Baltimore City. Over 700 families have been identified. Pat McLaine stated that not much has been published on outcomes for this blood lead level and asked MDE to share available information with the Commission.

Ruth Ann Norton expressed concern about the lack of primary prevention efforts in Baltimore City. More resources are needed and GHHI is willing to help. Ed Landon stated that the Commission needed facts on what the summer study process would entail – when will it start? Paula Montgomery stated she did not know about a Summer Study. Cliff Mitchell noted that there was a requirement for a joint report by Medicaid.

Tommy Tompsett noted that Maryland Multi Housing Association was one of the organizations opposed to this. He indicated that we need to really fine tune this issue. For an owner of rental property, it triggers risk reduction and expenses. Owners want to be compliant but are also concerned about owner occupied properties. He suggested that language should use CDC reference terms. Exposures should also include water. Tommy Tompsett suggested that the Commission's role is to address the interests of children but also to keep housing affordable. Ruth Ann Norton said the legislation included $600,000 for a Medicaid pilot for lead hazard reduction and intervention and $100,000 for providers for referrals and data analysis. A suggestion was made to invite the Director of Medicaid to meet with the Commission about these upcoming initiatives.

MDE Update on Lead Free Certificate Investigation and Enforcement Issues

Paula Montgomery noted that there are some issues with the lead-free certificate. MDE had 125,000 certificates this year and the focus on accredited contractors has been a resource issue. American Homeowner Services has relinquished its ability to perform inspections through 5/21/2016. MDE has invalidated 30+ certificates; 384 were examined. MDE got out to all properties at least once and provided contact information. MDE is now following up with a contractor, Maryland Environmental Services, using EPA money to do further investigation of properties they did not get into, using a lead paint survey to validate findings. A total of 1600 certificates were issued before 2009. Letters were sent to all residents of these properties. Some are not regulated facilities. This is now a massive investigation. Resources for oversight are completely focused on this matter; Paula Montgomery indicated that she would provide an update in July. Paula Montgomery also noted that due to this workload, MDE is currently unable to provide oversite on full risk reduction properties where lead is known to be present and where children have been found to be poisoned. Paula Montgomery stated that private sector inspectors did a good job in larger apartment complexes. Ed Landon asked if letters had been sent to Housing Authorities, since he had not seen copies of any of the letters. Carol Payne stated that HUD did send letters to all Maryland Housing Authorities about this matter.

New Business

State of the Insurance Industry – Availability of Lead Liability Insurance for MD Property Owners

John Scott distributed a handout of the presentation to all in attendance. John Scott stated that lead coverage is not available in Maryland for the everyday landlord, particularly in Baltimore City. Liability insurance covers third parties. A landlord buys property insurance and liability insurance (for example, injury to tenant, damage to neighbor, etc.). This covers the landlord for cases brought by third parties, protecting their rights as owners. It also covers fortuitous events – unforeseen events that happen by chance over which they have no control. In the 1970s, when testing was beginning, there were few lead liability lawsuit and few if any exclusions for lead. In the 1980s a victim had to prove standard elements of negligence – for example that the landlord knew about lead and had the ability to fix the problem. In the 1990s, landlords were deemed to have knowledge about lead in all pre-1978 buildings. This put all landlords at risk to exposure for claims. Insurance companies expect to be able to determine payout for claims. Companies are prepared for usual policy coverage – fire, ice, slips and falls. Before 1984, a family of a lead exposed child had 21 years (18 plus 3) to bring suit. Many policies were affected. In the 1990s, notice was no longer required. In 2000, notice to landlords was no longer required. In 2010, the Qualified Offer was ruled unconstitutional and new limits were placed on liability for owners. But insurers were required to pay up to the Qualified Offer limit if they offered liability insurance.

With regards to policies available today, companies are required to exclude lead. Few select insurance carriers may make coverage available, with very high minimum premiums ($10,000 per year per property) if coverage is offered. The Maryland Court of Appeals has ruled that for every year a family has lived in a property, the insurance industry was liable for their insurance cap for each year. And all individual children would be covered. This means that one settlement could be $25-30 million. Most insurance companies have been writing exclusions since the late 1980s and early 1990s. Homeowner policies were missed, for example, an owner occupied home with one rental unit. Umbrella policies have also been available, with coverage provided by different insurance companies. For example, a landlord with 50 units might purchase an umbrella policy with extra limit of coverage for all properties; this would provide additional coverage after initial payments were made. John Scott indicated that Westminster American's current lead liability exclusion policy is attached to the handout as an addendum.

With regards to the Qualified Offer level of $17,000 ($9,500 plus 7,500), John Scott indicated that all insurance companies were required to provide or pay for the Qualified Offer. Dachman threw out immunity provisions for landlords but a landlord is still required to offer the Qualified Offer; if accepted, liability ends. However, since Dachman, no party has accepted a Qualified Offer.

Syeetah Hampton-El stated that she understood that a Qualified Offer cannot be offered any longer. The Court made it very clear that a parent can't waive jury trial rights of a child or their future actions down the road and that the amount of money ($17,000) is not enough. John Scott stated that he has to follow the law and cover for the Qualified Offer because the statute says he must do this. Insurance companies must make the offer because it is the law. Barb Moore asked what we needed to do about this obvious difference in interpretation.

Nathanial Oaks suggested that the Commission get the Attorney General's opinion on this. Paula Montgomery stated that MDE has tried to remove this portion of the law; two bills were introduced this year. Ruth Ann Norton stated that the bills also included other provisions to roll back safety. Adam Skolnik stated that if this portion of the law is repealed, property owners will never have liability insurance for lead. The dollar amount needs to be dramatically bigger.

John Scott stated that even if insurance companies have an exclusion, the Baltimore City insurance industry is already strained and would have great difficulty paying this. It would be hard for insurers to stay in business. Ruth Ann Norton stated she was glad to hear that insurers were interested in this because studies show otherwise. The minimum loss for an individual child exposed to lead over their lifetime is $985,000 plus loss of income. Legislators had introduced bills seven times to increase the liability cap and property owners refused so the lawsuit overturned the standard entirely. John Scott noted that this is a business; if property doesn't fit, insurers can't write the policy. Only four insurers now write insurance policies in Baltimore City. Ruth Ann Norton stated that there needs to be proof that standards are in place; maybe replacement windows should be part of the standard. Cliff Mitchell stated he wants to better understand the Dachman rule that parents can't waive rights of their children to go back to court. Syeetah Hampton-El stated that Mom and Dad cannot accept money and waive a child's rights in the future. Parent can accept for themselves but not for the child. The child can sue later. John Scott stated that a percentage of cases have been brought after a child reaches the age of majority (18) and Dachman threw out the qualified offer for these individuals too. Ruth Ann Norton stated that we knew the standard wasn't fully protective of children and that we need to consider other standards that will protect children.

John Scott noted that larger landlords have policies for $10,000 for legal coverage but not for claims. John Scott noted that these are big carriers, the buildings insured will probably not have lead, and they would probably not payout for lead. Ruth Ann Norton stated that the big insurance agencies will cover for lead. Ed Landon noted that many Housing Authority lawyers had said City owners were incorporating their properties separately so they had limited liability and could turn over the property to the tenant if sued. Adam Skolnik noted that a very few small landlords have insurance and some very large property owners do (with 5,000 to 20,000 units), but these are lead free units. He added that some big owners have pollution coverage but have to have lead free certificates; clearly small landlords can't afford this. John Scott stated that some mortgagees also require policies for multi-billion $ bond deals. Maryland Insurance Administration had talked about a pool: setting up a fund that landlords would control. MIA estimated that the pool needed $100 million, but could only fund $10 million. John Scott suggested that $2.5 billion is really needed.

Cliff Mitchell stated that it doesn't appear to him that we have figured out how to meet the needs of children. What are the needs of children from a societal point of view and how do we pay for this? We should define the service needs of kids moving forward. Ruth Ann Norton stated that this is wrong – the priority action item should be about prevention going forward. Why can't we have a priority agenda item to serve the interests of children, government and property owners? Are there three things we could focus on? John Scott noted that we could insure every place that met our standards. Pat McLaine urged an agenda focused on primary prevention. Cliff Mitchell stated he agrees with primary prevention but does not think we should ignore people who are already poisoned.

Barb Moore noted that from a clinical perspective, the number and percent of kids who have been lead poisoned and have developmental delays is lower than we often project. If we look at a child who is 18 years old, there are many events that have occurred since a diagnosis at age two, many variables that have impacted on that child's life, probably more than lead. What is the cost to society for the specific interventions needed? Barb Moore stated that we need to help families: housing, medical intervention, specialized education, mental health. Primary prevention is of the utmost importance. Does an insurance company require homes to be inspected? Who will pay to correct hazards before a home is inspected. Properties could be required to meet a higher standard to protect children from lead hazards in order to be insured – more than what the law requires.

Adam Skolnik stated that the best primary prevention is abating lead in a home. No organization is focusing more than landlords about getting rid of lead. It's the right thing to do. It will save money. Adam Skolnik noted that the number of lead free units has risen dramatically, based on 2014 numbers. If 30% of cases are in affected rental properties, must look at the totality. If 60% of new cases are in owner occupied or non-affected properties, what is the source? We need to look at that. Maybe all pre-1978 properties need to be tested before they get insurance. How can we help owner occupants do something? Syeetah Hampton-El noted that there are still issues with landlords in Maryland; in particular, small mom and pop landlords are refusing to comply with the law. There is money available for owner occupied properties, she said, but the question is what else can we do to get information out to home owner organizations? Home owners don't apply for money and say there is no requirement for them to comply. Paula Montgomery stated that some owner occupants also don't qualify and resources are an issue. Also, there are differences between Baltimore City (60% pre-50 rentals, 2% post-49 rentals, 38% owner occupants) and the rest of the state (175 pre-50 rentals, 50% post 49 rentals, 33% owner occupants). Looking and lead poisoning and lead poisoning prevention, Paula Montgomery noted that the disparities in Baltimore City are quite pronounced compared to the rest of the state. Immigrant and refugee populations include some children already with high blood lead levels and purchases of leaded products. The families of many children with BLLs above 10μg/dL are strapped for resources. Primary prevention is big and there are other sources; it isn't just a housing issue. Ruth Ann Norton stated that we need data on cases. How many families are immigrants? We have a small population of immigrants in Maryland. Paula Montgomery stated that MDE does have such information available and can compile it for 2015 as part of the Annual Report. When MDE does environmental inspections, they look at all hazards in a child's environment. The inspector needs to identify what is responsible for causing the child's EBL; MDE can't always do that, but we do need to ID sources.

Ruth Ann Norton noted that the RRP law was passed in 2012 but regulations have not yet been promulgated by MDE, including dust testing for owner occupied properties. This would improve action taken on owner occupied properties. She added that regulations were promulgated on March 28, 2016 related to universal blood lead testing and this information needs to be pushed to the public.

Cliff Mitchell stated that he is trying to coordinate with MDE and DHCD and will try to have periodic case conferences to look at all children with EBL to make sure grant resources are getting to people who need them. Christine Schifkovitz stated that from a training perspective, contractors are refusing to get re-trained. Contractors don't know the difference between RRP and Maryland training. Owners don't know how to ask to see that contractors are trained.

MDE Annual Enforcement and Compliance Report for 2015

Copies of the 2015 report were distributed. Paula Montgomery noted that significant violations included registration, turn-over violations, Notice of Defects and violations when actions are taken on an owner. A total of 701 carried over from the prior year. Out of the 5,572 formal enforcement actions, the majority were registration violations. Syeetah Hampton-El asked why there had been so few referrals for criminal action to the AG. Paula Montgomery indicated that the lead program made recommendations about cases to pursue but that the AGs made decisions. This is the number of cases where criminal action was taken. In pursuing criminal action, there must be intent. Paula Montgomery noted that having a document that looks fraudulent may not be enough to pursue action; cases that MDE pursues for criminal action are cases where the facts are clear. Barbara Moore noted that it would be good to know how many referrals were made. Pat McLaine suggested that it would be helpful for the report to show the larger universe of properties covered by the law, for example, estimates from the census. Paula Montgomery noted that MDE's program has little additional information about referrals but hopes to know more about what happens with environmental crimes referred in the future. She indicated that she does not know how many referrals were made but can tell how many criminal complaints were referred to MDE. She indicated that MDE has a process and would have to pull this information. The Commission is interested in knowing the number of criminal complaints that the program received and the number of possible criminal actions that are referred to the AG.

With regards to the inspection universe of 142,904, Pat McLaine asked what is known about the other 50,772 properties that were not inspected this year. Barbara Moore asked if we know how many regulated properties have never been inspected. Paula stated the data base does not contain this information. Barbara Moore asked if we have data to reflect the percentage of owners who comply with testing when a renter changes. Paula Montgomery noted that an owner must register within 30 days of a tenant moving in and has to inspect before. Pat McLaine suggested that this appears to be in the ballpark of about 30% turnover per year. Adam Skolnik added that a 32% annual turnover rate is correct (estimates vary from 30-48%) and older properties are expected to turnover more. Christine Schifkovitz asked if these are risk reduction inspections; Paula Montgomery stated probably both.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, June 2, 2016 at MDE in the AERIS Conference Room, Front Lobby, 9:30-11:30 AM.

Agency updates

There was no time for agency updates.

Adjournment

A motion was made by Pat McLaine to adjourn the meeting, seconded by Ed Landon. The motion was approved unanimously and the meeting was adjourned at 11:50 AM.

Lead Poisoning Prevention

PURPOSE

The Lead Poisoning Prevention Program (LPPP) oversees activities designed to reduce the incidence of childhood lead poisoning. These activities involve accreditation and oversight of lead abatement service contractors, maintenance of a registry of children with elevated blood lead levels (greater than or equal to 10 micrograms per deciliter), and enforcement of the statute and regulations. The Technical Services and Operations Program (TSOP) works closely with LPPP and is responsible for the maintenance of the registry of rental properties.

AUTHORITY

FEDERAL: Toxic Substances Control Act
STATE: Environment Article, Title 6, Subtitles 3, 8 & 10; COMAR 26.16.01-.04 and Environment Article, Title 7, Subtitle 2; COMAR 26.02.07

PROCESS

Maryland law requires that all blood lead level (BLL) test results be reported to MDE, which in turn reports all results for children at risk to the local health departments for case management. Through these BLL referrals and by other means, if MDE discovers that an affected property (pre-1978 rental dwelling properties) does not meet the required standards of care (risk reduction, registration of the rental property, and distribution to tenants of two documents explaining tenant rights and the hazards of lead paint), appropriate corrective actions against a violating party may be taken. In order to meet the required standards of care, accredited third-party inspectors and/or contractors may be hired by property owners to meet these compliance standards. MDE may perform oversight of these inspectors and/or contractors to ensure compliance with regulatory standards as outlined in the statute and regulations so that further exposure to lead hazards is kept to a minimum.

TSOP regulates all affected properties (pre-1978 rental dwelling properties). TSOP collects information from owners of affected properties and issues MDE tracking numbers for the purpose of registration, inspections, certification and annual renewals of affected properties.

SUCCESSES/CHALLENGES

Lead data is collected on a calendar-year basis. During CY 2014 a total of 109,031 (20.7%) children were tested from a universe of 527,304 children 0-72 months of age. This was a decrease of 1,051 children tested compared to 110,082 (21.2%) children tested of a population of 518,864 in CY13. The population of children 0-72 months of age increased from CY13 to CY14 by 8,440 children.

Of those 109,031 children tested in CY14, a total of 355 (0.3%) were identified with a venous or capillary blood lead level $\geq$ 10 micrograms per deciliter (µg/dL). This was a decrease of 16 children compared to 371 (0.3%) during CY13. Children identified with a first-time venous or

capillary blood lead level ≥ 10 µg/dL during CY14 totaled 262 (0.2%). This was a decrease of 42 children with a new incidence case compared to 304 (0.3%) in CY13.

The number of compliance inspections performed by MDE inspectors increased from 2,530 in FY 2014 to 2,650 in FY 2015. The slight increase was a direct result of the program having hired four new inspectors during the last quarter of FY 2015. The Program continues to build compliance partnerships with other government agencies throughout Maryland. This coordination has allowed the Program to do more targeted enforcement.

The inspection coverage of the regulated community increased from 22% in FY 2014 to 64% in FY 2015. The increase in the coverage rate was a result of a change in the definition of an affected property. The number of units inspected by third-party inspectors increased significantly as property owners attempted to meet the lead-free exemption of the law, or to meet the newly-required Risk Reduction Standards for properties built between 1950 and 1978. Accredited inspectors are hired by property owners primarily to perform lead inspections required by law on pre-1978 residential rental properties. Inspections are mandated before tenants move into pre-1978 residential rental units. The results of these inspections are submitted to MDE.

The January 1, 2015, change in the law defining "affected property", adding properties built between 1950 and 1977, has been a huge challenge for TSOP's Lead Rental Registry Section. The number of rental homes that the section is responsible for registering has tripled.

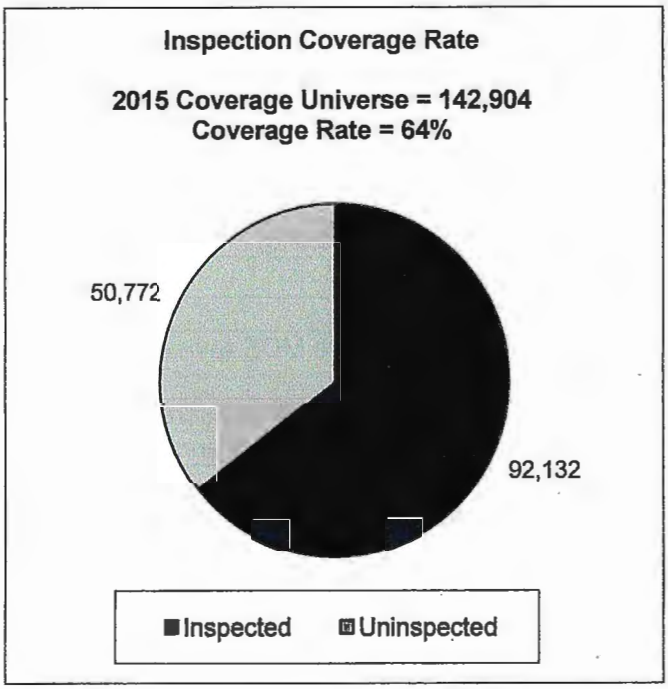
A success for TSOP's Lead Rental Registry Section is an increase in the number of properties registered. The Lead Rental Registry Section began an initiative to research properties that were required to register during 2012. If the property was not registered the Section issued a Notice of Violation (NOV). This resulted in over 5,000 NOVs issued and over $275,000 collected in penalties. The initiative was undertaken to support the Department's ongoing efforts to further reduce childhood lead poisoning as well as to respond to a legislative audit finding, and will continue to look at properties from 2012 through the current year.

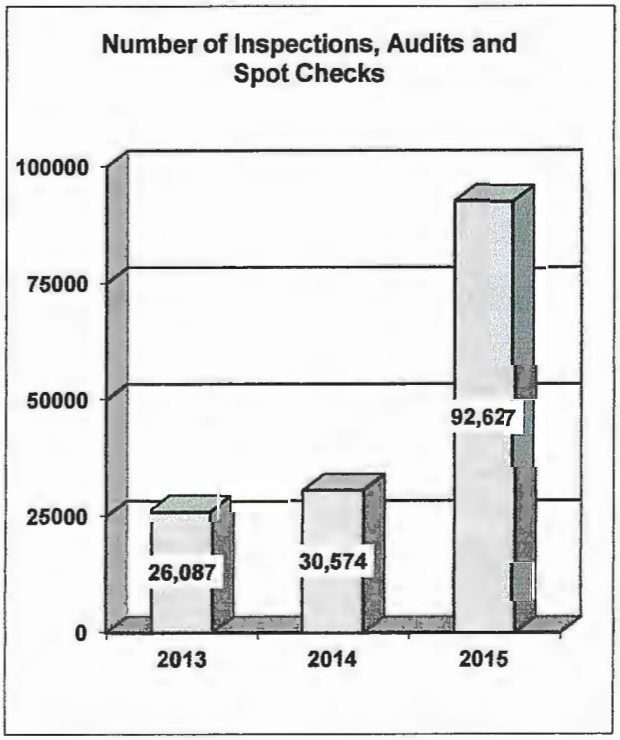
Lead Poisoning Prevention

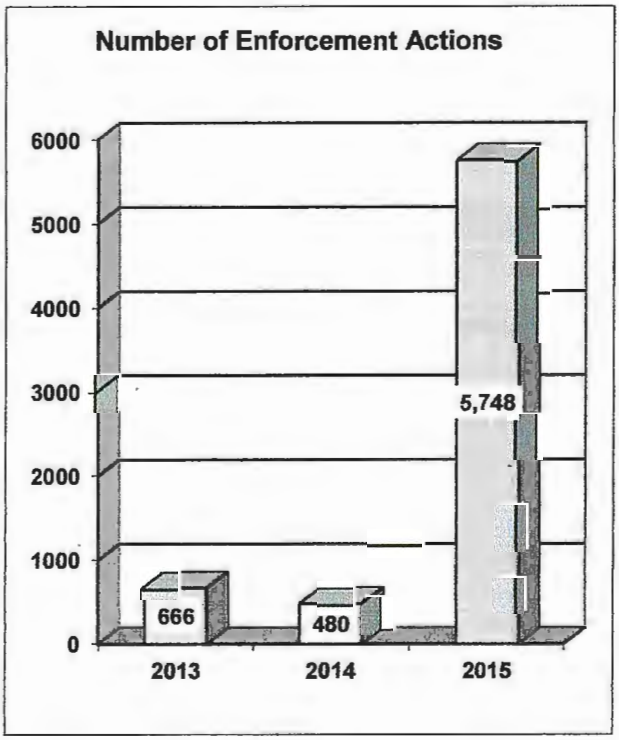
Performance Measure			TOTAL
PERMITTED SITES/FACILITIES			
Number of permits/registrations issued (accreditations)			1,079
Number of permits/registrations (accreditations) in effect at fiscal year end			2,472
OTHER REGULATED SITES/FACILITIES			
Number of registrations processed			35,147
Number of units registered as of end of FY			142,904
INSPECTIONS			
Number of sites inspected ("inspected" defined as at the site)			
By accredited lead paint service providers			89,482
By MDE			2,650
Number of sites audited but not inspected (places where MDE reviewed submittals but did not go to the site)			14
Number of sites evaluated for compliance (sum of the three measures above)			92,146
Number of inspections, spot checks (captures number of compliance activities at sites)			
By accredited lead paint service providers			89,842
By MDE			3,131
Number of audits (captures number of reviews of file/submittals for compliance)			14
Number of inspections, audits, spot checks (sum of the three measures above)			92,627
COMPLIANCE PROFILE			
Number of inspected sites/facilities with significant violations			216
Percentage of inspected sites/facilities with significant violations **			8%
Inspection coverage rate (number of sites inspected/coverage universe) ***			64%
SIGNIFICANT VIOLATIONS			
Number of significant violations involving environmental or health impact			286
Number of significant violations based on technical/preventative deficiencies			0
Number of significant violations carried over awaiting disposition from previous fiscal year			701
Total number of significant violations (sum of the three measures above)			987
DISPOSITION OF SIGNIFICANT VIOLATIONS			
Resolved			594
Ongoing			393
ENFORCEMENT ACTIONS**			
Number of compliance assistance rendered			77
	Administrative	Civil/Judicial	Total
Number of show cause, remedial, corrective actions issued	176	0	176
Number of stop work orders	0	0	0
Number of injunctions obtained	0	0	0
Number of penalty and other enforcement actions	5,572	0	5,572
Number of referrals to Attorney General for possible criminal action			3
Number of SEPs entered into / units affected			5/9
PENALTIES			
Amount of administrative or civil penalties obtained ($ collected in FY)			$761,793

* This total number also includes government fee exempt units.
** Significant violation percentage is based on MDE inspections only.
***Inspection coverage rate includes MDE and third-party inspections.
****There was a change in tracking method starting in FY 2013

Lead Poisoning Prevention







Lead Liability Insurance Coverage in Maryland

PRESENTED BY:

JOHN SCOTT, JR.

PRESIDENT & CEO

WESTMINSTER AMERICAN INS. CO.

MARCH 3, 2016

WESTMINSTER AMERICAN INSURANCE COMPANY

Overview

- Liability Insurance Coverage in General
- Evolution of the Lead Liability Exclusion.
  - 1970's
  - 1980's
  - 1990's
  - 2000's
  - 2010's
- Availability of Lead Liability Coverage Today
- Q&A
- Sample Lead Liability Exclusion

General Insurance Overview

Liability Insurance (Third Party Coverage):

Insurance covering the insured (*landlord*) against losses from injury to another person (*tenants, visitors or other third parties*) following a fortuitous event.

Fortuitous Event:

An unforeseen event that occurs by chance or accident over which an affected person has no control.

Evolution of the Lead Liability Exclusion

1970's:

- Very few lead liability lawsuits.
- Landlords' liability was based on classic landlord/tenant law; meaning that a landlord had to have actual notice of a defect (*chipping and flaking paint*) and an opportunity to remedy it.
- Lead testing was just emerging, both medically and environmentally.
- There was little, if any, legal representation focused on assisting those injured from lead poisoning.
- Insurance policy exclusions for lead liability were virtually non-existent.

Evolution of the Lead Liability Exclusion

1980's:

- Medical science commonly accepts that there is a threshold at which lead exposure is harmful.
- The role of neuropsychological testing is debated in identifying harm.
- Landlords' liability continues to be based on classic landlord/tenant law.
- Lead liability exclusions became increasingly more customary on commercial landlords' liability policies towards the end of the decade. Some insurance companies, however, overlooked requiring the exclusion on other types of policies which covered landlords, including:
  - Homeowners Policies (with additional coverage for rental dwellings)
  - Personal Lines Dwellings Policies
  - Umbrella Liability Policies (both Personal and Commercial)

Evolution of the Lead Liability Exclusion

1990's:

- The opinion of the Maryland Court of Appeals in *Richwind v. Brunson*, 645 A.2d 1147 (Md. 1994), affirms that notice to landlords is required, even if there was evidence of a violation of Baltimore City Code prohibiting flaking, chipping and peeling paint.
- Several plaintiffs' law firms begin concentrating on lead litigation, greatly increasing the number of lawsuits.
- Thresholds for harm are lowered after an increase in the number of published medical articles on the scope of harm.
- 1994 – Leads Poisoning Prevention Program: One component provided for tort immunity for landlords following "qualified offers".
- Virtually every Maryland commercial insurance carrier required a lead liability exclusion on every liability policy issued in the state. Coverage was still available, however, without an exclusion in a few other states.

Evolution of the Lead Liability Exclusion

2000's:

- Notice to the landlord of a hazardous condition (flaking and chipping paint) is no longer required. *Brooks v. Lewin Realty III, Inc.*, 378 Md. 70, 835 A.2d 616 (2003).
- Landlords have a duty to inspect for flaking, peeling and chipping paint.
- More property owners are using qualified offers.
- Almost no insurance coverage available nationwide for landlords' lead liability.

Evolution of the Lead Liability Exclusion

2010's:

- *Jackson v. Dackman Co.*, 422 Md. 357 (2011), threw out the immunity provisions of the Lead Poisoning Prevention Program legislation. The rest of the act was left untouched, including the insurers' requirement to pay up to the qualified offer.
- Insurers are still subject to paying a qualified offer if they offer liability insurance on a building with a lead exclusion.

Availability of Lead Liability Coverage Today

- All standard, admitted companies writing in Maryland require lead exclusions on every policy issued in the state of Maryland
- Coverage for the qualified offer (up to $17,000) is still provided by every insurer pursuant to statute.
- Lead coverage may be available from a few select carriers on an "Environmental Liability Policy" also known as a "Pollution Liability Policy". In order to purchase one of these policies, the covered properties must typically be "Certified Lead Free". They are almost always cost prohibitive with minimum premiums in excess of $10,000. The main motivation of large landlords to purchase an Environmental Liability Policy would be to cover legal expenses... not to pay claims.

This endorsement changes the Commercial Liability Coverages provided by this policy
-- PLEASE READ THIS CAREFULLY --

LEAD LIABILITY EXCLUSION

The Commercial Liability Coverages are amended as follows:

COMMERCIAL LIABILITY COVERAGES

The following is added to the exclusions under Coverage L -- Bodily Injury Liability and Property Damage Liability, Coverage O -- Fire Legal Liability, and Coverage P -- Personal and Advertising Injury Liability:

"We" do not pay for:

1. actual or alleged "bodily injury" caused in whole or in part, either directly or indirectly, by lead paint or lead contamination, or arising out of or incidental to the ingestion, inhalation, absorption, use, handling, or contact with lead paint or lead contamination;

2. actual or alleged "property damage" or "personal and advertising injury" arising out of any form of lead;

3. any loss, cost, or expense arising out of any request, demand, or order that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify, neutralize, or in any way respond to or assess the effects of lead; or

4. any loss, cost, or expense arising out of any claim or "suit" by or on behalf of any governmental authority for damages resulting from testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, or in any way responding to or assessing the effects of lead.

This endorsement changes the Commercial Liability Coverages provided by this policy
-- PLEASE READ THIS CAREFULLY --

LEAD LIABILITY EXCLUSION WAIVER

The Commercial Liability Coverages are amended as follows:

ADDITIONAL DEFINITIONS

With respect to the "terms" of this endorsement, the following definitions are added:

1. "Affected property" means a residential rental property built before 1950 that contains a single "rental dwelling unit" or an individual "rental dwelling unit" within a residential rental property built before 1950 that contains more than one "rental dwelling unit".

   "Affected property" also means any other residential rental property that contains a single "rental dwelling unit" or an individual "rental dwelling unit" within a residential rental property that contains more than one "rental dwelling unit" for which the owner elects to comply with the "Environment Article".

   "Affected property" does not mean property exempted under the "Environment Article".

2. "Environment Article" means Subtitle 8. Reduction of Lead Risk in Housing, as specified in the Annotated Code of Maryland.

3. "Qualified offer" means benefits as set forth by the "Environment Article", which are subject to the following aggregate maximum amounts per person:

   a. $7,500 for all medically necessary treatments as set forth by the "Environment Article"; and

   b. $9,500 for relocation benefits as set forth by the "Environment Article".

4. "Rental dwelling unit" means a room or group of rooms that form a single independent habitable rental unit for permanent occupation as set forth by the "Environment Article".

COMMERCIAL LIABILITY COVERAGES

With respect to the "terms" of this endorsement, the following provisions are added:

1. The lead liability exclusions that apply to this policy are waived with respect to an "affected property" covered by this policy to the extent of a "qualified offer" if:

   a. the "affected property" is in compliance with the registration requirements as set forth by the "Environment Article";

   b. the "affected property" passes the test for lead-contaminated dust as set forth by the "Environment Article", or has undergone the lead hazard reduction treatments and complies with the risk reduction standards as set forth by the "Environment Article"; and

   c. "you" submit to "us" a current report from an inspector accredited under the "Environment Article" certifying that the "affected property" complies with the standards stated in item 2. b. of this endorsement.

   "We" will not pay more per person under this provision than a "qualified offer".

2. The lead liability exclusions will not be waived for damages arising from lead in the portion of a property that is used or occupied solely by "your" household.

3. This waiver will be withdrawn and the lead liability exclusions will remain in effect if:

   a. "you" fail to provide "us" or "our" inspector with reasonable access to the "affected property" for purposes of inspecting it for the presence or condition of lead;

   b. "you" fail to comply with the "terms" or conditions of this policy;

   c. "you" fail to perform lead hazard reduction treatments; or

   d. the "affected property" fails to comply or maintain compliance with the risk reduction standards as set forth by the "Environment Article".

4. "We" can withdraw this waiver for any of the reasons stated above by giving "you" written notice of "our" intent to withdraw. The waiver will not be withdrawn if "you" correct the violation or violations stated in "our" withdrawal notice within 30 days after "our" notice is mailed to "you".

Q & A

JUNE 2, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

June 2, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
PAUL, Manjula	Office of Child Care/MSDE	
SKOLNIK, Adam	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

June 2, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Ron WINEHOLT	ADHA	
TOMMY TOMPSETT	MMHA	
Michelle Fransen	Cogency	
DawnJoy	AMA Training	
Lee Scrivener		Leah. Scrivener@ gmail. com
Chris White	Arc	
Syeetah Hampton-EL	GHHI	
Jim Kaczynski	MDE	
DAVID SKINNER	GHHI	
	BCHD	
DAVID FIGLER	LSBC	
Jason Hessler	DHCD	
R Mutinda	DHMH	
Aaron Tustin	DHMH/JHU	
Christine Schiffkovitz	CONNOR	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, June 2, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
   a. Baltimore City Housing Permitting Process – Jason Hessler
   b. Update on Lead Free Certificate Investigation and Enforcement Issues – Paula Montgomery

III. New Business
   a. Planning Session for CLR Report and Case Management Report
   b. Proposal for Commission Focus for 2016

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, July 7, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
   A. Maryland Department of the Environment
   B. Department of Health and Mental Hygiene
   C. Department of Housing and Community Development
   D. Baltimore City Health Department
   E. Baltimore City Department of Housing and Community Development
   F. Office of Childcare
   G. Maryland Insurance Administration
   H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

June 2, 2016

APPROVED Minutes

Members in Attendance

Nancy Egan (via phone), Susan Kleinhammer, Edward Landon, Patricia McLaine, Paula Montgomery, Cliff Mitchell, Barbara Moore (via phone), Del. Nathaniel Oaks, Christina Peusch, Manjula Paul, Adam Skolnik

Members not in Attendance

Mel Jenkins. John Scott, Ken Strong, Tameka Witherspoon

Guests in Attendance

Jack Daniels (DHCD), David Fielder (LSBC), Michelle Fransen (Cogency), Mary Beth Haller (BCHD), Syeetah Hampton-El (GHHI), Jason Hessler (DHCD) Dawn Joy (AMA), Myra Knowlton (BCHD), John Krupinsky (MDE), Rachel Mutinda (DHMH), Christine Schifkovitz (CONNOR), Leah Scrivener, David Skinner (GHHI), Tommy Tompsett (MMHA), Aaron Tustin (DHMH/JHU), Chris White (Arc Environmental), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine began the meeting at 9:30 AM. Everybody present introduced themselves.

Future Meeting Dates

The next Lead Commission meeting will be on Thursday, July 7, 2016 at MDE in the AERIS conference Room, Front Lobby, 9:30 AM – 11:30 AM.

Old Business

Lead Free Certificate Update

Paula Montgomery indicated that MDE has a contract with Maryland Environmental Services with ARC to inspect the remaining 384 properties where access has not yet been granted.

Baltimore City Housing Permitting Process

Jason Hessler distributed a handout for this update. A flowchart of the process is shown after the cover page. Baltimore City Housing is moving all applications to an on-line process. Every user will be tracked and there will be a standard log-in page. When a user logs in, the system will list all their current permits and any messages (see slides 3 and 4). All properties will be identified, including licensed child care facilities. The first screen that ID the type of permit (slide 5) requires the user to answer questions including the year the structure was built, if window are going to be removed. Commissioners suggested that it would be useful to add a question about whether surfaces would be disturbed and the SF involved. Ed Landon suggested that perhaps this screen could identify if interior demolition was being planned, noting there is a new demolition protocol for Baltimore.

Jason Hessler indicated that demolition is captured on page 4. Paula Montgomery noted that demolition requires a different permit. This is RRP, Maryland accredited renovation. Paula Montgomery noted that the flow chart is very well done and suggested that the question for the permit should be "Will the work disturb more than three (3) square feet?" Jason Hessler noted that all contractors would have to complete their profile (slide 6) and that RRP information would go here. He will add the RRP number and the date that certification expires. When contractors use the system initially, they will enter their RRP information. If that information is not there, and RRP risk is identified, the system will stop the user from completing the permit application. Paula Montgomery indicated that owner occupants would have to pull a permit but would not have to be accredited. Baltimore City would not verify or enforce RRP or accreditation but MDE might be able to do spot checks if they had additional staff, acknowledging at this is a huge step forward. Jason Hessler stated that the system goes on-line at the end of August. The City has been beta testing with contractors and individual users. Contractors love it, and love not having to come downtown to pull permit. Pat McLaine suggested incorporating a screen with lead poisoning prevention messages in the system to increase education of contractors. David Fielder asked if a permit needed to be posted at the job site. Jason Hessler stated that the permit does not need to be posted but the plans must be present. Paula Montgomery noted that contractors must post lead remediation jobs. On behalf of the Commission, Pat McLaine thanked Jason Hessler for the update; Jason will be back in December 2016 with an update on the initial experience with the new system.

Minutes

Three changes to the minutes for May 6, 2016 were identified. Ed Landon made a motion to accept the minutes with these changes and the motion was seconded by Nathanial Oaks. All present Commission members were in favor.

New Business

Childhood Lead Registry Report

Paula Montgomery stated that any suggestions made by the Commission must be approved by MDE's Secretary. Barb Moore asked if we knew the number of immigrants in local jurisdictions so we could get a better idea of the prevalence of blood lead elevation among children. Pat McLaine stated that additional information about case management is needed, including the number of cases, the average time for completion of case management and environmental investigation, the number with lead in housing, the number with other lead hazards, the number who are in a safe environment (defined) at the end of the follow-up process. Cliff Mitchell stated that the new regulations are out, and became effective in March. He is doing outreach to pediatricians across the state and intends to provide an update on screening and challenges and success of screening. DHMH does expect to see an increase in testing, including an increase in children identified with BLLs 5-9μg/dL and 10+ μg/dL. John Krupinsky noted that the screening table for children age 1 and 2 showed much higher levels of screening than the same table for children 0-72 months. The screening of children aged 1 and 2 is a more accurate measure of testing. With regards to a report on Medicaid screening, Cliff Mitchell indicated that DHMH has met with Medicaid and they are interested in helping with this. Medicaid files need to be matched to MDE screening results. In addition, Medicaid follows the fiscal year while MDE reports on the calendar year. Cliff Mitchell suggested that the Commission consider urging

MDE and DHMH to facilitate getting results reported directly to IMMUNET. This system allows providers to enter immunization data directly to a state registry, which allows all providers to see a child's vaccine history. The system also allows providers to order vaccines. John Krupinsky suggested that many providers would resist entering lead information because they don't have the time or staff. Pat McLaine suggested the development of an interface for providers to report electronically to MDE. Providers already populate the report form with their data and then fax the report. It could be sent electronically. Pat McLaine suggested the Commission could send a letter to the manufacturer regarding the need for such an interface. Paula Montgomery noted that MDE is working on the HELPS system now and that system may be able to accommodate such electronic reporting. David Fielder noted concern about the topic. As a program administrator for Baltimore County Housing program, his concern is capturing data for EBL kids. Their families receive assistance from Baltimore City and Baltimore County and there are often other problems preventing action (e.g. rodents, roof). David Fielder expressed concern about pointing the figure at HUD-funded agencies. Pat McLaine noted that communication can probably always improve, but this focus would be to look at what happened to children with BLLs of 10+µg/dL, not at HUD-funded agencies. John Krupinsky asked if information was available on the number of houses abated and why families were turned down. Paula Montgomery stated that Baltimore City and Baltimore County provide these reports on an annual basis. Adam Skolnik stated that it would be useful to see a zip-code breakdown of children with EBL. Pat McLaine suggested that geo-coded maps should be part of the report. Barb More suggested that funding should also be mapped. Pat McLaine asked for clarification about the number of properties and number of new cases. MDE clarified that they count one property for one case. Adam Skolnik asked how the Registry dealt with children that had a capillary BLL of 10µg/DL and a venous of 5µg/dL. John Krupinsky stated that MDE reports the highest venous BLL on the VENOUS (confirmed) table and reports the highest venous or capillary BLL on the unconfirmed table. Confirmed venous is considered a case. But notice for pre-78 rental is sent if there are 2 capillary tests of 10µg/dL or higher.

Proposal for Commission Focus for 2016

Commissioners reviewed the proposed calendar of topics for 2016. Ed Landon asked about the Summer Study – when, where, how? Also, legislation should be discussed in July, since state agencies will begin discussion in August. Both will be added to the July calendar. The approach met with approval; no other suggestions or comments were offered. An updated calendar will be distributed for the July meeting.

Agency Updates

Maryland Department of the Environment – Paula Montgomery stated that MDE is starting to focus efforts to provide oversight on inspections, to the best of their ability. MDE had over 60,000 certificates issued in the last year. MDE is doing spot checks and is issuing subpoenas to audit records. It is a new climate within the Department and Paula Montgomery indicated she wished she had more staff. Being accredited is a privilege, not a right. MDE will be brainstorming about how to make inspection guidelines more stringent while maintaining a business-friendly environment. An inspector does not have to have a GED, start-up costs are low, and it is very attractive. Syeetah Hampton-El stated that taking a look at inspectors was awesome and offered assistance from GHHI.

Lead Commission Meeting

She indicated that GHHI has referred several cases already and files are available, noting that choosing an inspector was a real problem for owners.

John Krupinsky stated that MDE and DHMH had met to discuss what to do to regulate cultural products that were high in lead and being sold in specialty stores (these include herbs, spices, kohl, and surma). They are talking with New York and California and may approach EPA. There are only guidelines for candy, nothing for food.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell noted that DHMH had provided a lot of outreach to the Provider community. He met today with Bayview and is planning a series of Grand Rounds across the state, including the Eastern Shore (Peninsula Regional). Word is beginning to get out. DHMH has final versions of everything except the School Report Form and is going to print with complete guidelines for providers which will be mailed to 11,000-12,000 primary care providers. Cliff Mitchell stated that DHMH will also be doing a webinar next week for PCPs on the new regulations with GHHIO and will send information to Pet Grant for distribution to the Commission. The webinar will be archived.

Manjula Paul asked how kids would be tested if their 12 month birthday was before March 1, 2016. Cliff Mitchell indicated that Medicaid has rules for when credit is given for testing. If they miss their birthday, they don't get credit. Cliff is having discussions with Medicaid now; BLL testing will probably be recommended to be done between 11 and 13 months of age. Manjula Paul asked for additional guidance for children in child care: what should providers do with the report? Cliff Mitchell stated that DHMH will work on guidance. Child care providers need to encourage parents to get the children tested. Christine Peusch stated that the childcare provider community was very concerned about not being in compliance and parents have no idea what is being done. Pat McLaine noted that children in childcare have been tested for many years. Christine Peusch agreed but stated that not every area had to test. Pat McLaine suggested that Childcare Administration work with Cliff Mitchell and DHMH staff to determine how to answer practical questions coming from childcare providers. Paula Montgomery asked who would follow up with an unlicensed childcare provider caring for a lead poisoned child; Manjula Paul indicated that the Office of Child Care would follow up.

Maryland Department of Housing and Community Development – Ed Landon stated that there were no department updates at this time.

Baltimore City Health Department – Myra Knowlton reported that the Baltimore City Health Department met with the Office of Child Care to coordinate efforts between the two agencies regarding notification of an elevated blood lead level (EBL) child in child care facility. Upon notice of an EBL child, the two agencies will begin conducting joint inspections to streamline efforts. Additionally, it was stated that there will be training of the Child Care city inspectors on this cooperative effort by both agencies.

Baltimore City Department of Housing and Community Development – no department updates

Office of Child Care – Manjula Paul reported that the Office of Child Care will be working with Cliff Mitchell's agency (DHMH) and MDE to develop programs similar to the one in Baltimore City in other Maryland counties.

Maryland Insurance Administration – Nancy Egan reported that she has turned over the concerns regarding Qualified Offers to the Attorney General.

Public Comment

Christine Schifkovitz provided some information on the non-profit "Parks and People" Program. She stated that EPA had given this program money to test for lead in soil and suggested that the information would be useful for Baltimore City urban gardens.

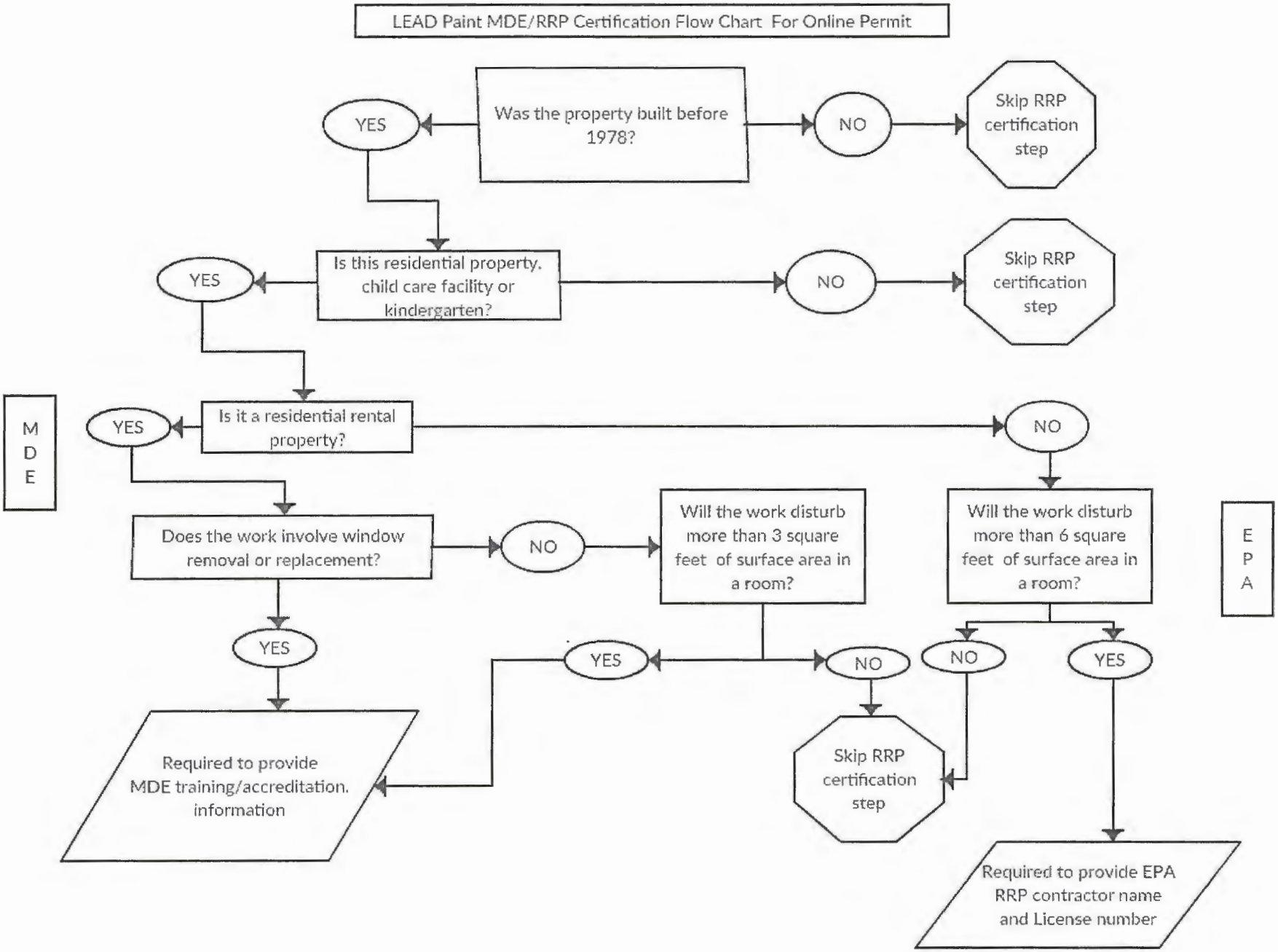
Adjournment

A motion was made by Cliff Mitchell to adjourn the meeting, seconded by Paula Montgomery. The motion was approved unanimously and the meeting was adjourned at 11:55 AM.

Baltimore City
Department of Housing and Community Development
Permits and Code Enforcement Division

Online Permits – RRP Screen Shots

June 2, 2016


LEAD Paint MDE/RRP Certification Flow Chart For Online Permit
Was the property built before 1978?
YES
NO
Skip RRP certification step
Is this residential property. child care facility or kindergarten?
YES
NO
Skip RRP certification step
M D E
Is it a residential rental property?
YES
NO
Does the work involve window removal or replacement?
NO
Will the work disturb more than 3 square feet of surface area in a room?
Will the work disturb more than 6 square feet of surface area in a room?
E P A
YES
YES
NO
NO
YES
Required to provide MDE training/accreditation. information
Skip RRP certification step
Required to provide EPA RRP contractor name and License number

Requires password

skip navigation links | Accessibility

BALTIMORE HOUSING

Home > Code Enforcement > On-line Permit Account Login

DHCD On-Line Permit System : Please call 410-396-1378 for questions.

Log in ?

Login:

Email Address: Email Address is required.

Password: Password is required.

Login

Don't have an account? Please click here to sign up.
or Forgot your password?

Mayor Stephanie Rawlings-Blake

Permitsy_registration'}'>Property Registration Code Enforcement Community Services Resident Services HCVP Public Housing Document C

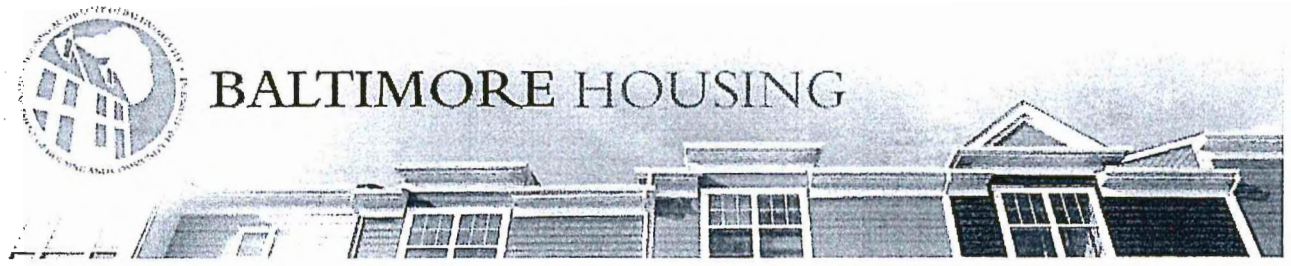
Developers Jobseekers Contractors Homebuyers Landlords Residents

Home Site Map

Visit BaltimoreCity.gov

BALTIMORE HOUSING

List of all open permits for this user.



Home > Code Enforcement > My Permit Application List

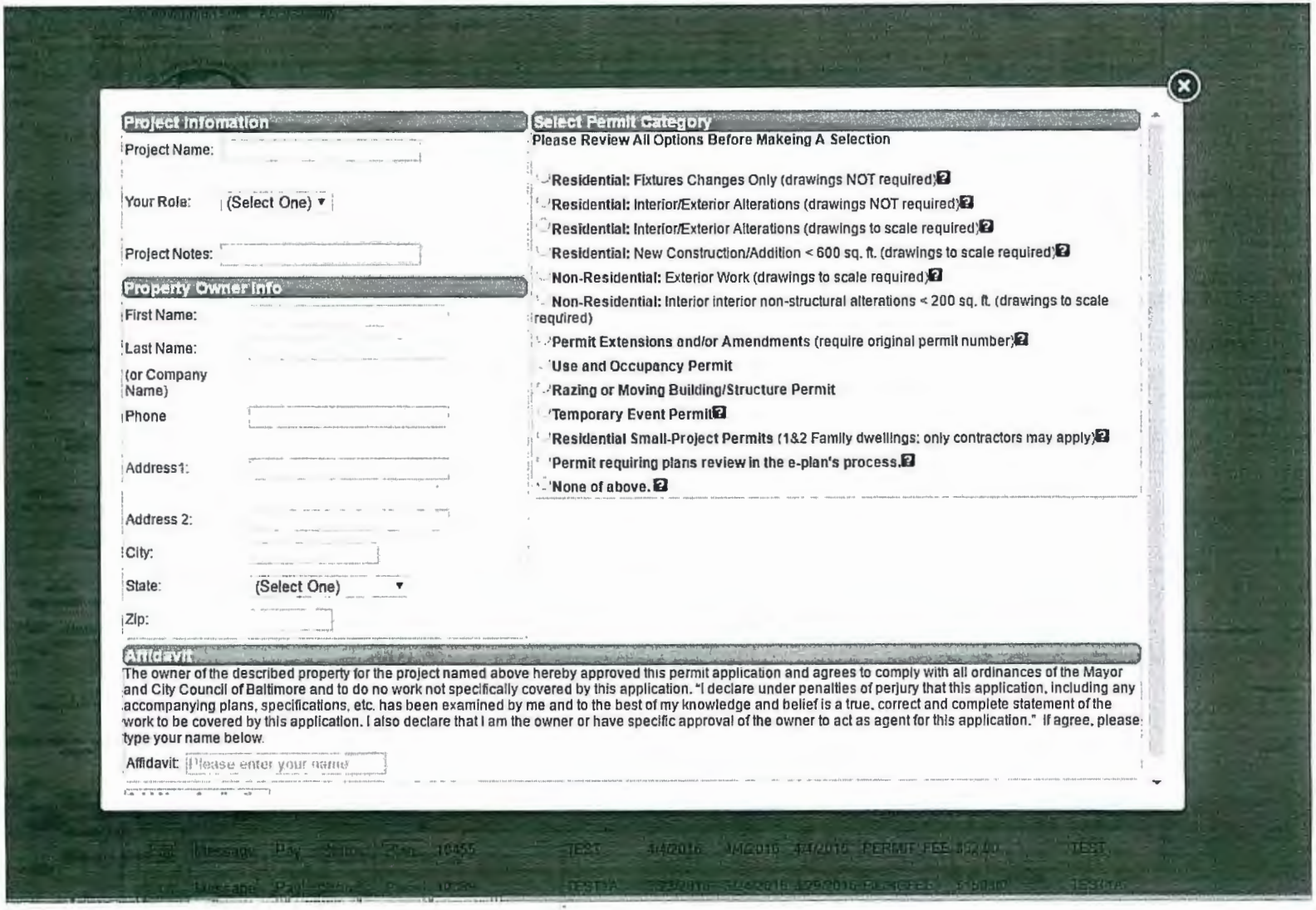
Account: chia@habc.org License Management

My Permit Application List Logout

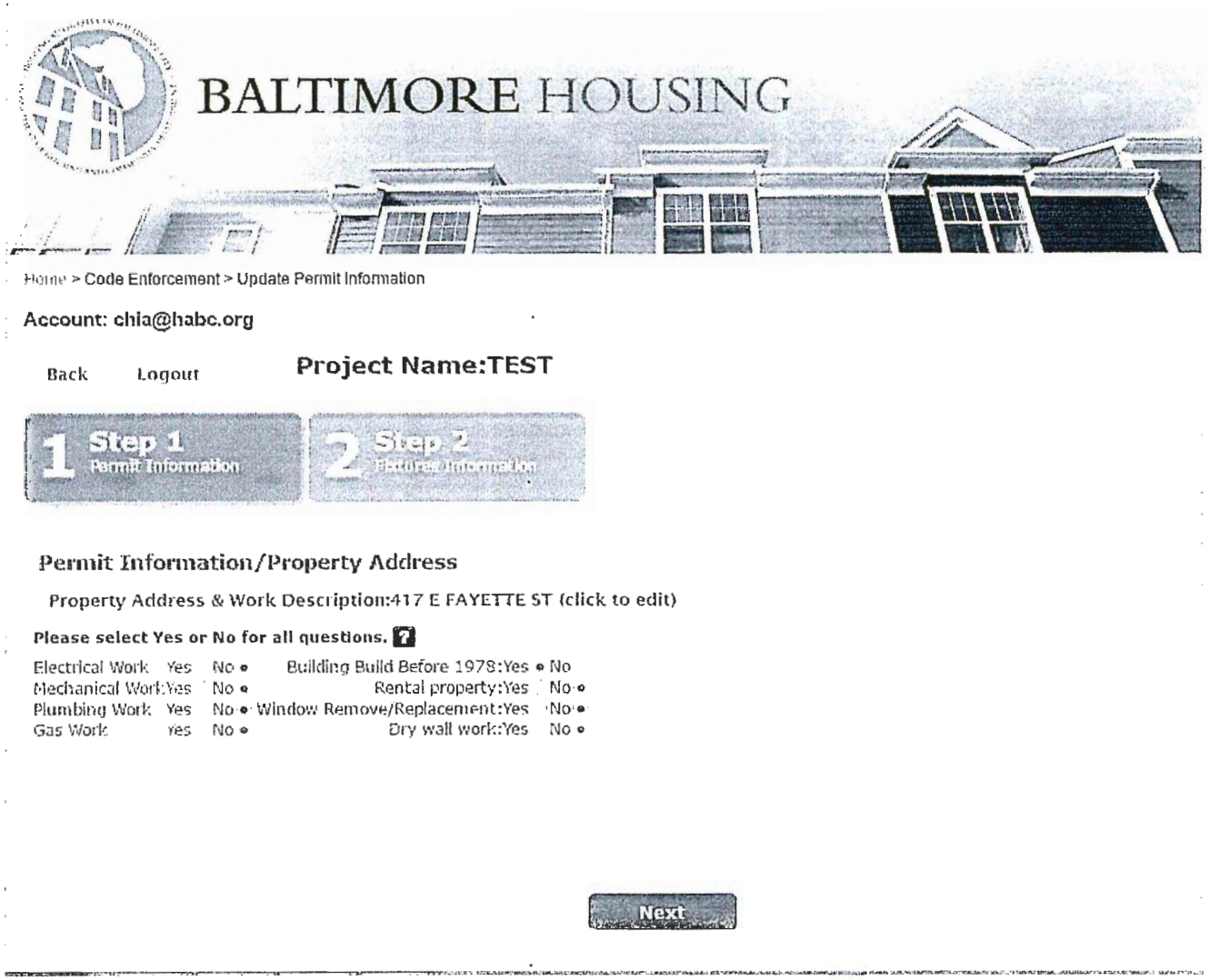
Add Application

					ID App	Requirement	Project Name	Date Create	Date Submit	Date Accept	Fee Type	Fee Total	Fee Paid	Notes
Edit	Message	Pay	Status	Plans	11028		TEST	5/27/2016						TEST
Edit	Message	Pay	Status	Plans	10715		TEST	4/29/2016						TEST
Edit	Message	Pay	Status	Plans	10713		TEST	4/29/2016	4/29/2016					TEST
Edit	Message	Pay	Status	Plans	10679		TEST	4/26/2016						TEST
Edit	Message	Pay	Status	Plans	10586		TEST	4/17/2016	4/17/2016	4/17/2016	FILINGFEE	$300.00		TEST
Edit	Message	Pay	Status	Plans	10585		TEST	4/17/2016	4/17/2016	4/17/2016	FILINGFEE	$150.00		TEST
Edit	Message	Pay	Status	Plans	10534		TEST1	4/11/2016	4/11/2016					TEST1
Edit	Message	Pay	Status	Plans	10533		TEST	4/11/2016	4/11/2016	4/13/2016	PERMIT_FEE	$52.00		TEST
Edit	Message	Pay	Status	Plans	10532		TEST7	4/11/2016	4/11/2016					TEST7
Edit	Message	Pay	Status	Plans	10456		TEST	4/4/2016	4/4/2016	4/4/2016	PERMIT_FEE	$52.00		TEST
Edit	Message	Pay	Status	Plans	10455		TEST	4/4/2016	4/4/2016	4/4/2016	PERMIT_FEE	$52.00		TEST
Edit	Message	Pay	Status	Plans	10339		TEST1A	3/23/2016	3/24/2016	3/29/2016	FILINGFEE	$150.00		TEST1A

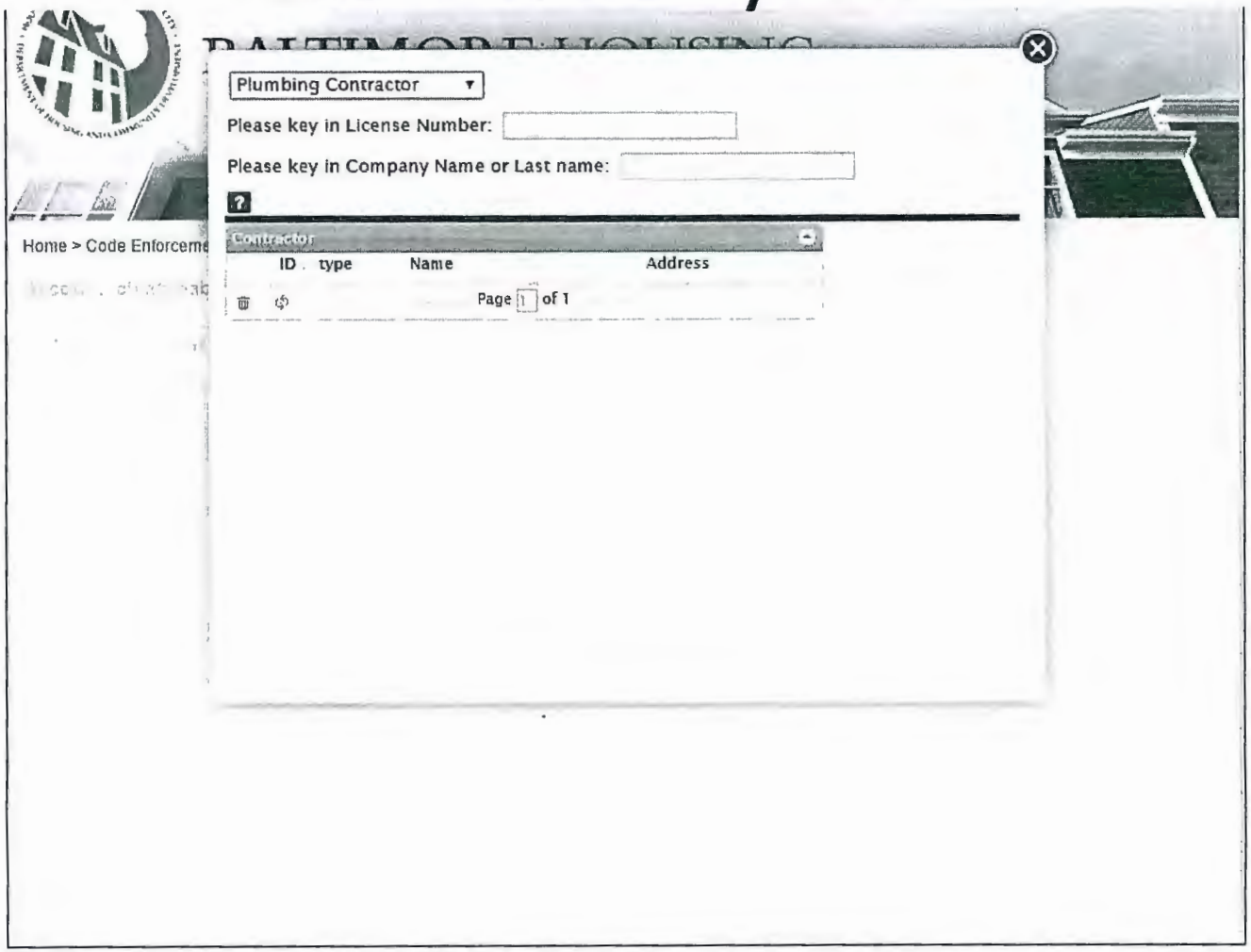
Key in type of permit



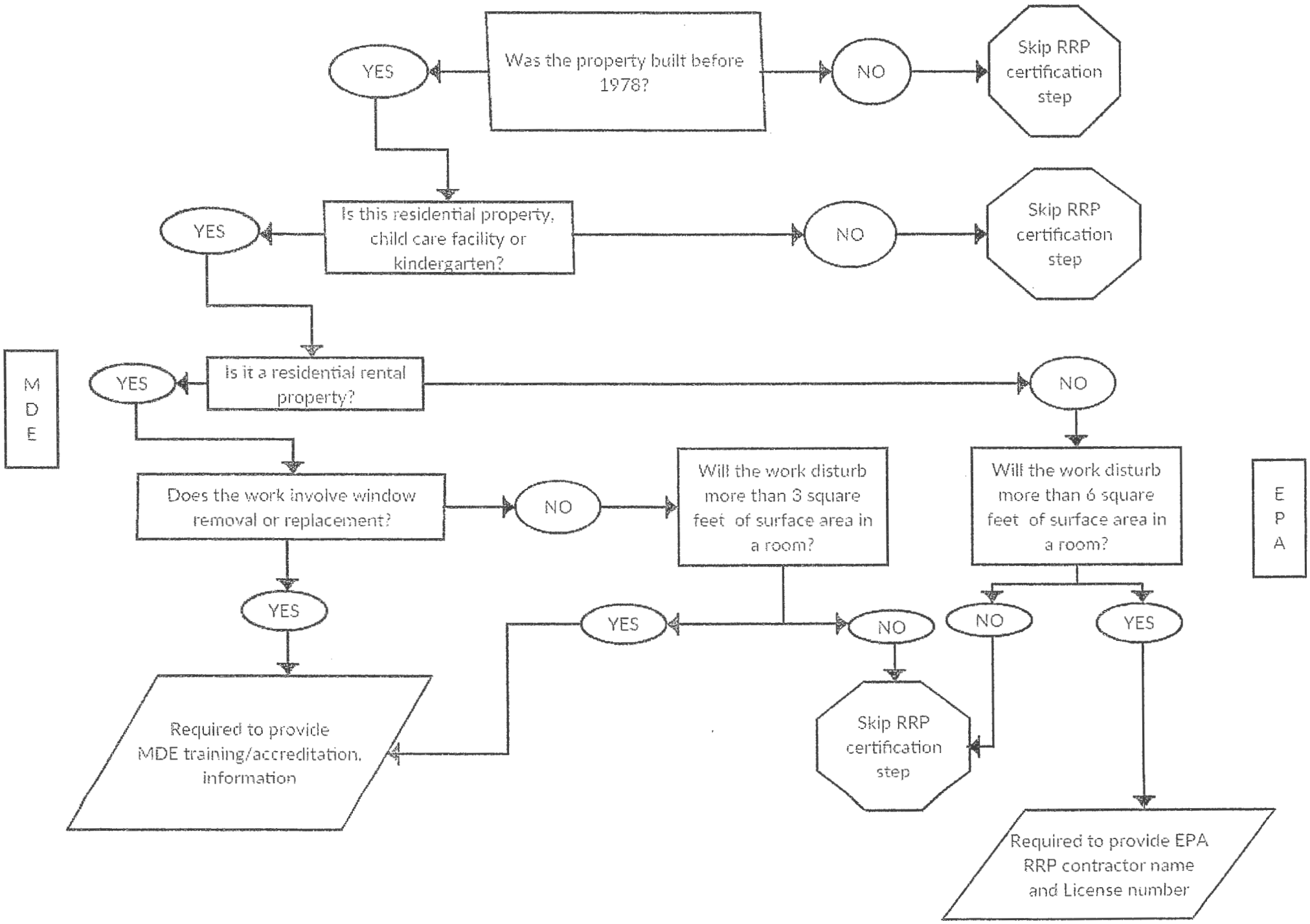
Requires answers to set questions



All contractors must already be registered with Baltimore City to use the online system.



LEAD Paint MDE/RRP Certification Flow Chart For Online Permit



DRAFT MDE Lead Commission Calendar for 2016

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
January	Governor Hogan's Plans for Baltimore City	DHMH Lead Screening Update		Lead Legislation	Crisis of Lead in Drinking Water – Flint MI	Pay for Success – Ruth Ann Norton High Eviction Rate Balt. City
February	Update on Water Safety in MD - MDE Update on Gov. Hogan's Plans for Baltimore City - DHCD	MDE Rental Registry/Compliance Report	Baltimore City Housing Permitting Process - Jason Hessler	Lead Legislation		
March		MDE Lead Free Certificate Investigation update		Lead Legislation	Health Care Provider Perspective – remediating lead problems – Barbara Moore	Child Care Subcommittee Report Report on work with paint retailers - Connor
April		MDE Lead Free Certificate Investigation update		Lead Legislation	Planning for 2016	
May	Planning Session for CLR Report and Case Mgt report	MDE Annual Enforcement and Compliance Report for 2015	Availability of Lead Insurance for Land Lords in Maryland – John Scott	Lead Legislation	Planning for 2016	MDE Lead Free Certificate Investigation update
June	Update on DHMH Lead Screening	Office of Childcare Annual Update	Baltimore City Housing Permitting Process – Jason Hessler			
July	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program			
August	MDE Childhood Lead Registry Report – Annual Review					

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
September	Update on DHMH Lead Screening		Baltimore City CLPP Fiscal Year Report (stats, emerging trends, outreach)			
October	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program			
November	Review and Planning Meeting for 2017 (Items of Concern for Annual Report)			Lead Legislation Planning		
December	Update on DHMH Lead Screening			Lead Legislation Planning		
January 2017	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program	Lead Legislation		
February 2017	MDE Update on Water Safety in Maryland			Lead Legislation		
March 2017	Update on DHMH Lead Screening			Lead Legislation		
April 2017	MDE Rental Registry Quarterly Update		Baltimore City HUD Grant Program	Lead Legislation		
May 2017		MDE Annual Enforcement and Compliance Report for 2016		Lead Legislation		
June 2017	Update on DHMH Lead Screening					

2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure

For Children 6 Months to 72 Months of Age

Test Blood Lead Level according to **Table 1**

↓

Confirm all capillary blood lead levels ≥ 5 mcg/dL with venous sample. Follow ** **Table 2** for schedule.

↓

Guidelines for Actions **Table 3** and **Table 5**

↓

Schedule Follow-up Venous Blood Lead Testing for all ≥ 5 mcg/dL **Table 4**

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)

For ALL children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated

For children born before 1/1/15, AND not on Medicaid, AND never lived in a 2004 At-Risk ZIP code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Screening	• Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards
Indications for Testing	• Parental/guardian request • Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. *(Questions can be found in the Lead Risk Assessment Questionnaire section of this document)* • Follow-up testing on a previously elevated Blood Lead Level *(Table 4)* • Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. • For more information about lead testing of pregnant and breastfeeding women, see: *http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf*

** See back of chart for list of 2004 At-Risk ZIP codes*

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test**

Capillary Screening Test Result	Perform Venous Test Within
< 5 mcg/dL	Not Required
5 – 9 mcg/dL	12 weeks
10 – 44 mcg/dL	4 weeks
45 – 59 mcg/dL	48 hours
60 – 69 mcg/dL	24 hours
70 mcg/dL and above	Immediate Emergency Lab Test

***Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old and younger who resides in Maryland.*

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months *(Full Guidelines in Table 5)*

Blood Lead Level	Follow-up testing	Management
< 5 mcg/dL	On schedule **Table 1**	• Continue screening and testing on schedule. • Continue education for prevention. • If new concern identified by clinician, then retest blood lead level.
5-9 mcg/dL	3 months **See Table 4**	All of above AND: Investigate for exposure source in environment and notify health department. • For more detail consult **Table 5**
≥ 10 mcg/dL	See **Table 4**	Consult **Table 5**

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 – 9 mcg/dL	1 – 3 months***	6 – 9 months
10 – 19 mcg/dL	1 – 3 months***	3 – 6 months
20 – 24 mcg/dL	1 – 3 months***	1 – 3 months
25 – 44 mcg/dL	2 weeks – 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Seasonal variation of Blood Lead Levels exists, greater exposure in the summer months may necessitate more frequent follow-up.

**** Some clinicians may choose to repeat elevated blood lead test within a month to ensure that their BLL level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)*

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years						
Confirmed Blood Lead Level (mcg/dL)[1]	**< 5**	**5 – 9**	**10 – 19**	**20 – 44**	**45 – 69**	**≥ 70**
Primary Prevention: parent/guardian education about lead hazards[2]	X	X	X	X	X	X
Medical/nutritional history and physical	X	X	X	X	X	X
Evaluate/treat for anemia/iron deficiency	X	X	X	X	X	X
Exposure/environmental history[3]		X	X	X	X	X
Home environmental investigation		X[4]	X	X	X	X
Follow-up blood lead monitoring[5]		X	X	X	X	X
Coordinate care with local health department		X[6]	X	X	X	X
Obtain developmental and psychological evaluation[7]			X	X	X	X
Consult with lead specialist, who will also evaluate for chelation therapy				X	X	X
Urgent evaluation for chelation therapy					X	X
Hospitalize for medical emergency						X

[1] *Refer to information about confirmation of capillary tests in Table 2.*

[2] *Includes discussion of pica and lead sources including house paints (before 1978), ceramics, paint on old furniture, soil, foreign travel, traditional folk medicines, certain imported items (candies, food, jewelry, toys, cosmetics, pottery), and parental occupations that can bring home lead dust and debris (e.g. painting, construction, battery reclamation, ceramics, furniture refinishers, radiator repair).*

[3] *Exposure/environmental history to identify potential lead sources. (see screening questions) Consider Notice of Defect (information at right) for child living in pre-1978 rental property.*

[4] *Initial confirmed blood lead of 5 – 9 mcg/dL may not require home environmental investigation. Contact LHD for more guidance.*

[5] *Refer to schedule of follow-up blood lead testing in Table 4.*

[6] *Contact LHD for more information about care coordination for blood lead levels of 5 - 9 mcg/dL.*

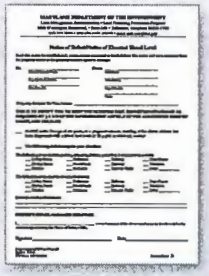
[7] *Use validated developmental screen for levels 10 – 19 mcg/dL, such as Ages and Stages Questionnaire (ASQ). Refer children as appropriate for further evaluation. Children with BLL over 20 mcg/dL should be evaluated in consultation with an experienced clinician, specialist, or Local Health Department regarding further evaluation.*

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

2004 Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by ZIP Code

Allegany County	21133	21244	**Dorchester County**	21798	21661	20722	20913	20674
ALL	21155	21250	ALL	**Garrett County**	21667	20731	**Queen Anne's County**	20687
Anne Arundel County	21161	21251	**Frederick County**	ALL	**Montgomery County**	20737	**Talbot County**	21612
20711	21204	21282	21001	**Harford County**	20738	21607	21654	
20714	21206	21286	20842	21010	20783	20740	21617	21657
20764	21207	**Baltimore City**	21701	21034	20787	20741	21620	21665
20779	21208	ALL	21703	21040	20812	20742	21623	21671
21060	21209	**Calvert County**	21704	21078	20815	20743	21628	21673
21061	21210	20615	21716	21082	20816	20748	21640	21676
21225	21212	20714	21718	21085	20818	20752	21644	**Washington County**
21226	21215	**Caroline County**	21719	21130	20838	20770	21649	ALL
21402	21219	ALL	21727	21111	20842	20781	21651	**Wicomico County**
Baltimore County	21220	**Carroll County**	21757	21160	20868	20782	21657	ALL
21027	21221	21155	21758	21161	20877	20783	21668	**Worcester County**
21052	21222	21757	21762	**Howard County**	20901	20784	21670	ALL
21071	21224	21787	21769	20763	20910	20785	**Somerset County**	
21082	21227	21791	21776	**Kent County**	20912	20787	ALL	
21085	21228	**Cecil County**	21778	21610	20913	20788	**St. Mary's County**	
21093	21229	21913	21780	21620	**Prince George's County**	20790	20606	
21111	21234	**Charles County**	21783	21645	20703	20791	20626	
	21236	20640	21787	21650	20710	20792	20628	
	21237	20658	21791	21651	20712	20799		
	21239	20662				20912		



A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a 'Person at Risk' (a child under the age of six or a pregnant woman) has a lead level of 10 or above and that repairs need to be made in the home.

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. A rental property owner CAN evict a tenant if they fail to make timely rental payments. To download a copy of the Notice of Defect form, visit: *http://www.mde.state.md.us/programs/Land/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf*

For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

Clinical Resources

Mid-Atlantic Center for Children's Health & the Environment
Pediatric Environmental Health Specialty Unit
866-622-2431
kidsandenvironment@georgetown.edu
www.pehsu.net/region3.html

Mt. Washington Pediatric Hospital Lead Treatment Program
410-367-2222
www.mwph.org

Maryland Poison Control
800-222-1222

Regulatory Programs and Resources

Maryland Department of Health and Mental Hygiene
866-703-3266
dhmh.envhealth@maryland.gov
http://phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx

Maryland Department of the Environment
Lead Poisoning Prevention Program
410-537-3825/800-776-2706
http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/index.aspx

Local Health Departments
http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX

Centers for Disease Control and Prevention
www.cdc.gov/nceh/lead/

Green & Healthy Homes Initiative
410-534-6447
800-370-5223
www.greenandhealthyhomes.org/

JULY 7, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

July 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	410 468 2486
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	301-429-7650
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	— —
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
VACANT	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
PAUL, Manjula	Office of Child Care/MSDE	
SKOLNIK, Adam	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

July 7, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Michelle Fransen	Cogency	michellef@cogencyteam.com
TOMMY TOMPSETT	MHHA	ttompsett@mmhaonline.org
Marcia Williams	Baltimore Co.	mdwilliams@baltimorecountymd.gov
DAVID FIELDER	BALTIMORE CO.	DFIELDER@BALTIMORECOUNTYMD.GOV
MARY BETH HALLER	BCHD	
P. CONNOR	CCJVSA	
RON WINEHOLT	AOBA	
LISA HORNE	DHMH	lisa.horne@maryland.gov
Spector Hampton-EL	GHHI	
David Skomer	GHHA	
Rachel Hess-Mutchler	DHMH	
Christine Schifkovitz	CONNOR	cschifkovitz@connorinstitute.com

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, July 7, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Child Care Facilities Workgroup Report Christina Peusch
MDE Rental Registry Quarterly Update Paula Montgomery
Other Old Business

III. New Business
Baltimore City HUD Grant Program – Quarterly Update
Baltimore County HUD Grant Program – Bi-Annual Update David Fielder
Lead Legislation for 2017 Ed Landon

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, August 4, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

July 7, 2016

APPROVED Minutes

Members in Attendance
Nancy Egan, Susan Kleinhammer, Edward Landon, Patricia McLaine, Paula Montgomery, Cliff Mitchell, Del. Nathaniel Oaks, John Scott, Adam Skolnik

Members not in Attendance
Mel Jenkins, Barbara Moore, Manjula Paul, Christina Peusch, Ken Strong, Tameka Witherspoon

Guests in Attendance
Patrick Conner (CONNOR), David Fielder (LSBC), Michelle Fransen (Cogency), Mary Beth Haller (BCHD), Syeetah Hampton-El (GHHI), Lesa Horne (DHMH), Rachel Hess-Mutinda (DHMH), Christine Schifkovitz, (CONNOR), David Skinner (GHHI), Tommy Tompsett (MMHA), Marcia Williams (Baltimore County) Ron Wineholt (AOBA)

Welcome and Introductions
Pat McLaine began the meeting at 9:35 AM. Everyone in attendance introduced themselves.

Old Business
Child Care Facilities Workgroup Report – The report is not yet ready for review. A draft was prepared in June but the Committee is waiting for input from the Office of Childcare.

Approval of Minutes
One change was identified on page 1. Ed Landon made a motion to accept the minutes with this amendment and the motion was seconded by Nathanial Oaks. All present Commission members were in favor and the minutes from the June 2, 2016 meeting were approved as amended.

Old Business, continued
MDE Rental Registry Quarterly Update – Paula Montgomery stated that MDE staff were not available to provide an update. Pat McLaine requested that this update be provided in August.

Lead in Drinking Water - Pat McLaine noted that many articles on lead in drinking water have been published recently, a number being distributed at this meeting including an article on lead in Congressional office buildings, in the DC libraries, and lead in schools. Paula Montgomery noted that the issue is one of enforcement; the laws are clear. Pat McLaine suggested that the Commission may want to consider additional legislation if there are gaps in protections. Pat has invited Nancy Reilman from the Water Supply Program to meet with us when she has additional information on the state-wide picture of lead in school drinking water. Tommy Tompsett, referencing HUD Chapter 16, stated that we should be looking at the totality of a child's exposure, including water and soil. We are starting to see that these are real problems; maybe we need to start looking at this. Ed Landon stated this was raised in the 1990s as an issue in public housing with discussion about the water delivery system to the property line. He agreed

that we need to look at other places, noting that brass fittings were found to be a problem in drinking water fountains. John Scott stated that we should be looking comprehensively at where lead is, but asked who would pay to have that done. Ed Landon noted that the aging public water infrastructure is a real issue in Baltimore. People don't look at this stuff. The Commission needs to think about this; it will cost a lot of money to replace pipes and lines.

Mary Beth Haller was asked to give a synopsis of her previous work at Baltimore City Public Schools on the lead in water issue. She noted she no longer works for the Baltimore City Schools so could not directly speak for them, but could provide an overview of the history as she was aware of it from her work there for 6 years. The process to deal with lead in drinking water in schools had been going on for years. When the national recall for lead-lined water coolers was issued, City Schools put forth a tremendous effort to identify, inventory and replace those coolers. Baltimore City Schools identified high levels in a smaller group of eleven (11) schools. For these schools, parts replacement and flushing protocols were set up. At some point, before Mary Beth's time at City Schools the issue fell somewhat off of the radar until in 2006 a school parent, Mr. Williams brought it to the forefront. He did this because his father had worked in City Schools facilities and he had been very concerned about lead levels in water. After his retirement he asked his son to keep people focused on this problem and his son brought renewed attention to the issue culminating in then Health Commissioner Peter Beilenson issuing an order for City Schools to disable water fountains until they could be tested and to bring bottled water into schools in the interim. A major effort of testing, repair, replacement and re-testing ensued. Still; some school fountains – even those on the same plumbing line and located side by side could result in one passing and one failing to meet EPA recommendations. The problem was that "lead-free" components under the law at the time could still contain up to 8% lead and could vary in their lead content.

One Baltimore public school put in new pipes and 64 new fountains. In addition, a filtration system was installed, but only common area outlets were part of that closed loop. The additional outlets in classrooms were not on the system and while many passed, some did not. Mary Beth Haller said that Seattle had experienced something similar. The issue is incredibly complex and since it had become apparent that even a school with brand new plumbing could fail to meet standards that the only recommendation that could be made was that schools, as they are being renovated, install a filtration system in addition to any newly installed piping. Ed Landon said that with renovation the City had not always acknowledged the need for new pipes and a filtration system. He said the city also did not acknowledge the need to replace infrastructure with old public housing, suggesting that a holistic approach is needed. Mary Beth Haller indicated that the City schools spent millions over the years. They didn't realize that they might need to appoint someone to oversee this effort continually. Sometimes new plumbing is the worst until passivation occurs--a mineral layer is built up.

With renewed public interest after Flint, BCHD and Baltimore City schools did a fresh round of testing in the Baltimore City schools which have new plumbing and filtration systems. About two months ago [April], 202 primary and flush samples were taken. All flush samples passed. On 2 primary samples they found two fountains that were higher than recommendations and 2

that were borderline high. It was pointed out that primary samples are taken after periods of disuse when the system has been inactive overnight and are designed to capture the very first "burst" of water emitted. This does not really represent how fountains are used, but is based on an EPA test to identify possible sources for lead. The filtration contractor was consulted and made parts replacement at the outlets after which the primary tests resulted in zero lead. This would suggest that some wear may occur. Nathanial Oaks asked how often the schools should be retested. Mary Beth Haller suggested for those locations to test in 6 months. The American Academy of Pediatrics has recommended that schools and child care facilities be tested. Pat McLaine will get copies of this recommendation for the Committee. Mary Beth Haller noted that the samples taken by BCHD were primary samples; all schools would have passed requirements for lead under the Lead and Copper Rule.

Patrick Connor stated that HUD Chapter 16 is the standard for investigations of poisoned children and recommended by CDC. Maryland has not been testing lead in soil or water. In many areas of the City, accessible soil levels are 10 to 100 times higher than the health-based standards. There have been many studies of this including articles on old manufacturing sites (ghost factories) and many research studies. When Maryland has children with elevated blood lead levels, we should be investigating with HUD Chapter 16, not HUD Chapter 5. Water sampling for lead is very complicated. Most inspectors don't follow the EPA lead in copper protocol, which requires a one liter sample. Water has to sit for the proper time in the pipes and proper flush time is needed for a flush sample. Most people find that the problem is not the water supply; the failure resides within the fixture or piping (brass valve, fittings, aerators, solder). Lead-containing water restrictors can have up to 8% lead. Brand new buildings have failed lead in drinking water tests because of added post-market devices that are heavily leaded: 69 cent parts purchased by maintenance. We will continue to find sources of lead outside housing and these will increase.

Mary Beth Haller noted that in Baltimore City schools, staff collected a smaller sample of 250ml per EPA's "3 T for Reducing Lead in Drinking Water" which is designed to help schools identify the source for lead but that Baltimore Schools were looking for level of 15ppb, not 20ppb as advised by EPA. Patrick Connor advised that if samplers did not use a one liter sample, the results would be concentrated at the fixture level and it would be more likely to have a higher result. The general public, including PTA parents, does not understand the difference between one liter and 250 ml sampling. Mary Beth Haller agreed but noted that the sampling plan for City Schools was developed with a parent advisory committee and Mr. Williams; they agreed to 15ppb but had really wanted 0ppb.

Lead from Non-Housing Sources - David Fielder stated that there are protocols for risk assessment. If there is more than 9 square feet of soil, must sample soil. There may not be that much soil on the property but there may be other nearby soil sources. Patrick Connor stated this is why Chapter 5 is not the proper tool for follow-up of EBL children – it is Chapter 16. Health Departments are not doing risk assessments: they are doing environmental Investigations, defined by Chapter 16, to follow up the sources identified by the family. Risk assessment is property-driven; Chapter 16 is child-driven.

Paula Montgomery stated that MDE's questionnaire asks for all of these things: where the child plays and if there is bare soil, inspectors test there. Paula stated that she understands we are having more children not exposed to lead in housing. MDE currently has a 3 month old child with a level of 51µg/dL BLL due to kohl. Maryland has many immigrants. People travel to their home countries and come back with higher BLLs. Often at lower BLLs, the program is unable to identify lead hazards. The problem is often multi-source, multi-media. If the family is afraid that local or state government is going to take the child away, the family may not give information to the program.

Tommy Tompsett noted that owners worry when they see lead coming from other sources. Property owners' responsibilities are written into statute. Owner occupants do not have similar requirements. Syeetah Hampton-El asked if a child was in a rental property and lead was identified in the rental property, should soil and water at the property also be tested? Is there staff and funding to do this? Adam Skolnik noted that if leaded surfaces are identified in a rental property, statutory requirements kick in. But if there is no lead, the statute still requires the owner to take action, even if there is no lead. Tommy Tompsett asked if Chapter 5 triggers a modified risk reduction, what would owners be required to do? Owners have done a lot to protect children. Paula Montgomery responded that if an owner has a lead free certificate, there is probably nothing to do. But if there is a defect, it should be corrected. Paula Montgomery noted that if there is no lead in the house, MDE looks for all sources in the environment. MDE regulation states that MDE follow the risk assessment in HUD.

Ed Landon asked how many cases of EBLL children were investigated last year that identified NO lead in the housing. Paula Montgomery stated that in cases investigated by MDE, lead in housing was not frequently seen. Many of the properties had lead free certificates. There were many immigrant children living in pre-1978 rental properties that were lead free. Paula Montgomery stated that she would see what the state data shows about refugee populations. Last year, 26-30 children tested high on admission to the country. Adam Skolnik stated that in 2014, 59 children with EBLLs had lived in post-1978 rental properties. Ed Landon noted that even Public Housing is being sued for lead-safe properties, and landlords are still worried. Marybeth Haller noted that there is no testing of libraries or public buildings. Libraries will be open 9AM to 9PM next year in Baltimore. Pat McLaine suggested that the Commission look at the protocols for Chapter 16 and MDE's protocol for investigation of a child with an EBLL. David Skinner (GHHI) suggested that the Commission could invite a representative from International Rescue Committee (IRC) to discuss lead testing requirements for immigrants newly entering the US. Pat McLaine will invite the IRC to attend an upcoming meeting.

New Business

Pat McLaine read an email from Ken Strong; contact information for Ken Strong is available from Pat McLaine.

Baltimore County HUD Grant Program - David Fielder provided an update on progress of the Baltimore County HUD Grant Program. The program's goal is 225 completed units. Landlords, non-profits and owner occupants are eligible for the program. The property must have a child

under 6 or a pregnant woman living in or visiting the property and must meet income requirements. A number of older communities in Baltimore County are being targeted. With regards to community outreach, GHHI has provided assistance in the past; other non-profits are now working with the program.

In the last year (since July 2015) the program has received 118 applications; 102 have completed the risk assessment and lead education. This includes 96 houses (including 6 landlords) and 6 in-home child care providers privately owned. The program has completed 32 units and 6 are ready to start construction. The properties are in 25 zip codes. Average cost has been $10,898/unit; up to $15,000 is available per unit. Thirty (30) units were de-enrolled because they had no lead or minor amounts of lead; 11 units dropped out (applied but program was unable to schedule risk assessment).

Maria Williams, Chief of Housing Finance, reported that the program was initially awarded in August 2013. New staff was hired in April 2015 and the program has now requested a one year extension. GHHI staff provided assistance until the program was able to hire their own staff. A MOU with the Health Department has been helpful. The program is now working with Lyons Homes in Turner Station, where poisoned children have been identified. This development received tax credits and the Program will help to abate 100 units in the development that are income-eligible. Ed Landon said DHCD could help with a support letter for the extension, if that was needed. The state program may be able to assist with 8 units. Maria Williams stated that the program would meet its goals and currently has a waiting list. They have developed a video and presentation for older communities and have had assistance from a Morgan State student. Link to the video will be made available to the Commission.

Lead Legislation for 2017 – Ed Landon provided a quick summary of legislation from 2016 (Also noted in the Maryland Realtor magazine):

- HB-396/SB-308 – Lead Risk Reduction Standards - Maintenance of Exemptions - Both bills lengthen the frequency of lead paint inspections for properties with lead paint on the exterior only from 2 to 5 years as summarized by the magazine. The bill made it through the House but died in the Senate.
- HB 42 – Transfer of Structured Settlements - Childhood Lead Poisoning Claims - Requirements and Limitations – received an unfavorable report but it was approved in another bill.
- HB-810/ HB-1331 – Reduction of Lead Risk in Housing - Fees and Enforcement/ Environment - Reduction of Lead Risk in Housing - Blood Lead Level – Both bills were referred to study.

Interim study – Representative Kumar Barve requested input for a session on Tuesday, 9/13. Nancy Egan noted that this was not an official study but that a report would be forthcoming. Ed Landon stated that one of the bills would require a MDE report every October 1st. Tommy Tompsett will send information regarding the meeting to Pet Grant to send to the Commission. Syeetah Hampton-El indicated that GHHI is planning to attend. She indicated that the legislature

did not have enough time to discuss lead legislation last year because all bills were heard on one day. Hopefully, this will provide sufficient time for discussion.

- SB 951/HB 1154 – Maryland Lead Poisoning Recovery Act – Senate bill received an unfavorable and house bill hearing was canceled. Market Share – big insurance issue, to be discussed on 9/13/16 also.
- HB 1328- Environment - Lead and Mercury Wheel Weights – Prohibited and HB 1307 – Environment - Municipal Water Supply Contamination - Remediation Costs – both passed in the house and died in the Senate
- HB 1563 –Reduction of Lead Risk in Housing - False Reports - Criminal Penalties - did not move in House.

Nancy Egan wants to go through with legislation to repeal sections of the insurance code related to Dackman decision on qualified offer. She has asked what has happened on the insurance side following the Dackman decision and is following up on this. John Scott stated that Dackman did not relinquish insurer's requirement to provide coverage. The statute requires insurance companies to make qualified offers; landlords are not off the hook. Nancy Egan said that the AG has reviewed this. She would like the Commission to send a letter to the AG for an opinion on this. In 1994, qualified offer was made available. Since Dackman, can we remove this from the insurance code? Nancy Egan will help write a request for the Commission to consider.

Ed Landon noted that state agencies have a September 1st deadline for legislation for the Governor.

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

Agency updates

Maryland Department of Environment – Paula Montgomery reported that a contract had been secured for additional inspections following the investigation of fraudulent lead-free certificates. Of 384 identified properties, MDE has issued Invalid Certificate Letters on 37 pre-50 rentals. Eleven of these properties were subsequently issued new lead free certificates. The company gave up its certification through July 2016. Additional investigations are on-going: 1600 letters were sent to residents and 1600 letters are being mailed to owners of properties inspected between 1996 and 2008.

Maryland Department of health and mental Hygiene – Cliff Mitchell reported that the Department is printing and stuffing 14,000 packets for primary care providers (PCPs). 8,400 have been mailed to pediatricians, family practitioners, nurse practitioners and OBGYNs. Additional packets have been mailed to local health departments, school nurses and other new providers. They will also be distributed at Grand Rounds for PCPs. DHMH plans to speak with Maryland Insurance Administration regarding the private insurance market and requirements for

lead testing, based on new state requirements. DHMH is also meeting with child care supervisors at the Office of Childcare next week and will participate in a meeting with school nurses in August. Cliff Mitchell will send packages to all Commissioners. DHMH is also working with MDE on registry issues and consumer product issues. Unclear what consumers do if identify questionable contaminated material – FDA looks at food or cosmetics; CPSC looks at consumer products. Cliff Mitchell indicates there will be gaps and there may be need for additional legislative authority.

Maryland Department of Housing and Community Development – Ed Landon stated there were no department updates at this time.

Baltimore City Health Department - Mary Beth Haller stated there were no department updates at this time.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – no representative present

Maryland Insurance Administration – Nancy Egan stated there were no updates at this time.

Public Comment

David Fielder attended a joint HUD/NEHA Conference and reported on a panel discussion presenting evidence on feasibility of reducing clearance levels on floors to 10μg/SF. HUD may be considering a change in required levels.

Delegate Nathanial Oaks reported that the Subcommittee of Environment and Transportation will hold a meeting focused on lead on September 13. Delegate Holmes will chair the Committee, which has not yet been announced to the public.

Adjournment

A motion was made by John Scott to adjourn the meeting, seconded by Nathanial Oaks. The motion was approved unanimously and the meeting was adjourned at 11:30 AM.

The Washington Post

D.C. Politics

D.C. revises lead contamination rules after libraries tested above U.S. guidelines

By Elise Schmelzer June 22

On the same day the D.C. Public Library announced it found excessive lead contamination in four libraries, city officials said they will lower the maximum acceptable level of lead in public drinking water, making the District's standards far stricter than those required by the Environmental Protection Agency.

Six water fountains and one sink in the city's public libraries were found to exceed the EPA's maximum lead contamination level of 15 parts per billion, library officials announced Tuesday.

Elevated levels were found in water fountains at the flagship facility downtown, the Martin Luther King Jr. Memorial Library, as well as the Lamond-Riggs and Southwest neighborhood libraries, and at a sink at Georgetown Neighborhood Library.

While six of the affected water sources tested slightly above the federal guidelines, a water fountain near the women's restroom on the third floor of the MLK Library had a lead content of 192 parts per billion — more than 12 times the federal limit.

After lead-contaminated water was discovered in water fountains in three elementary schools in April, the city tested 114 drinking water sources at 26 libraries.

Library officials received the test results June 14 and shut down the seven contaminated sources that day, spokesman George Williams said. Filters were installed on all seven sources, and three were returned to service after a new round of testing found them to be beneath the limit of 15 parts per billion.

But even with new filters, three water fountains at the MLK and Georgetown Neighborhood libraries do not meet the new standard announced by the city Wednesday. An additional 74 drinking fountains at libraries across the city were found to have lead levels greater than the new standard of 1 part per billion, documents show.

They will all be taken out of service and remediated, Williams said.

"If the filter doesn't create a safe level of lead in the water, then an additional step will be taken," said Williams, adding that officials are not sure of the cause of contamination. Remediation could include replacing piping or fountain parts, he said.

Library officials last tested the water fountains at the MLK Library five years ago, Williams said. He had no record that drinking fountains in any of the other libraries had been tested previously.

The test results were released the same day city officials announced the citywide revision of acceptable levels of lead in drinking water at public facilities. Instead of addressing water sources with lead content above 15 parts per billion, the city will repair any source testing above 1 part per billion.

The change comes on the heels of a report published last week by the American Academy of Pediatrics that recommends state and local governments address lead levels exceeding 1 part per billion.

According to the EPA, the only safe level of lead contamination in water is zero.

Unsafe levels of lead in children have been linked to learning disabilities, impaired hearing, damage to the nervous system and slowed growth. In adults, it can lead to increased blood pressure, decreased kidney function and reproductive problems.

The city plans to install filters at all public schools, libraries and recreation centers, regardless of test results, by the end of the year, officials said.

Installing the filters and implementing the new limit will cost nearly $2 million initially and then $1.5 million annually to regularly test and maintain water sources, Deputy City Administrator Kevin Donahue said.

"Lead exposure in children is preventable, and we will be working diligently to set policy at our facilities that goes far beyond EPA standards," Donahue said in a statement.

But parents, pediatricians and groups formed during the District's water crisis more than a decade ago criticized the city Wednesday for poor oversight and weak communication about recent findings of elevated lead levels.

At a joint hearing of the D.C. Council's education and environment committees on Wednesday, parents said the city has an inadequate system of testing for lead — checking most sources once a year or less frequently. And it does an even worse job of communicating results, they said.

One noted that the District's Department of General Services, the agency responsible for testing, does not post recent results on its website and reports them only in English.

Parents whose children attend the three schools where elevated lead levels were found this spring were the most outraged. Two witnesses called the situation a "public health emergency" and demanded better communication from the city when unhealthy levels are found.

At the end of the six-hour hearing, council member David Grosso (I-At Large), said he was encouraged by Mayor Muriel E. Bowser's proposed new lead threshold. "Hopefully, the public will start to see that we are behind full eradication of lead in D.C. water," he said.

Aaron C. Davis contributed to this report.

Elise Schmelzer is a summer intern at the Post covering local politics. Follow @EliseSchmelzer

Schools around the country find lead in water, with no easy answers

On May 16, parents attended a public meeting at Creston Elementary School in southeastern Portland, Ore., about lead in the drinking water. Students and staff at Portland Public Schools started drinking bottled water after high amounts of lead were found in water sources at two schools. (Beth Nakamura/Oregonian via AP)
In Portland, Ore., furious parents are demanding the superintendent's resignation after the state's largest public school district failed to notify them promptly about elevated lead levels detected at taps and fountains.

In New Jersey, Gov. Chris Christie (R) has ordered lead testing at every public school in the state after dozens of schools in Newark and elsewhere were found to have lead-contaminated water supplies.

In the District, which experienced a devastating lead crisis barely a decade ago, officials last month announced plans to spend millions of dollars to install water filters and more rigorously test the city's public schools and recreation centers after a handful were found to have unacceptable lead levels.

The ongoing crisis in Flint, Mich., has shined a spotlight on the public-health hazards that lead continues to pose in U.S. drinking water. In particular, it has led to renewed pressure to test for the problem in the nation's schools, where millions of young children, the age group most vulnerable to lead poisoning, spend their days.

"Unfortunately you find schools that are failing, and some are failing miserably," said Robert Barrett, the chief operating officer for Aqua Pro-Tech Laboratories, a New Jersey-based environmental testing laboratory. He said the firm is booked through the summer, as schools race to test for lead before students return for a new academic year. "Before Flint, we'd get a call maybe once a month from a school. Now, it's daily," he said.

Public health officials agree that no amount of lead exposure is safe. Even at low levels, lead can cause serious and irreversible damage to the developing brains and nervous systems of young children. The result can be lasting behavioral, cognitive and physical problems. In short, it can alter the trajectory of a child's life.

School systems throughout the country have long grappled with lead in water, due in part to aging buildings laden with lead-bearing pipes and fixtures. But even now, the vast majority of the nation's schools are not legally required by states or the federal government to test their water on a regular basis.

Most public school districts, cash-starved and understaffed, don't make it a priority. Years can pass before a calamity such as the one in Flint compels school officials to undertake a new round of testing.

17 key moments in Flint's water crisis

Play Video3:05
Take a look at the key moments that led up to Flint, a city of 90,000, getting stuck with contaminated water. (Claritza Jimenez/The Washington Post)

"The pressure usually comes from the outside," said Yanna Lambrinidou, a Virginia Tech engineering professor who has long studied lead contamination in water. "When schools sample, it's more often than not because they have been squeezed into a corner."

After contaminated water in Flint became national news, parents and teachers in some parts of the country pushed for lead testing at their own schools. The results have often turned up reminders that lead problems persist decades after they first surface.

"Every parent assumes that someone must have taken care of this problem decades ago," said Marc Edwards, a Virginia Tech professor who helped expose lead crises in Washington and Flint. "They're always shocked to discover that it hasn't been fixed."

Signs appear over bathroom sinks telling students not to drink the water at Cecil Elementary School. Long before Flint's tainted water became a national issue, Baltimore city schools discovered lead contamination in some of its buildings and shut off the water. For nearly the past decade, kids have been drinking bottled water. (Lloyd Fox/Baltimore Sun)

Edwards and other experts partly blame the regulatory vacuum that leaves about 90 percent of the nation's schools with no mandatory requirements for testing and limited guidance on how to properly remediate the problem when they do find lead in the water. Only schools that have their own water source, rather than receiving water from a municipal system, must sample regularly for lead and meet certain standards.

In addition, the old age of many schools around the country makes it difficult to completely eliminate the risk of lead in the water without major, costly investments in replacing lead pipes, faucets and fountains.

Lambrinidou says it is not enough for schools to simply test a tap or fountain once for lead, then declare it safe. That is because lead can appear sporadically in a water system as particles break off or leach into the water at unpredictable times — something researchers call the "Russian roulette" phenomenon.

That situation can be exacerbated in schools, where water can sit stagnant in pipes over weekends and holidays. "This is exactly the condition that worsens lead-in-water contamination," Lambrinidou said.

She said the post-Flint push for lead testing in schools is preferable to no testing, but not as ideal as a more systematic approach.

"Nationally, this testing fever is good, because we want to know what's happening in schools," Lambrinidou said. "But it can also be misleading if the results are used to declare that any one tap is safe or not. I'm concerned the testing that schools are doing is more to allay parent fears than it is to truly understand the science of lead in water."

Testing fever is unlikely to subside soon.

Cheryl Miles, a Pre-K teacher at Cecil Elementary, helps Keilan Grimes, left, and A'Ryon Backmon get water from the water cooler. (Lloyd Fox/Baltimore Sun)

In Chicago, the head of the public school system has pledged to do "whatever it takes" to rectify lead problems after risky levels of the toxic substance were detected in dozens of buildings. In Boston and other Massachusetts communities, officials have shut down fountains and offered students bottled water after stepped-up testing at nearly two dozen schools revealed elevated lead in water sources. Dozens of other districts are facing similar calls for action.

The American Medical Association last month said it also would push for more state and federal laws to remove lead service lines around the country, better inform the public of water testing results and require all schools

and registered day-care sites to routinely test for lead in drinking water.

"Even though children and infants absorb more lead than the average adult, there are no real safeguards in place to ensure that the drinking water is safe at the facilities where most of their time is spent," the group's president, Andrew Gurman, said in a statement.

In Portland, writer Joe Kurmaskie says that for the first time, he is considering leaving the city. Kurmaskie's wife is a public school teacher, and the couple have three boys in the Portland school system, the youngest of whom will soon head to first grade.

"We just feel we've been let down, lied to," Kurmaskie said, adding that his wife has long advised her students not to drink the water. "We understand these are old schools. [But] you have to not poison the kids."

Kurmaskie, who aired his frustrations at a recent public hearing, suspects he isn't alone. "If you don't have a safe place to send your kids, people will stop sending them," he said. "I can't just knowingly send my child into harm's way."

In Baltimore, the city's history of lead problems in public schools has resulted in an unorthodox long-term solution.

Elevated lead levels surfaced in many of its schools in the early 1990s, prompting the city to shut off contaminated fountains. But the issue resurfaced a decade later when it became clear that some of the troubled fountains had been put back into service.

After years of testing, retesting and unsuccessful attempts to rectify the problem, school leaders decided that they could not guarantee safety without replacing every pipe and fixture that contained lead. That would have been a massive — and massively expensive — undertaking. Instead, they moved the entire system to bottled water in 2007.

"It was the only way to absolutely ensure that our students were not drinking water that would be tainted by lead," said Keith Scroggins, chief operating officer for Baltimore City Schools.

In the years since, the system has renovated half a dozen schools and installed new filtration systems in each one. But about 80,000 students in Baltimore remain on bottled water. It costs close to a half-million dollars a year, and the stream of paper cups and plastic Deer Park bottles creates much more waste than traditional fountains.

But Scroggins said it is a trade-off he can live with.

"It was the best decision," he said. "When it comes to lead in the water, you don't want to take any chances."

Environmental group calls for widespread lead testing for Utah children

By Daphne Chen, Deseret News

Published: Monday, July 4 2016 2:00 p.m. MDT

Updated: Monday, July 4 2016 8:09 p.m. MDT

Share
111
0
1

A group of health care professionals with a focus on environmental issues is asking state lawmakers to pay for blood lead testing for pregnant mothers and infants.

Adobe stock photo

Summary
A group of health care professionals with a focus on environmental issues is asking state lawmakers to pay for blood lead testing for pregnant mothers and infants.

More Coverage
- 5 Utah water systems report high lead level in tap water

SALT LAKE CITY — A group of health care professionals with a focus on environmental issues is asking state lawmakers to pay for blood lead testing for pregnant mothers and infants.

Spurred by the Flint, Michigan, water crisis, Utah Physicians for a Healthy Environment is calling on lawmakers

to ensure Utah children are not also being exposed to lead.

Last month, the American Medical Association called for all schools and day care centers to receive regular water quality testing.

Brian Moench, president of Utah Physicians for a Healthy Environment, said the group is asking state lawmakers to take it a step further.

"Utah should do more than that," Moench said. "And 'more than that,' in our view, would be to offer blood lead testing of prospective parents, pregnant mothers and of newborns so that at that stage of life, we have an idea of what kind of exposure Utah's children might face."

Sam LeFevre, program manager for environmental epidemiology at the Utah Department of Health, said many local health departments offer lead testing for families at low or reduced cost.

The Salt Lake County Health Department, for example, offers blood testing and other services for certain people who qualify.

After the passage of President Barack Obama's health care law, many insurers also include lead testing as part of their preventive care coverage, LeFevre said.

The Utah Department of Health collaborates with clinical labs to collect and report all blood lead testing results. LeFevre said that about 3,000 to 5,000 children are tested per year in Utah, although that number has been on the decline. Last year, the state tested about 1,500 children, he said.

Data from those tests showed that the rate of lead exposure in Utah was about half that of the national average, according to LeFevre.

A report published in the journal Pediatrics last month showed about 2.6 percent of preschool children in the U.S. had a blood lead concentration above the level associated with cognitive defects and behavioral problems.

According to Utah data, the percentage of children under age 5 with elevated lead levels dropped from a high of 4 percent in 1996 to 0.6 percent in 2014, the most recent year available.

The state reports data for blood lead levels of 10 micrograms per deciliter or higher.

The Pediatrics report uses a lower threshold of 5 micrograms per deciliter — in line with Centers for Disease Control and Prevention recommendations.

Newborns in Utah are currently required to undergo screening for dozens of rare, genetic or metabolic disorders.

Lead testing is not part of the screening program.

Lead can damage a developing baby's nervous system and cause developmental delays, even at low levels, according to the CDC. No safe blood lead level in children has been identified, according to LeFevre.

But without the resources to screen newborns for every potential hazard, he said the choice of what to include becomes "a balancing act."

"Which dog are you going to go after?" LeFevre said. "How much do you gain on trying to reduce the lead exposure even further? And how much can you do for a child that has a small amount of blood lead but not at a clinical level that would result in clinical intervention?"

Moench estimated the cost of lead testing Utah's pregnant mothers and infants to be $2 million to $3 million per year.

He said widespread testing would generate more data on lead exposure in the state.

"We don't think there are two sides to this," Moench said, in contrast to the group's usual work on air quality. "We don't think that it should be any sort of political football. It should just be, 'Hey, our kids deserve protection, so let's spend a little bit of money to find out how much protection they need.'"

The group plans to present their proposal to state lawmakers next week.

Email: dchen@deseretnews.com

Twitter: DaphneChen_

The Washington Post

Maryland Politics

Thousands of Maryland homes certified as lead-free may not be

By Ovetta Wiggins July 30

Thousands of homes in Maryland that were certified as lead-free could actually be contaminated with the toxic substance, according to state officials.

The state Department of the Environment is in the process of contacting about 2,000 homeowners to retest their properties and to inform residents of the danger lead-paint exposure can pose to young children.

The state, in conjunction with the Environmental Protection Agency, launched an investigation earlier this year after the work of an inspector was called into question. At the time, the state focused on 384 homes that were inspected between 2009 to 2014 and located primarily in Prince George's, Montgomery and Anne Arundel counties.

But state officials said last week that they have expanded their probe to include 1,600 additional homes, some of which were inspected as far back as 1996. And while the majority are still in Prince George's, Montgomery, St. Mary's, Charles and Anne Arundel counties, some homes are in other parts of the state, including Baltimore City and Baltimore and Howard counties.

"It's a problem," said Del. Samuel I. Rosenberg (D-Baltimore), who has led efforts for stronger lead-poisoning prevention. "It's another example of poor people are more likely to be victimized by the system."

Since January, when the investigation was announced, the state has retested 80 homes and voided half of the lead-free certifications that were issued because lead was present or the inspectors determined that several areas of the property were not originally checked. Of the 80 homes that have been retested, lead was found in 33 of them, or about 2 out of 5 homes.

State law requires that houses built before 1978 be inspected and certified free of lead before they can be rented. The majority of the homes scheduled to be retested are rental units.

Hilary Miller, the director of Land Management Administration at the Maryland Department of the Environment, said the probe has been slow and complicated.

The state initially sent letters to the 384 homeowners about the investigation and to suggest that they contact their primary-care doctor about lead testing for any children younger than 6. In February and March, the EPA sent canvassers to 225 homes to interview residents and photograph the homes. But there was little response from the outreach efforts, Miller said.

"It's a challenge," she said.

Of the residents whom the state has reached, Miller said officials have been "pleasantly surprised that the owners and residents have not been alarmed."

A child's behavior and cognitive skills can be impaired if they are exposed to lead. For years, lead poisoning has been largely concentrated in Baltimore and found in rental units built before 1950, when the city prohibited the use of lead paint. But recent studies show that children across the state are testing with lead levels of more than five micrograms per deciliter in their blood, which exceeds the recommendation from the Centers for Disease Control and Prevention.

Miller said the state maintains a registry of children with elevated blood-lead levels. None of the nearly 2,000 addresses of the homes that need to be retested match the addresses of children with high blood-lead levels.

The state has received about $145,000 in federal funds to cover the cost of the investigation and to pay for the Maryland Environmental Service to reinspect the homes.

Jay Apperson, a spokesman for the state Department of the Environment, said Maryland is still trying to figure out why the inspector signed off on certificates that were not valid.

"We haven't completed our investigation yet," Apperson said.

The state would not release the name of the inspector, who was accredited between 1996 and 2014, because the investigation is ongoing. Earlier this year, the state levied a $5,000 fine against American Homeowner Services of Lusby, the company with which the inspector was affiliated.

The inspector's work was called into question after a resident filed a complaint in 2014 with the state about possible lead paint in the home. The state determined that lead paint existed and that the lead-free certification, which was done in 2010, was not valid.

The state ordered American Homeowner Services to provide test results from 10 other properties inspected by the contractor. Seven of those inspections were invalidated after a review.

"The investigation is looking at the reasons behind this," Miller said. "I can't go into any more details. There are many things that are being looked into."

Ovetta Wiggins covers Maryland state politics in Annapolis. Follow @OvettaWashPost

AUGUST 4, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

August 4, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Sheneka Frasier Kyer	DHCD	Sheneka.FrasierKyer@baltimorecity.gov
Leonard Frenkil	WPM	LFRENKIL@WPMCLC.COM
RON WINEHOLT	AOBA	rwinehlt@aoba-metro.org
LAURA Allen	UMSON	655 W Lombard Street, lallen@son.umaryland.edu
Dawn Jay	AMA	
Michele Fransen	Cogency	Michellef@cogencyteam.com
Christine Schifkovitz	CONNOR	cschifkovitz@connorinstitute.com
DAVID FRADER	LSBC	DFRADER@BALTIMORECOUNTYMD.GOV
Chris White	Arc	cwhite@arcenvironmental.com
John Kreiling	MDE	JHJ.Kreilingk@maryland.gov
Myra Kirk	BCHD	
Sheetah Hampton-El	GHHI	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

August 4, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	301-429-7650
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PAUL, Manjula	Office of Child Care/MSDE	
PEUSCH, Christina	Child Care Providers	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950 Outside Baltimore City	
STRONG, Ken	Baltimore City Housing	
VACANT	Property Owner Post 1949	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, August 4, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business

Child Care Facilities Workgroup Update	Christina Peusch
MDE Rental Registry Quarterly Update	MDE
Other Old Business	

III. New Business

Office of Child Childcare Annual Report	Manjula Paul
Baltimore City HUD Grant Program – Quarterly Update	Sheneka Frasier-Kyer
Other New Business	

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, September 1, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
August 4, 2016

APPROVED Minutes

Members in Attendance
Nancy Egan (via phone), Susan Kleinhammer, Edward Landon, Patricia McLaine Barbara Moore, Cliff Mitchell, Del. Nathaniel Oaks, Manjula Paul, Christina Peusch

Members not in Attendance
Mel Jenkins, Paula Montgomery, John Scott, Adam Skolnik

Guests in Attendance
Laura Allen (UMSON), David Fielder (LSBC), Leonard Frenkil (WPM), Michelle Fransen (Cogency), Sheneka Frasier Kyer (DHCD), Syeetah Hampton-El (GHHI), Dawn Joy (AMA)
Myra Knowlton (BCHD), Alice Kennedy (BCHD), John Krupinsky (MDE), Christine Schifkovitz (CONNOR) Edward Thomas [via phone (HUD)], Chris White (Arc), Ron Wineholt (AOBA)

Welcome and introductions
Pat McLaine called the meeting to order at 9:33 AM with welcome and introductions.

Old Business
Child Care Facilities Workgroup Update – Christina Peusch reviewed the report that was distributed to Commissioners. The number of providers interested in new licenses has decreased. The need for assistance with remediation of lead hazards is not clear; at the present time; the Office of Child Care (OCC) does not know the number of facilities built before 1950 or between 1950-1978. Licensing specialists did not know of any facilities (Centers or child care homes) where a license was rejected due to lead. The age of each facility is collected as part of the licensing process, but this field has not been built into the data system. OCC may be able to collect this information going forward. Camille Burke noted that Baltimore City Health Department (BCHD) has developed a joint visit protocol for licensed child care. The Department is developing training for September and will meet with providers. BCHD has a protocol for follow-up of a lead poisoned child; when in child care, some children move to different facilities. Ed suggested that BCHD should also work with building codes officials, who should know about lead violations; cross-referencing violations would be optimal. Manjula Paul noted that all geographic areas in Maryland have their own resource list, which is given to Centers that have violations. OCC does not notify codes officials, but violations are publically available on the OCC website. However, the record of corrective action taken is not available to the public. Ed Landon noted that cross-notification was important and recommended that if a citation was issued to property the codes office should be informed.

MDE Rental Registry Quarterly Update – no information was available

Approval of Minutes
Minutes of July 7, 2016 were reviewed. Nathaniel Oaks made a motion to accept and the motion was seconded by Ed Landon. All present commission members were in favor.

New Business
Office of Childcare Annual Report – Manjula Paul reviewed the Lead Inspection Report to the Lead Poisoning Prevention Commission from the Office of Child Care, Licensing Branch. She mentioned a case of a facility that a lead poisoned child attended. She said it was not clear what could be done legally. The City Health Department has authority to get testing of peeling, chipping paint. But other counties have no resources (MDE handles all environmental lead follow-up), particularly for family child care. Pat McLaine asked if Baltimore City's approach could be viewed as a model for the state. Camille Burke explained that BCHD's approach is different. The facility in question was an owner-occupied property and not required to get a lead certificate. This is a gap – family child care facilities in owner-occupied homes are not required to have a lead certificate; this could be the basis for new legislation. Ed Landon noted that the City/County housing code and housing department officials are not trained on lead. There are plenty of eyes looking out, including hundreds of building inspectors in the City, but people aren't trained. John Krupinsky noted that this would be an issue for primary prevention and legislation. Manjula Paul stated that AGs office from Department of Education had indicated a legislative change would be needed. Manjula Paul stated that it takes 6-12 months for a licensing specialist to assist a Center that is starting up. Data on lead is on the application but it is not in the data system. The information we need is clearly being identified and would be newly collected for prospective childcare facility. John Krupinsky asked if water testing was required. Pat McLaine indicated that the Office of Drinking Water may have some information available. Manjula Paul noted that there would be a fiscal cost for testing the drinking water for lead. Ed Landon stated that if OCC updates the license yearly, the age of construction could be obtained on the renewal. When the renewal notices are sent out, OCC needs to require a date. With regards to lead in water, important information would include whether the water comes from an individual well or public water supply system and if the water for the facility has been tested for lead. The Commission will provide recommendations for OCC; Christina Peusch will prepare a draft set of recommendations for the Commission's consideration at the September meeting. Manjula Paul noted that if a facility is closed, children are relocated to another facility. The child care environment includes a holistic look at water, playground equipment, toys and cleaning products. Education and training is common but general. Focus has been on health insurance, special needs, completion of immunization and lead compliance. More children in the state will be tested now with a blood lead test and if a child has an EBLL, OCC will need to coordinate with the local health department. Testing of children will likely result in more testing of child care facilities and more positive findings.

There is a clear gap for owner-occupied properties. Some of OCC staff have been trained in eco-healthy child care and OCC plans to promote this program. The process of obtaining financial assistance needs to be simplified; it takes 6 months to rectify a small lead violation. If a child care center is involved, or if the facility is in a public school, this may take even more time. Manjula Paul noted that OCC had a lot of consumer information available on their website.

Ed Landon expressed a concern that OCC may not be capturing the right data. Christina Peusch asked if there had been any discussion about why the number of lead violations went down compared to last year? Manjula Paul stated that OCC does a comprehensive assessment every two years; on alternate years, the agency just does a check list assessment. This may be associated with differences in the data.

Baltimore City HUD Grant – Sheneka Frasier-Kyer provided an update for the Commission. For this grant, the City is responsible for 230 units and 150 healthy homes interventions. To date, 330 risk assessments have been completed and 450 home visits have been made for lead education. In addition, post-remediation education has been provided to the 230 families living in remediated housing, focused on how families can maintain safety in their homes. The HUD program is working with the BC Health Department and Green and Healthy Housing Initiative (GHHI). GHHI is helping with applications, enrollments and documentation.

Between April and June 2016, the program exceeded promised deliverables. They completed 32 lead evaluations; they completed and cleared 23 units; 4 units are in progress and another 5 units are under contract. The program completed 22 events with 324 participants; 12 staff received training; 63 home visits were completed. The program is working with a consultant to develop specs for healthy homes interventions and amending lead contracts to do these interventions.

Alice Kennedy, the new Deputy Commissioner of the Housing Department, was introduced. She is looking to see where the Department can leverage funds for green and healthy housing within city government. Some things always surprise me, she said; people refuse services after all applications are complete. She noted that she wants to understand how to best meet the needs of city residents and also how to crack the nut on homeowner's insurance. She stated that Baltimore City denies abatement services to people with lead poisoned children because they don't have homeowner's insurance. John Krupinsky noted that the application process and meeting quality has been a real issue. Alice Kennedy reiterated that insurance was a real issue. She is trying to find a pot of money to pay for insurance, possibly leveraging or underwriting costs. Some properties are not insurable but still livable. Ed Landon noted that all regulations are backed up by statute. If there is a problem with a regulation, tell us the statute – that can be changed. Nancy Egan noted that if homeowners are denied for coverage, they can file a complaint. Consumer education and advocacy staff are available.

MDE Lead Registry Report – John Krupinsky stated that the 2015 Lead Registry report is still in draft form but MDE expects to have it available in September. A two page summary was provided to Commissioners. The number of children 0-72 months increased by nearly 8,000 children but the number of children tested only increased by about 1,000. The percent of one year olds tested increased by about 2%; the same percent of two year olds was tested as last year. The number of new cases in the 5-9 µg/dL range decreased by 219 compared to 2014. Counties with the best testing rates for one and two year olds included Allegany County (68%), Somerset (59%), Talbot (54%) and Baltimore City (54.8); 100% of Baltimore City children should be tested. The report also examined

the number of new cases of confirmed BLL of 10µg/dL and higher. Of the 261 cases, 140 were in Baltimore and 37 were in Prince Georges. In Prince Georges County, 17 of the 37 new cases were Afghan refugee families. Syetta Hampton El asked if the Commission is doing anything to reach out to these refugee families about lead hazards. Cliff Mitchell stated that DHMH has been preparing information for Afghan refugees. Dr. Keyvon will provide the full report at the September meeting.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, September 1, 2016 at MDE in the AERIS Conference Room, 9:30am – 11:30am.

Agency Updates
Maryland Department of the Environment – In the on-going investigation of fraudulent lead-free certificates, 800 new letters were mailed out to property owners last week. Another mail out to 800 property owners is pending.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell reported that DHMH has just received and hasn't yet mailed out the laminated copies with lead testing information. He hopes they will go out in August to primary care providers. Copies will also be provided to the Commission, to local health departments and others. Cliff Mitchell noted that he, Barbara Moore and Pat McLaine will be talking with school nurses at a State conference today. Cliff Mitchell noted that there has been an increase in enquiries about testing received by DHMH including primary care providers, parents and the childcare community. The program is looking for another health educator. Cliff Mitchell said he has been talking with Medicaid and Managed Care Organizations about implementation and has a meeting with Maryland insurers concerning private coverage. DHMH is doing two videos – for parents and providers. DHMH will work with BCHD, encouraging point of care testing and focusing on providers. DHMH will do another video focused on parents. Barbara Moore asked how many hand-held analyzers are currently in use in Maryland; John Krupinsky stated approximately 20-30.

Maryland Department of Housing and Community Development. – Ed Landon thanked Christina Peusch for her hard work on the Child Care Workgroup and stated he hoped a report would be forthcoming. Since the flooding, DHCD has been focused efforts on Ellicott City.

Baltimore City Health Department – BCHD is continuing to solidify their relationship with the Office of Child Care and developing training with childcare licensing specialists and providers.

Office of Child Care – nothing more to report.

Maryland Insurance Administration – Nancy Egan reported that at an insurance meeting, property and casualty insurers were asked if they were offering endorsements for qualified offers. The AG will be drafting a letter for the Commission. The Dachman decision removes immunity but the property owner can still make a qualified offer. Nancy Egan stated she would have a letter for the September meeting. Syeeta Hampton-El stated that there have been instances when the property owner has been

sued and has gone back to the insurance company only to find the insurance company making the allegation that the insurance is void, was obtained fraudulently and forcing the property owner to cancel action against the insurance company. Nancy Egan said she was not aware of this. If the owner files a complaint, the agency can follow-up but MIA does not have much authority over surplus lines carriers.

Public Comment

Ron Wineholt stated that the question on page 4 attributed to Ron Wineholt (if Chapter 4 triggers a modified risk reduction, what would owners be required to do?) was actually asked by Tommy Tompsett. The correction will be noted.

Barbara Moore reported that several families have been told that when they met with BCHD, they were told to use vinegar instead of soap and water for lead cleaning.

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by Christina Peusch. The motion was approved unanimously and the meeting was adjourned at 11:28 AM.

Lead Commission Subcommittee
Child Care Programs- Resources

Research

MSDE- request information

1. How many child care center programs or family child care providers apply for licensure, attend orientation, but do not follow through to become licensed/registered due to lead paint issues?
2. How many licensed programs have been cited (non compliance) for lead related issues over the past 5 years?

   ~30 cited from July 1, 2015 to June 30, 2016

   ~56 cited from July 1, 2014- June 30, 2015
3. Which geographic areas across the state have received non compliances for lead related issues?

   ~Baltimore City

   ~Baltimore County

   ~Southern Maryland

   ~Montgomery County

   ~Prince Georges County
4. Does MSDE receive requests from child care providers/programs for assistance and/or resources for lead related issues?
5. Does MSDE have a current list of resources or referrals to assist child care providers with lead related issues?

Resources

- Baltimore County Department of Planning Lead Safe Baltimore County 105 West Chesapeake Ave Suite 201 Towson, MD 21204 (410)887-3668
- Neighborhood Business Works Program Colleen -Cord Malone, Business Lending Program Coordinator for DHCD NR department, has provided a facts sheet and said they have funded Licensed Day Care Providers
- Department of Business and Economic Development (DBED) - Mr. Les Hall, lhall@choosemaryland.org, 410-767-6356
- Maryland Capital Enterprises (MicroEnterprise Lending Partner)- Mr. Joseph Morse, www.marylandcapital.org , 410-545-1900
- FSC First (MicroEnterprise Lending Partner), Mr. Steward Smith, smith@FSCfirst.com, 301-883-6900
- Maryland Department of Environment-www.mde.maryland.gov

Grants and Loans

Maryland Department of Economic Development- Small Business

Les Hall- lhall@choosemaryland.org

- Commerce's Office of Finance Programs and we'll help you determine your eligibility for certain programs-877-821-0099.
- Direct Loans, Grants and Investments
- Maryland Economic Development Assistance Authority Fund (MEDAAF)
  A flexible, broad-based program providing below market, fixed rate direct assistance to growth industry sector businesses, locating or expanding in priority funding areas of the state. Funding for special purpose programs include Arts & Entertainment, Brownfields, **Child Care Centers** and Seafood and Aquaculture.

Women's Giving Circles

THE GIVING CIRCLE encourages members to participate in philanthropy through grant-making, education, advocacy and other community-based activities.

- Anne Arundel County- www.**giving**together.org/
- Baltimore City - www.abagrantmakers.org/www.thebwgc.org/
- Baltimore County- www.thebwgc.org/
- Harford County- cfharfordcounty.org/**womens-giving-circle**
- Howard County- **womensgivingcircle**.org/
- Frederick County- www.**womensgivingcircle**offred.org/
- Washington County- www.cfwcmd.org/grants/**womens-giving-circle**-fund/

DHCD

- Licensed Day Cares State of Maryland -Department of Housing and Community Development (DHCD)- Community Development Administration (CDA) o Licensed Child Care Facilities may participate in the Lead Hazard Reduction Grant and Loan Program administered by the State Department of Housing and Community Development (DHCD).
- According to , Deputy Director, CDA Single Family Programs, this is the only program in the State's Community Development Administration (CDA) that can be used by Licensed Day Care Providers for renovations to a property. o For this Lead Hazard Reduction Grant and Loan Program, both the local contacts and the Maryland Community Development Administration (CDA)can take the applications.
- Maryland Department of Housing & Community Development Division of Neighborhood Revitalization Lawrence J. Hogan Jr Governor Boyd K. Rutherford Lt. Governor Neighborhood Business Works Loan Program Fact Sheet Purpose of the Program The Neighborhood Business Works program (NBW) provides a revitalization resource to help stimulate investment in Maryland's older communities. NBW loans provide flexible gap financing to small businesses locating or expanding in locally designated neighborhood revitalization areas throughout the State. Eligible Applicants
- . Maryland-based small businesses (small business as defined by the U S. Small Business Administration) Nonprofit organizations whose activities contribute to a broader revitalization effort and whose projects are intended to promote investment in commercial districts or town centers Note: Local governments are not eligible applicants. Amount of Financing Available Loans up to $500,000 . Each project assessed for financial need up to 50 percent of total project cost (Refinancing will not be considered part of the project cost)
- Special Loans Program (SLP) - handout
- LHRGLP- Local County info go to www.mdhousing.org/lead

COMAR .17 Requirements for the Home.

- C. Lead Paint.
- (1) A provider may not use paint with lead content on any:
  - (a) Exterior or interior surface of the home; or
  - (b) Material or equipment used for child care purposes.
- 2) If the home was constructed or renovated before 1978, the provider shall ensure that paint on any surface in an area used for child care is tested for lead content according to procedures established by the Office:

  (a) If the paint is chipping, peeling, flaking, chalking, or deteriorated; or

  (b) Before renovating the surface.
- (3) If testing completed pursuant to §C(2) of this regulation reveals a lead content level that exceeds the maximum allowable lead level set by applicable State or local law, the provider shall follow the:
  - (a) Guidelines developed by the Office for a lead paint management plan; or
  - (b) Lead paint abatement procedures set forth in COMAR 26.02.07.

  Orientation: You will also need to be very aware of lead paint. It poses a serious health risk to everyone, but particularly to young children. Maryland law requires child care centers to operate in lead-safe environments. If you want to use a residential rental property built before 1978 for your child care center, you must submit a copy of the current lead-risk reduction or lead-free certificate. If the building was constructed prior to 1978 and is not certified as lead-free, you must ensure there is no chipping or peeling of paint. If there is, you must arrange to get a lead dust test. An inspector must verify that the building can be used.

Recommendations

- Continue to collect data to determine volume and need for support across the state
- Add Lead related informational documents and links to the new MSDE Office of Child Care website for providers, www.earlychildhood.marylandpublicschoools.org (New decreased lead levels and Point of care testing)
- Share revised forms for parents to take to health care professionals indicating new requirements
- Add Lead Awareness related education to child care providers during orientation in each licensing region and especially focus on high risk geographic areas
- Communicate resources and financial support to child care provider community (videos, webinars, training and educational materials)
- Share resources, funding and testimonials through OCC/MSDE new website, Child Care Membership Associations websites and Facebook pages as catalyst for more outreach in order to inform providers
- Improve or upgrade education and basic training on Lead Awareness for MSDE Licensing Specialists (who inspect annually licensed/registered providers across state and if there is a complaint filed)
- Accountability, tracking and reporting of lead related non compliances from MSDE-OCC Licensing Branch shared with Commission annually to track progress and review trends
- Offer assistance to eligible child care providers in completing applications in order to attract more applicants
- Consider recommendation to MSDE requiring Lead Safe Environment certificates more than just one time when opening a child care program

Population and Testing of Children 0-72 months

The **2015** estimated **population** of children age 0-72 months **increased** by **7,790** children compared to 2014.

The number of **children tested** in CY 2015 **increased** by **1,186** children compared to CY 2014.

Population	Tested
2014 – 527,304	2014 – 109,031 (20.7%)
2015 – 535,094	**2015 – 110,217 (20.6%)**

Testing Rates at 1 and 2 Years of Age

During CY 2015, the estimated **Population** of children ***One year of age*** **increased** by **1,097** children compared to "CY14" while **testing increased** by **2,197** children.

The estimated **Population** of children ***Two years of age*** **increased** by **1,233** children compared to "CY14" while **testing increased** by **575** children.

One Year Olds		Two Year Olds		Combined Testing 1 & 2 Yrs
Population	Tested	Population	Tested	
2014 – 89,267	38,092 (42.7%)	2014 – 88,574	30,789 (34.8%)	38.7%
2015 – 90,364	**40,289 (44.6%)**	**2015 – 89,807**	**31,364 (34.9%)**	**39.8%**

New and Prevalence Cases

Levels 5-9

New cases of 5-9 **decreased** by **219** children compared to CY 2014 while the **Prevalence decreased** by **215** children.

New Cases	Prevalence
2014 – 1,607 (1.5%)	2,004 (1.8%)
2015 – 1,388 (1.3%)	**1,789 (1.6%)**

Level > 10 µg/dL

New cases of ≥ 10 µg/dL **increased** by **18** children compared to CY 2014 while the **Prevalence increased** by **22** children.

New Cases	Prevalence
2014 – 262 (0.2%)	355 (0.3%)
2015 – 280 (0.3%)	**377 (0.3%)**

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Property Status of New Cases for Calendar Year 2015
By Jurisdiction

County	Number Properties	Owner-Occupied		Affected Property		Non-affected Property	
		Number	Percent	Number	Percent	Number	Percent
Allegany	3	3	100%	0	0%	0	0%
Anne Arundel	6	2	33%	4	67%	0	0%
Baltimore	25	9	36%	9	36%	7	28%
Baltimore City	**140**	**53**	**38%**	**87**	**62%**	**0**	**0%**
Calvert	0	0	0%	0	0%	0	0%
Caroline	5	2	40%	3	60%	0	0%
Carroll	2	1	50%	1	50%	0	0%
Cecil	1	1	100%	0	0%	0	0%
Charles	2	0	0%	0	0%	2	100%
Dorchester	1	1	100%	0	0%	0	0%
Frederick	3	2	67%	1	33%	0	0%
Garrett	0	0	0%	0	0%	0	0%
Harford	4	2	50%	1	25%	1	25%
Howard	2	1	50%	1	50%	0	0%
Kent	0	0	0%	0	0%	0	0%
Montgomery	18	8	44%	7	39%	3	17%
Prince George's	37	14	38%	21	57%	2	5%
Queen Anne's	0	0	0%	0	0%	0	0%
Saint Mary's	1	1	100%	0	0%	0	0%
Somerset	2	2	100%	0	0%	0	0%
Talbot	1	0	0%	1	100%	0	0%
Washington	4	3	75%	0	0%	1	25%
Wicomico	4	2	50%	2	50%	0	0%
Worcester	0	0	0%	0	0%	0	0%
Counties' Total	*121*	*54*	*45%*	*51*	*42%*	*16*	*13%*
Statewide	**261**	**107**	**41%**	**138**	**53%**	**16**	**6%**

Sources:
Maryland Department of the Environment: STELLAR
Baltimore City Health Department: STELLAR
Maryland Department of the Environment: Rental Registry
Department of Assessments & Taxation: Real Property Search

MARYLAND STATE DEPARTMENT OF EDUCATION

PREPARING WORLD CLASS STUDENTS

Lead Inspection Report to Lead Poisoning Prevention Commission

Early Childhood Education Division

Supporting Child Care and Early Learning

Office of Child Care: Licensing Branch

August 3,2016

MSDE Office of Child Care

- Office of Child Care(OCC) Divisions
  - Licensing → Monitor and Enforce compliance with CC licensing regulations
  - Credentialing →Education & Professional Development to CC providers
  - Subsidy → Financial assistance with CC cost to eligible working families in MD
  - Maryland EXCLES →Improve quality of CC

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Licensing

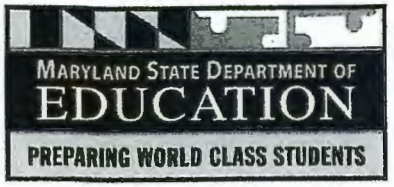
- Responsible for all child care licensing activities. They include:
  - Licensure or re-licensure of new or existing
  - Monitor compliance with child care regulations
  - Investigate complaints of improper or illegal child care
  - Enforcement action
  - Help CC programs achieve and maintain regulatory compliance
  - Work closely with elected officials, other state and local government agencies, the caregiver community, child advocacy organizations, and child care consumers on issues related to protecting the health and safety of children in care.

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Licensing Application

- OCC Form-1200:Application For License/Letter of Compliance
- OCC Form -1268:Environmental Health Survey
- Questions that elicit lead risk
  - Lead Safe Environment (Certificate for Pre 1978 Residential Rental Property)
  - Date of construction (if existing building)
  - Private Sewage & Water inspection Results
  - Environmental Health Survey (OCC 1268)
  - Type of water supply: Public /Private

Handouts-Licensing Application and EH Survey



Inspections

- The licensing specialists conduct:
  - Facility Inspections conducted every 12 months
    - Full – all regulations reviewed for compliance
    - Mandatory Review – a sub-set of regulations are reviewed for compliance
  - Forms and check list review – at every inspection
  - Inspections to respond to complaints and follow-ups

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

COMAR for Lead Safety

- Family Child Care :COMAR 13A.15.05
- Child Care Centers: COMAR 13A.16.05

COMAR 13A.15.05 HOME ENVIRONMENT AND EQUIPMENT

.01 Suitability of the Home.

.02 Lead-Safe Environment.

.03 Cleanliness and Sanitation.

.04 Rooms Used for Care.

.05 Outdoor Activity Area.

MARYLAND STATE DEPARTMENT OF EDUCATION

PREPARING WORLD CLASS STUDENTS

COMAR 13A.15.05 Home Environment and Equipment

.02 Lead-Safe Environment.

A. A provider may not use paint with lead content on any: (1) Exterior or interior surface of the home; or (2) Material or equipment used for child care purposes. B. If the home is a residential rental property constructed before 1950, which is an affected property as defined in Environment Article, §6-801(b), Annotated Code of Maryland, the provider shall submit a copy of the current lead risk reduction or lead-free certificate. C. If the home was constructed before 1978 and not certified lead-free under Environment Article, §6-804(a)(2)(i), Annotated Code of Maryland, the provider shall: (1) Ensure there is no chipping, peeling, flaking, chalking, or deteriorated paint on any surface of an interior or exterior area of the home that is used for child care; (2) If deterioration of a surface in an area used for child care is noted, or if renovation of the premises occurs that disturbs a painted surface, arrange to have a lead-dust test: (a) Conducted by an accredited visual inspector under COMAR 26.16.02.03B to meet the risk reduction standard, if the home is an affected property; or (b) Conducted in areas used for child care by an accredited risk assessor under COMAR 26.16.05.11, if the home is not an affected property; and (3) If a lead-dust test is required under §C(2) of this regulation, obtain: (a) A passing score on that test; and (b) Verification from the lead inspector performing the test that the requirements of §C(2) and (3)(a) of this regulation have been met. D. In a home constructed before 1978 that is not certified lead-free under Environment Article, §6-804(a)(2)(i), Annotated Code of Maryland, when performing a renovation that disturbs the painted surface of an interior or exterior area used for child care, the provider shall ensure that the work is performed by an individual accredited to perform the lead paint abatement services using safe work practices as required by Environment Article, Title 6, Subtitle 10, Annotated Code of Maryland, and corresponding regulations

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Licensed Child Care June 2016

OCC REGIONS	JURISDICTIONS	CHILD CARE CENTERS	CAPACITY	FAMILY CARE HOMES	CAPACITY
1	ANNE ARUNDEL	232	15,699	546	4,166
2	BALTIMORE CITY	322	16,176	618	4738
3	BALTIMORE CO.	381	23,319	896	6,937
4	PRINCE GEORGE'S	398	23,733	890	6,968
5	MONTGOMERY	485	34,594	923	7,023
6	HOWARD	176	13,157	360	2,710
7	ALLEGANY	22	1,375	57	445
	GARRETT	15	636	19	141
	WASHINGTON	60	4,084	198	1,520
8	CAROLINE	11	420	80	613
	DORCHESTER	14	507	52	396
	KENT	5	211	20	162
	QUEEN ANNE'S	17	1,018	83	581
	TALBOT	19	1,074	45	346
9	SOMERSET	10	606	26	202
	WICOMICO	40	2,859	107	822
	WORCESTER	17	888	33	248
10	CALVERT	50	2,392	117	895
	CHARLES	72	4,548	222	1,653
	ST. MARY'S	41	1,871	189	1439
11	CECIL	38	1,844	105	838
	HARFORD	93	6,155	305	2,397
12	FREDERICK	117	7,283	345	2,617
13	CARROLL	82	5,238	158	1,173
	TOTALS	2,717	169,687	6,394	48,930

Regulated Facilities 9111

Children Enrolled 218617

E DEPARTMENT OF EDUCATION

PREPARING WORLD CLASS STUDENTS

Citations for Potential Lead Risk Exposures
July 1, 2015 to June 30, 2016

Location	Chipping & Flaking Paint		No Certificate of Requirement		Total
	Family	Center	Family	Center	
Baltimore City	4	4	1	0	9
Baltimore County	4	2	2	0	8
Southern Maryland	3	5	1	0	9
Montgomery County	0	0	0	2	2
Prince Georges	0	1	0	0	1
Upper Shore Counties (Kent, Talbot, Dorchester, Queen Anne, Caroline)	0	0	1	0	1
Total	11	12	5	2	30

The Office of Child Care licensing specialist conduct follow up visits until the violations are resolved. The information is available on public portal-CCMD site for all violations and http://www.checkccmd.org **for corrective actions**

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Citations for Potential Lead Risk Exposures
July 1, 2014 to June 30, 2015

Location	Type of Citation				Total
	Chipping & Flaking Paint		No Lead Risk Reduction or Lead Free Certificate		
	Family	Center	Family	Center	
Baltimore City	9	9	0	0	18
Baltimore County	7	4	3	1	15
Southern Maryland	9	8	1	2	20
Montgomery County	2	0	0	0	2
Prince Georges County	1	0	0	0	1
Total	28	21	3	3	56

The Office of Child Care licensing specialist conduct follow up visits until the violations are resolved. The information is available on public portal-CCMD site for all violations and http://www.checkccmd.org **for corrective actions**

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Citations and Actions Required

Citations	Action Required
Chipping and Peeling Paint	Lead Dust Test Repainting/Renovation work performed by an individual accredited
If the home is a residential rental property constructed before 1950	The provider shall submit a copy of the current lead risk reduction or lead-free certificate
Test report with presence of lead that exceeds the standards	Relocation of children Lead abatement services by accredited/certified party

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Child Care Environment

- Water Source →Checked during initial application process
- Playground Equipment and Toys –Lead Free →On-going monitoring
- Cleaning products – EPA approved

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Education/Training

- Provider
  - COMAR Orientation
  - Roundtables offered by the office
  - Training offered by MSDE approved trainers
- Licensing Specialist
  - Initial hire training
  - On the job training
  - On-going training

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Health Protection

- OCC Form 1215-Health Inventory Form Health Screening
- Special Needs Accommodation
- Immunization Compliance
- Lead Screening

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

New Guidance

- Title 10.11.04 Lead Poisoning Screening Program

- .04 Blood Tests for Lead Poisoning

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Opportunities and Challenges

Strengths	Challenges/Opportunities
All children will be screened	Follow up of risk factors
More Children will be tested	Case management and follow up tests
More Child Care facilities will require environmental risk assessment and mitigation efforts	Currently, no regulation is in place for testing the Child Care facility when a child in care is found to have an elevated lead level Financial Burden Due to • Environmental testing • Lead Abatement • Potential loss of business Relocation of Children until the test /mitigation efforts completed
Regulation	Child care owner owned property - No requirement for lead testing ?
Training	Need formal education component to provider or licensing specialist (Lead exposure prevention)

Opportunities

Strengths	Opportunities
Dedicated State and Private Entities promoting children's health and Environmental Safety	Training and Interagency Meetings Streamline interagency communication ,care and environmental screening guidance Simplify the application process and response for financial assistance

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Consumer Information

Website
http://earlychildhood.marylandpublicschools.org/child-care-providers

Regulations, Resource Guidance, Forms, Public Query

- Lead Safety Non Compliance Report http://www.marylandpublicschools.org/msde/divisions/child_care/Reports.html -Data-Licensing Statistics(Office of Child Care) - **Licensed Child Care Programs – Lead Safety Noncompliance Report**
- **current status of violation for a particular provider:** http://www.checkccmd.org/

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Question & Answer Time

MSDE Contacts

Ms. Elizabeth Kelley, Director
Elizabeth.Kelley@Maryland.gov
410-767-7128

Ms. Paula Johnson, Chief, Licensing Branch
Paulad.Johnson@Maryland.gov
410-569-8071

Manjula Paul, Nurse Consultant, Licensing Branch
Manjula.paul1@Maryland.gov
410-767-1853

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

The child must know that he is a miracle, that since the beginning of the world there hasn't been, and until the end of the world there will not be, another child like him.

Pablo Casals

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

CHILD CARE FACILITY
APPLICATION FOR LICENSE/LETTER OF COMPLIANCE

INSTRUCTIONS

- This form may be used to apply for a Child Care Center License or a Letter of Compliance.
- Please type or print.
- Submit to the Regional Office of Child Care (OCC) that regulates child care in the county where the facility will be located.

ORGANIZATIONAL STRUCTURE

The operator is applying for a *(check only one)*: ☐ **License** ☐ **Letter of Compliance**

Which of the following designations describes the status of the Operator? *(check ALL that apply)*

☐ Private Non-Profit	An organization incorporated under Maryland tax law as a non-profit corporation.* **Submit letter of tax-exempt status.** Tax-exempt #: _____ **Submit copy of Articles of Incorporation.**
☐ Proprietary	An individual or partnership.* An unincorporated private for-profit organization. A private for-profit corporation.* **If incorporated, submit copy of Articles of Incorporation.**
☐ Public	An agency entirely funded by federal, state, county, municipal funds, or any combination of public funds. **If incorporated, submit copy of Articles of Incorporation.**
☐ Religious Organization	The Operator named above is a tax-exempt religious organization. **Submit copy of IRS Letter of Determination stating tax-exempt status.**
☐ Exempt School	There is also on the premises a school operated by a tax-exempt religious organization that is exempt from approval under Article 2-206(e)(4), Annotated Code of Maryland for levels/grades _____. **Submit MSDE Letter of Exemption.**
☐ Approved School	The Operator named above also conducts a non-public school approved by the Maryland State Department of Education for levels/grades _____. **Submit MSDE Certificate of Approval.**
☐ Montessori School	The Operator named above also conducts a nonpublic school certified by a Montessori Validating organization. **Submit Certificate of Validation**

* Complete attached list of corporate or partnership members on Page 4.

FACILITY

Name of Facility:		Telephone #:
Address:		e-mail Address:
City/County:	State:	Zip Code:

OPERATOR

Name of Person, Organization, Corporation, or Representative to be named as the operator responsible for the total operation of the facility and responsible for compliance with all regulations:

Name:	Tax ID /EIN / or SSN #: (as applicable)
Address of Operator: *(If different from facility's)*	Telephone #:
	e-mail:
Name of Representative who will serve as agent for operator:	Telephone #:
	e-mail:
Mailing Address: *(If different from facility's)*	

PROPOSED OPENING DATE _____

SCOPE OF SERVICE

I request that this application be evaluated in order that the facility named above may be licensed to provide services as follows:

Specify Days of Operation	Specify Hours of Operation	Specify Months of Operation

Type of Care: (Check ALL that apply)

- ☐ INFANT (6 weeks through 17 months old)
- ☐ TODDLER (18 through 23 months old)
- ☐ PRESCHOOL (2 through 5 years old)
- ☐ SCHOOL-AGE (Grades K - Middle School)
- ☐ ADOLESCENT (Middle/Junior High School)
- ☐ DROP-IN (exclusively)
- ☐ SPECIAL CARE FACILITY (Acutely Ill Children)
- ☐ NURSERY SCHOOL (Religious Exempt)
- ☐ NURSERY SCHOOL INSTRUCTIONAL PROGRAM

PROPOSED CAPACITY

Capacity is established by the OCC regional office based on available space, staff, equipment, and sanitary facilities. The capacity at opening may be set lower than what the building can accommodate, but the capacity may be increased as staff and equipment are added. It is important to have the building approved by the local jurisdiction for the maximum number of children.

Total planned capacity: _____ Proposed capacity at opening: _____

PROPOSED BUILDING

1. Will the facility be housed in an existing building? ☐ YES ☐ NO
   If YES, describe the building's previous and/or current use: _____
   Date of construction (if existing building): _____
2. Is the building now or will it become a multi-use building? ☐ YES ☐ NO
   If YES, describe all other uses: _____
3. Type of construction: ☐ Brick/Masonry ☐ Reinforced Concrete ☐ Structural Steel ☐ Wood Frame
4. Type of Heating System: ☐ Electric ☐ Boiler (inspection report required) ☐ Natural Gas ☐ Heat pump ☐ Oil ☐ Other (specify) _____
5. Type of Heating Source: ☐ Forced Air ☐ Radiators ☐ Other (specify) _____
6. Type of water supply: ☐ Public ☐ Private
7. Type of sewage disposal: ☐ Public ☐ Private
8. If existing building, will any alterations or additions be made to the building's structure? ☐ YES ☐ NO
   If YES, describe: _____

PROPOSED BUILDING: (Continued)

9. List all permits that will be obtained from local jurisdiction *(building, alteration, plumbing, etc.):* _____

_____

_____

10. Is there a swimming pool on the premises? ☐ YES ☐ NO

If YES, describe: _____

_____

Has this pool been inspected by the local jurisdiction? ☐ YES ☐ NO

Is the pool to be used by children in care at the facility? ☐ YES ☐ NO

PROPOSED FOOD SERVICE

1. Type of Food Service:
   - ☐ Carried Lunch
   - ☐ Catered
   - ☐ Lunch prepared at Facility
   - ☐ Snacks prepared at Facility
   - ☐ Other, explain: _____

2. If a kitchen currently exists, describe existing equipment and fixtures: _____

_____

_____

_____

_____

I hereby verify that all information provided on this application and in all accompanying documentation is true and accurate to the best of my knowledge and belief. I understand that reporting false information may be grounds for denial or revocation of a license or letter of compliance.

_____ _____ _____

Signature of Operator or Representative | Title | Date

COMAR 13A.16.02 and 13A.17.02 require that a signed and notarized Release of Information (OCC 1260), giving permission to examine records of child and adult abuse and neglect, be submitted for: the applicant/Operator (if the applicant/Operator is an individual), each adult living on the same premises as the child care facility, and trustees, managers, or board members of corporations, agencies, associations, or other organizational entities who have frequent contact with children in care.

Is the applicant an individual? ☐ YES ☐ NO **OPTIONAL:** If YES, what is the race/ethnicity of the applicant (check all that apply)?

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other _____
☐ Hispanic ☐ Latino ☐ Non-Hispanic ☐ Non-Latino

Please list all persons, 18 years old or older, who live on the same premises as the child care facility:

FULL NAME	AGE	FULL NAME	AGE

Is the applicant an entity having corporate or partnership members? ☐ YES ☐ NO If YES, please list the corporate or partnership members below:

FULL NAME OF CORPORATE OR PARTNERSHIP MEMBER	TITLE	ADDRESS	FREQUENT CONTACT WITH CHILDREN IN CARE?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

_____ _____
Signature and Title of Operator or Representative **Date**

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

ENVIRONMENTAL HEALTH SURVEY

THIS SECTION TO BE COMPLETED BY THE APPLICANT	
Name of Provider/Facility:	
Address of Provider/Facility:	
Phone Number:	
County:	
Number living in Family Child Care Home: (do not include provider's own children under 6 years of age)	
Requested Capacity: (maximum number of children at any time including provider's own children under 6 years of age)	

Water Supply:	PUBLIC	PRIVATE		Sewage Disposal:	PUBLIC	PRIVATE	

THIS SECTION TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

Findings:

	In Compliance	Not in Compliance
Water Supply:		
Sewage Disposal:		

Recommendation:

- ☐ License/Register
- ☐ License/Register with plan to correct
- ☐ Do not License/Register
- ☐ Emergency Suspension because of imminent risk to children

Comments: _____

_____

_____

_____

_____ _____ _____ _____

Health Department Inspector Signature | Date | Health Officer Representative Signature | Date

Return completed form to: _____ ***by:*** _____

OCC 1268 (Revised 7/05) *All previous editions are obsolete.*

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ***A physical examination*** *by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ***Evidence of immunizations.*** *A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:* http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html *Select DHMH 896.*
- ***Evidence of Blood-Lead Testing for children living in designated at risk areas.*** *The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:* http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select OCC 1216.

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Your Child's Routine Medical Care Provider	Your Child's Routine Dental Care Provider	Last Time Child Seen for
Name:	Name:	Physical Exam:
Address:	Address:	Dental Care:
Phone #	Phone	Any Specialist :

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	☐	☐	
Allergies (Seasonal)	☐	☐	
Asthma or Breathing	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Coughing	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes	☐	☐	
Ears or Deafness	☐	☐	
Eyes or Vision	☐	☐	
Feeding	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where)	☐	☐	
Lead Poisoning/Exposure Complete DHMH4620	☐	☐	
Life Threatening Allergic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, name(s) of medication(s):

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)

☐ No ☐ Yes, type of treatment:

Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)

☐ No ☐ Yes, what procedure(s):

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____
Signature of Parent/Guardian Date

PART II - CHILD HEALTH ASSESSMENT
To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: Last / First / Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical condition?
☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Mobility	☐	☐	☐
Bowel/Bladder	☐	☐	☐	Musculoskeletal/orthopedic	☐	☐	☐
Cardiac/murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Development	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
Endocrine	☐	☐	☐	Psychosocial	☐	☐	☐
ENT	☐	☐	☐	Respiratory	☐	☐	☐
GI	☐	☐	☐	Skin	☐	☐	☐
GU	☐	☐	☐	Speech/Language	☐	☐	☐
Hearing	☐	☐	☐	Vision	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select DHMH 896.

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results		Date Taken	
Tuberculin Test				
Blood Pressure				
Height				
Weight				
BMI %tile				
LeadTest Indicated:DHMH 4620 ☐ Yes ☐ No	Test #1	Test#2	Test # 1	Test #2

_____ **has had a complete physical examination and any concerns have been noted above.**
(Child's Name)

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____ / _____ / _____
LAST FIRST MIDDLE

CHILD'S ADDRESS _____ / _____ / _____ / _____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ☐Male ☐Female BIRTHDATE ____/____/____ PHONE _____

PARENT OR GUARDIAN _____ / _____ / _____
LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ☐ YES ☐ NO
Has this child ever lived in one of the areas listed on the back of this form? ☐ YES ☐ NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ☐Health Care Provider/Designee OR ☐School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

****

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

DHMH FORM 4620 REVISED 5/2016 REPLACES ALL PREVIOUS VERSIONS

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

Allegany
ALL

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Baltimore Co.
21027
21052
21071
21082
21085
21093
21111
21133
21155
21161
21204
21206
21207
21208
21209
21210

Baltimore Co. (Continued)
21212
21215
21219
21220
21221
21222
21224
21227
21228
21229
21234
21236
21237
21239
21244
21250
21251
21282
21286

Baltimore City
ALL

Calvert
20615
20714

Caroline
ALL

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
ALL

Frederick
20842
21701
21703
21704
21716
21718
21719
21727
21757
21758
21762
21769

Frederick (Continued)
21776
21778
21780
21783
21787
21791
21798

Garrett
ALL

Harford
21001
21010
21034
21040
21078
21082
21085
21130
21111
21160
21161

Howard
20763

Kent
21610
21620
21645
21650
21651
21661
21667

Montgomery
20783
20787
20812
20815
20816
20818
20838
20842
20868
20877
20901
20910
20912
20913

Prince George's
20703
20710
20712
20722
20731

Prince George's (Continued)
20737
20738
20740
20741
20742
20743
20746
20748
20752
20770
20781
20782
20783
20784
20785
20787
20788
20790
20791
20792
20799
20912
20913

Queen Anne's
21607
21617
21620
21623
21628

Queen Anne's (Continued)
21640
21644
21649
21651
21657
21668
21670

Somerset
ALL

St. Mary's
20606
20626
20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
ALL

Wicomico
ALL

Worcester
ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

SEPTEMBER 1, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

September 1, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
IvanJoy	AMA	
RON WINEHOLT	AOSA	
Leonidas Newton	Law Neutrals	2719 Pennsylvania Ave Balto 21217 410 728-5585
Christine Schifkovitz	CONNOR	cschifkovitz@ conmprinstitute.com
Len Frenkil	WPM	LFRENKIL@ WPMLLC.COM
Mary Knuck	BCHD	
Jack Daniels	DHCD	jack.daniels2@maryland.gov
Michelle Franzen	Cogency	michellef@ cogencyteam.com
Robin Jacobs	OAG	robin.jacobs@ maryland.gov
Sheetah Hampton-El	GHHI	
Greg Sileo	DCHD	greg.sileo@ baltimorecity.gov

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

September 1, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	mb.haller@baltimorecity.gov
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas (Tony)	Property Owner Post 1949	(410) 729 5585 LANPALLC@Yahoo.c
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PAUL, Manjula	Office of Child Care/MSDE	
PEUSCH, Christina	Child Care Providers	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Financial Institution	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, September 1, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business

III. New Business
Update on DHMH Lead Screening — Cliff Mitchell
Other New Business

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, September 1, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
September 2, 2016

APPROVED Minutes

Members in Attendance

Nancy Egan (via phone), Mary Beth Haller, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore (via phone), Leonidas Newton, Del. Nathaniel Oaks, Adam Skolnik

Members not in Attendance

Melvin Jenkins, Christina Peusch, John Scott

Guests in Attendance

Jack Daniel (DHCD), Michelle Fransen (Cogency), Len Frenkel (WPM), Syeetah Hampton-El (GHHI), Robin Jacobs (OAG), Dawn Joy (AMA), Myra Knowlton (BCHD), Christine Schifkovitz, (CONNOR), Greg Sileo (BCHD), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine called the meeting to order at 9:38 AM with welcome and introductions.

Approval of Minutes

The minutes of August 4, 2016 were reviewed. Ed Landon made a motion to accept the minutes as written and the motion was seconded by Nathanial Oaks. All present Commission members were in favor.

Old Business

Demolition Activities in Baltimore – Ed Landon noted that the Commission should receive an update on Project Core activities, being developed by the Maryland Stadium Authority and Baltimore City. Syettah Hampton-El indicated there had been a meeting last week to update Delegate Rosenberg on plans. Outreach plans and standards for demolition have been developed. No date has been set for beginning activities, but they are expected to start soon. Michael Braverman is coordinating this for Baltimore City. Ed Landon briefly reviewed protocols that had been discussed at the meeting last week. Ed Landon will reach out to Zoe ??? about attending an upcoming Commission meeting, perhaps in November.

Insurance Companies Offering Policies for Qualified Offers – Nancy Egan reported that she had surveyed a number of insurance companies and found that quite a few were still offering policies for qualified offers. Maryland Insurance Agency thinks that insurance companies can offer coverage but they are not immune from being sued later by the child. MIA has requested that the Commission send letter requesting clarification from Brian Frosh's office.

Office of Childcare Annual Report – Christina Peusch will lead a discussion of issues related to the report in October.

Maryland Insurance Agency – Nancy Egan noted that there had been an article in the paper regarding a carrier who was denying coverage for CF3 insurance. A complaint was filed with MIA and MIA is now in the middle of the investigation.

Letter from Commission to AG Brian Frosh – the draft letter from the Commission was distributed and read. Paula Mongtomery wants MDE's counsel to review the letter and verify it is accurate. Ed Landon noted that the subject was current and a legislative hearing is scheduled for September 13. Nancy Egan stated that if MIA needs to amend the insurance Article, they need to propose amendments. The motion was made by Nancy Egan to send the letter subject to the OK by MDE's AG and seconded by Paula Montgomery. All Present Commissioners were in favor and the motion passed. Paula Montgomery will have the draft letter reviewed by MDE's AG and communicate the reply to the Commission.

New Business

Update on DHMH Lead Screening – Cliff Mitchell stated that the new regulations went into effect on March 28, 2916 require statewide testing of all Maryland children born after 1/1/2015 at age 12 and 24 months. If the child was born before 1/1/15, providers would follow prior screening guidance. Cliff Mitchell thanked Commissioners for their help in developing the new Clinical Guidance, particularly Barbara Moore. The packet of clinical guidance for health care providers was mailed to 8400 providers and distributed today to Commissioners. Cliff Mitchell said that the list of "at-risk" zip codes on the back of DHMH Form 4620 was missing one zip code in Howard and 2 zip codes in Kent.

Cliff Mitchell indicated that DHMH has gotten some phone calls about the topic including positive feedback from the provider community. Distributions of material are planned for MDE, GHHI and local health departments. DHMH also plans to provide Medicaid Managed Care Providers with copies. Nancy Egan will provide a list of private providers to make sure they have all been identified. Outreach – two videos are being created: (1) for providers talking about point of care testing, incorporating blood lead testing into your practice, and identifying communities at risk; (2) for parents. Cliff Mitchell reports that Feedback for the effort has been positive. At this time, Point of Care testing is up to 70 providers (it had been 30), which is putting additional burden on MDE and the surveillance system. With regards to reporting and how to improve reporting, Paula Montgomery noted that she is going to CDC's CLPPP meeting in November and will check with CDC staff about how the HELPS system might be able to incorporate reports from point of care testing. She will report back information to the Commission. Barb Moore stated that Mount Washington staff all received packets. In addition, staff received many calls from community pediatricians regarding BLLs 5-9 and 50-44μg/dL. Pediatricians don't want to go 4 weeks between visits and felt that 4 weeks was too long. Providers have been asking for retesting at 2 weeks for children with BLLs 25-44μg/dL and 4 weeks for children with BLL 10-24μg/dL .Barbara Moore told them to use judgement. Cliff Mitchell indicated that he wanted to keep the guidance simple and consistent with CDC. He

indicated that DHMH can consider changing future guidance if necessary. Cliff Mitchell asked Commissioners to please send DHMH an email about any questions or concerned that aren't covered; they can be added to FAQs or to one of the videos.

Cliff Mitchell noted that he, Paula Montgomery and John Krupinsky will also meet with local health department case managers to talk about case management and management of children with BLLs in the 5-9µt/dL range. DHMH is hiring a health educator to do outreach to callers directly. This person will screen initial calls.

Ron Wiineholt asked if DHMH has a feel yet for the magnitude of increased testing, since it has been 5 months since the regulations went into effect. Cliff Mitchell stated he did not expect a big change in the first six month but that he expected we would start to see an increase in older children in 2017 (next year). Pat McLaine requested that MDE provide information on the number of tests reported during the first 6 months of 2016 compared to 2015, if data is available. Paula Montgomery will check on this for next month's meeting

Cliff Mitchell stated that he expects to see increases in testing in counties like Montgomery and Howard. Cliff Mitchell said he is also working closely with Medicaid to ensure that we are on the same page, with information on results, coverage and information wo be sent to CEOs. DHMH will also work with the Registry and Medicaid to look at performance of MCOs on testing.

A question was raised about testing of pregnant women – clinical guidance is available for this, but the CLR data is for children, not adults. Cliff Mitchell stated he has made presentations to OBs about this topic.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, October 6, 2016 at MDE in the AERIS Conference Room, 9:30am – 11:30am.

Agency updates

Maryland Department of Environment - Paula Montgomery reported that ARC Environmental was awarded the contract to complete inspections on the remaining owner-occupied properties built 1950-1978 that are part of the on-going investigation of fraudulent lead-free certificates. Forty three (43) additional inspections have been completed. MDE is compiling information but the failure rate appears to be about 35%. Legal efforts continue within and outside of MDE, specific to American Homeowners. There will be civil action. MDE is concerned about the remaining 4,000 inspectors. MDE has only 2 inspectors to provide oversight for 40,000 certificates and is getting 2 new contractual inspectors to do this work.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell stated that he had just sent notices to local health departments about lead in spices. DHMH has been tracking this for several years, especially turmeric and curry powders. There is no standard for lead in spices;

New York just took action. DHH has been pulling spices off the floor in retail establishments using the list of products from the FDA and NY. Oriental Packing Company out of Miami Florida is one of the larger manufacturers/distributors. Paula will send out additional information to the Commissioners. Paula Montgomery said she is very pleased about universal testing and about the identification of non-housing related sources of lead. DHMH conducted outreach to school health community last month; three Commissioners (Pat McLaine, Barbara Moore, and Cliff Mitchell) participated in a session on lead for about 30 school nurses and school educators attending the 16th Annual School Health Interdisciplinary Program. The presentation covered lead exposure, lead testing and ensuring success for lead-exposed children in school.

Maryland Department of Housing and Community Development – Ed Landon indicated there was nothing new to report.

Baltimore City Health Department – Camille Burke is still working closely with childcare specialists to hone and reinforce inspection process and to be more proactive on the front end. BCHD plans to move out later to talk with providers. BCHD is still trying to maintain good communication with Baltimore DHCD.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – no representative present

Maryland Insurance Administration – Nancy Egan stated that MIA would keep the Commission informed about the outcome of current investigation.

Public Comment

Cliff Mitchell noted that HUD has issued a proposed rule to lower BLLs for programs from 10μg/dL to 5μg/dL. The opportunity for input is 60 days. Pet Grant will send out proposed rule to Commissioners.

Syettah Hampton-El stated that a legislative meeting would be held on September 13, 2016, a study for 1331 and 810, two lead bills brought up last year. This is a subcommittee meeting so there will be additional opportunity to answer Committee questions. Delegate Holmes, Environment and Transportation Committee, will chair.

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:30 AM.

The Lead Poisoning Prevention Commission (Lead Commission) is unclear about the actual holdings and practical effects of the *Dackman* decision on certain provisions of the Insurance Article concerning coverage for qualified offers (e.g. 19-704). The Lead Commission is requesting an Attorney General opinion on (1) whether a qualified offer may be made or not, and (2) what are the obligations of an insurance company to pay out on a qualified offer as described under §19-704 of the Insurance Article.

Section 19-704 Subsections (d)-(f) of the Insurance Article still contains language that reflects the requirements of the Reduction of Lead Risk in Housing Act. Under Section 19-704, a landlord that meets certain requirements either under §6-816 or §6-815(a)(2) of the Environmental Article and submits certain documentation to the insurer, may be able to obtain coverage from an insurer for a qualified offer.

As enacted, the Reduction of Lead Risk in Housing Act (RLRHA) requires landlords of properties with lead paint to implement certain mitigating measures and provide notices to prospective and current tenants of the presence of lead. In return, landlords who comply with the mitigating measures and inspection requirements of the Act are able to avoid or minimize liability for lead paint-related injuries to children under age 6 or pregnant women who reside or spend 24 hours or more each week in the affected rental property. The language of the statute expressly caps the liability of the landlord at $7,500 for medical care and $9,000 for relocation expenses; this is called a "qualified offer". Once a qualified offer is made (and regardless of whether the offer is accepted or rejected), the statute, as enacted, waives all other liability for lead-related injuries. These waivers of liability provisions are referred to here, collectively, as the "immunity" provisions. The endorsement to an insurance policy provides coverage solely for the expenses related to a qualified offer.

In the *Zi'Tashia Jackson v. The Dackman Co.* case, the Court of Appeals held that the immunity provisions of the RLRHA are unconstitutional. The Court recognized that under Article 19, the Legislature can restrict an individual's right of access to the courts, and offer a substitute remedy for an injury so long as the substitute remedy is "reasonable". The Court concluded that, because it was unreasonable for a statute to bar a child from bringing suit for his/her injuries before the child reaches the age of majority, the provisions violate Article 19 of the Maryland Constitution. The Court further held that, under Section 23 of Article I of the Maryland Code, these provisions are severed from the Act because the RLRHA did not expressly state that its provisions are not severable. The Lead Commission is requesting an opinion from the Attorney General's office about whether the provisions defining a qualified offer under the Insurance Article and permitting a property owner to make such an offer are unaffected by the *Dackman* decision. As such, the Lead Commission is asking for clarification about whether a landlord could still make a qualified offer as provided for under the Insurance Article but that making such an offer will not waive all other potential liability for lead related injuries.

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

July 1, 2016

Dear Provider:

Effective March 28, 2016, Maryland has changed its rules and clinical guidance for providers related to lead and lead testing for children. The essential elements of the change are as follows:

1. The new (October, 2015) **Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning** defines the entire state as "at risk" for lead exposure, for children born on or after 1/1/15. As a result, all children born **on or after 1/1/15** must be tested for lead at 12 and 24 months.
2. After three years, DHMH will reassess the new Targeting Plan in light of new test data across the State.
3. New changes in DHMH regulations make it easier for clinical practices to incorporate Point of Care testing.

What has NOT changed:

1. Children born before 1/1/15 will be tested as before, using the previous (2004) Targeting Plan.
2. There is no change for children enrolled in Medicaid, who are still required to be tested at 12, 24 months.
3. Parents should still be asked about lead exposure risks at all well child visits, using the DHMH lead risk questionnaire.
4. Parents will still need to provide lead level documentation for child care and for entry to public pre-kindergarten, kindergarten, and first grade if they have resided in "at risk" ZIP codes defined in the previous (2004) Targeting Plan.

This packet contains important tools for your practice during this transition, including:

- DHMH Clinical and Management Guidelines for Childhood Lead, in a laminated wall chart for your practice;
- The new Lead Poisoning Screening Form for parents (DHMH Form 4620);
- A screening questionnaire for patients about potential lead risks, in English and Spanish; and
- Information about point of care testing for lead.

All of this material is available at: http://phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx. DHMH is committed to helping providers to implement these new lead screening regulations and to reach the goal of reducing and ultimately eliminating lead exposures in Maryland's children. If you have questions or concerns, please contact us toll-free at 1-866-703-3266 or by e-mail at dhmh.envhealth@maryland.gov.

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

July 1, 2016

Dear Provider:

Along with new regulations on blood lead testing, Maryland has also made it easier for providers to test blood lead using point of care testing in their clinical practice. Key provisions of the new policy are described below.

Previous Policy on Point of Care Testing for Blood Lead

Previously, point of care tests for lead in Maryland required both a Federal CLIA license and a Maryland Laboratory License through the Office of Health Care Quality. These required renewals every two years.

New Provisions Effective April 3, 2015

Effective April 3, 2015, whole blood lead testing using a CLIA waived analyzer was placed in the listing of excepted tests, meaning that instead of a permit from the Office of Health Care Quality, an applicant can apply for a letter of exception (Code of Maryland Regulations 10.10.03.02(C)).

Requirements for Point of Care Testing for Blood Lead Under New Regulations

The new regulations specifies the following requirements for whole blood lead testing using a CLIA-waived analyzer:

- Enrollment in a proficiency testing program approved by the Centers for Medicare and Medicaid Services;
- Staff training;
- Record keeping; and
- Test results reporting to the Maryland Department of the Environment's Childhood Lead Registry.

Impacts of Point of Care Testing on Patients and Providers

The Task Force on Point of Care Testing for Lead Poisoning noted several potential benefits of point of care testing:

- Increased likelihood of getting the blood lead test;
- Immediate feedback and reassurance to the family if the test is normal, and immediate opportunity for intervention if the test is above the reference level;
- Lower cost to the family, because a separate office visit is often not required for follow up; and
- Little impact on overall clinic workflow, depending on how the test was integrated with other clinic flow.

Where Can I Get More Information

You can call the Office of Health Care Quality at 410-402-8025, or toll-free 877-402-8202.

MARYLAND
Department of Health and Mental Hygiene

LEAD RISK ASSESSMENT SCREENING QUESTIONNAIRE

CHILD'S NAME: _____/_____/____ SEX: ☐Male ☐Female
LAST FIRST MI

CHILD'S ADDRESS: _____
STREET ADDRESS (with Apartment Number)

_____/_____/_____ BIRTHDATE:____/____/_____
CITY STATE ZIP

	Parent/Caretaker Questionnaire	Yes	No	Don't Know
1	**Does your child live in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?**			
2	**Has your child ever lived outside the United States or recently arrived from a foreign country?**			
3	**Are any other family members, housemates or playmates being followed or treated for lead poisoning?**			
4	**Was your child born before January 1, 2015 and lives in a 2004 "at risk" zip code? (Zip code lists can be obtained from your healthcare provider)**			
5	**Does your child like to eat or chew on non-food items like dirt or paint chips? Does your child often put things in his/her mouth such as toys, jewelry, or keys?**			
6	**Does your child regularly come into contact with someone who has a job or hobby that may involve lead exposure?** **Examples:** home building, remodeling or repair; automobile radiator or battery repair; paint removal; metal soldering; bridge construction; plumbing; demolition; furniture refinishing; ceramics/pottery making; fishing weight construction; use of lead ammunition (bullets).			
7	**Does your family use products from other countries such as health remedies, traditional remedies, spices, cosmetics or other products canned or packaged outside of the United States? Or store or serve food in leaded crystal, pottery or pewter?** **Examples:** Glazed pottery, Greta, Azarcón (Rueda, Coral, Liga), Litargirio, Surma, Kohl (Al kohl). Pay-loo-ah, Ayurvedic medicine, Ghassard			
8	**Does your child live near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?**			

If the answer to any of the above questions is "YES" or "DON'T KNOW" the child may be at risk for lead exposure and should receive a blood lead test. For more information, contact:

Maryland Department of Health and Mental Hygiene at 1-866-703-3266

May 2016

MARYLAND
Department of Health and Mental Hygiene

CUESTIONARIO DE VERIFICACIÓN PARA EVALUACIÓN DE RIESGOS DE PLOMO

NOMBRE DEL NIÑO: _____/_____/____ SEXO: ❑Masculino ❑Femenino
APELLIDOS NOMBRE INICIAL DEL 2.º NOMBRE

DIRECCIÓN DEL NIÑO _____
DIRECCIÓN (con número de apartamento)

_____/ _____/ _____ FECHA DE NACIMIENTO:___/____/_____
CIUDAD ESTADO CÓDIGO POSTAL

	Cuestionario del padre/cuidador	Sí	No	No lo sé
1	**¿Vive su hijo en, o visita con regularidad una casa/edificio construido antes de 1978 con pintura descascarada o con renovación o remodelación reciente/en curso?**			
2	**¿Ha vivido su hijo alguna vez fuera de los Estados Unidos o acaba de llegar de un país extranjero?**			
3	**¿Algún otro miembro de la familia, compañero de hogar o compañero de juegos que esté bajo observación o reciba tratamiento por envenenamiento con plomo?**			
4	**¿Nació su hijo antes del 1 de enero de 2015 y vive en un código postal "de riesgo" de 2004? (Las listas de códigos postales se pueden obtener de su proveedor de atención médica)**			
5	**¿A su hijo le gusta comer o masticar artículos no alimentarios, como tierra o restos de pintura? ¿Se mete su hijo con frecuencia cosas en la boca, tales como juguetes, joyas o llaves?**			
6	**¿Tiene su hijo contacto regular con alguien que tenga un trabajo o pasatiempo que pueda implicar la exposición al plomo?** **Ejemplos:** construcción de viviendas, remodelación o reparación; reparación de radiadores o baterías de automóviles; remoción de pintura; soldadura de metal; construcción de puentes; plomería; demolición; renovación del acabado de muebles; cerámica/alfarería; construcción de plomos de pesca; uso de munición de plomo (balas).			
7	**¿Su familia usa productos de otros países tales como remedios para la salud, remedios tradicionales, especias, cosméticos u otros productos enlatados o envasados fuera de los Estados Unidos? ¿O conserva o sirve alimentos en vidrio emplomado, cerámica o peltre?** **Ejemplos:** Cerámica vidriada, Greta, Azarcón (Rueda, Coral, Liga), Litargirio, Surma, Kohl (Al kohl). Pay-loo-ah, medicina ayurvédica, Ghassard			
8	**¿Vive su hijo cerca de una fundición de plomo activa, planta de reciclaje de baterías, otras industrias relacionadas con el plomo o carretera donde el suelo y el polvo puedan estar contaminados con plomo?**			

Si la respuesta a cualquiera de las preguntas anteriores es "SÍ" o "NO SÉ", el niño puede estar en riesgo de exposición al plomo y debe someterse a una prueba de plomo en la sangre. Para más información, contacte:
Departamento de Salud e Higiene Mental del Estado de Maryland al 1-866-703-3266

May 2016

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____ / _____ / _____
LAST FIRST MIDDLE

CHILD'S ADDRESS _____ / _____ / _____ / _____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ❑Male ❑Female BIRTHDATE ____/____/____ PHONE _____

PARENT OR GUARDIAN _____ / _____ / _____
LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ❑ YES ❑ NO
Has this child ever lived in one of the areas listed on the back of this form? ❑ YES ❑ NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ❑ YES ❑ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature**: _____ **Date**: _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ❑Health Care Provider/Designee OR ❑School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

****

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done ❑ YES ❑ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

Allegany
ALL

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Baltimore Co.
21027
21052
21071
21082
21085
21093
21111
21133
21155
21161
21204
21206
21207
21208
21209
21210

Baltimore Co. (Continued)
21212
21215
21219
21220
21221
21222
21224
21227
21228
21229
21234
21236
21237
21239
21244
21250
21251
21282
21286

Baltimore City
ALL

Calvert
20615
20714

Caroline
ALL

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
ALL

Frederick
20842
21701
21703
21704
21716
21718
21719
21727
21757
21758
21762
21769

Frederick (Continued)
21776
21778
21780
21783
21787
21791
21798

Garrett
ALL

Harford
21001
21010
21034
21040
21078
21082
21085
21130
21111
21160
21161

Howard
20763

Kent
21610
21620
21645
21650
21651
21661
21667

Montgomery
20783
20787
20812
20815
20816
20818
20838
20842
20868
20877
20901
20910
20912
20913

Prince George's
20703
20710
20712
20722
20731

Prince George's (Continued)
20737
20738
20740
20741
20742
20743
20746
20748
20752
20770
20781
20782
20783
20784
20785
20787
20788
20790
20791
20792
20799
20912
20913

Queen Anne's
21607
21617
21620
21623
21628

Queen Anne's (Continued)
21640
21644
21649
21651
21657
21668
21670

Somerset
ALL

St. Mary's
20606
20626
20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
ALL

Wicomico
ALL

Worcester
ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure

For Children 6 Months to 72 Months of Age

Maryland Department of Health and Mental Hygiene

Maryland Department of the Environment

Test Blood Lead Level according to **Table 1**

↓

Confirm all capillary blood lead levels ≥ 5 mcg/dL with venous sample. Follow ** **Table 2** for schedule.

↓

Guidelines for Actions **Table 3** and **Table 5**

↓

Schedule Follow-up Venous Blood Lead Testing for all ≥ 5 mcg/dL **Table 4**

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)

For ALL children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated

For children born before 1/1/15, AND not on Medicaid, AND never lived in a 2004 At-Risk ZIP code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Screening	• Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards
Indications for Testing	• Parental/guardian request • Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. *(Questions can be found in the Lead Risk Assessment Questionnaire section of this document)* • Follow-up testing on a previously elevated Blood Lead Level *(Table 4)* • Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. • For more information about lead testing of pregnant and breastfeeding women, see: *http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf.*

** See back of chart for list of 2004 At-Risk ZIP codes*

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test**

Capillary Screening Test Result	Perform Venous Test Within
< 5 mcg/dL	Not Required
5 – 9 mcg/dL	12 weeks
10 – 44 mcg/dL	4 weeks
45 – 59 mcg/dL	48 hours
60 – 69 mcg/dL	24 hours
70 mcg/dL and above	Immediate Emergency Lab Test

***Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old and younger who resides in Maryland.*

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months *(Full Guidelines in Table 5)*

Blood Lead Level	Follow-up testing	Management
< 5 mcg/dL	On schedule **Table 1**	• Continue screening and testing on schedule. • Continue education for prevention. • If new concern identified by clinician, then retest blood lead level.
5-9 mcg/dL	3 months See **Table 4**	All of above AND: Investigate for exposure source in environment and notify health department. • For more detail consult **Table 5**
≥ 10 mcg/dL	See **Table 4**	Consult **Table 5**

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 – 9 mcg/dL	1 – 3 months***	6 – 9 months
10 – 19 mcg/dL	1 – 3 months***	3 – 6 months
20 – 24 mcg/dL	1 – 3 months***	1 – 3 months
25 – 44 mcg/dL	2 weeks – 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Seasonal variation of Blood Lead Levels exists, greater exposure in the summer months may necessitate more frequent follow-up.

**** Some clinicians may choose to repeat elevated blood lead test within a month to ensure that their BLL level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)*

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years						
Confirmed Blood Lead Level (mcg/dL)[1]	**< 5**	**5 – 9**	**10 – 19**	**20 – 44**	**45 – 69**	**≥ 70**
Primary Prevention: parent/guardian education about lead hazards[2]	X	X	X	X	X	X
Medical/nutritional history and physical	X	X	X	X	X	X
Evaluate/treat for anemia/iron deficiency	X	X	X	X	X	X
Exposure/environmental history[3]		X	X	X	X	X
Home environmental investigation		X[4]	X	X	X	X
Follow-up blood lead monitoring[5]		X	X	X	X	X
Coordinate care with local health department		X[6]	X	X	X	X
Obtain developmental and psychological evaluation[7]			X	X	X	X
Consult with lead specialist, who will also evaluate for chelation therapy				X	X	X
Urgent evaluation for chelation therapy					X	X
Hospitalize for medical emergency						X

[1] Refer to information about confirmation of capillary tests in Table 2.

[2] Includes discussion of pica and lead sources including house paints (before 1978), ceramics, paint on old furniture, soil, foreign travel, traditional folk medicines, certain imported items (candies, food, jewelry, toys, cosmetics, pottery), and parental occupations that can bring home lead dust and debris (e.g. painting, construction, battery reclamation, ceramics, furniture refinishers, radiator repair).

[3] Exposure/environmental history to identify potential lead sources. (see screening questions) Consider Notice of Defect (information at right) for child living in pre-1978 rental property.

[4] Initial confirmed blood lead of 5 – 9 mcg/dL may not require home environmental investigation. Contact LHD for more guidance.

[5] Refer to schedule of follow-up blood lead testing in Table 4.

[6] Contact LHD for more information about care coordination for blood lead levels of 5 - 9 mcg/dL.

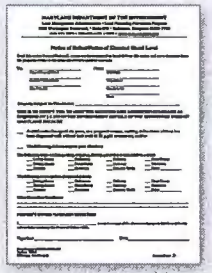
[7] Use validated developmental screen for levels 10 – 19 mcg/dL, such as Ages and Stages Questionnaire (ASQ). Refer children as appropriate for further evaluation. Children with BLL over 20 mcg/dL should be evaluated in consultation with an experienced clinician, specialist, or Local Health Department regarding further evaluation.

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

2004 Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by ZIP Code

Allegany County	21133	21244	**Dorchester County**	21798	21661	20722	20913	20674
	21155	21250		**Garrett County**	21667	20731	**Queen Anne's County**	20687
ALL	21161	21251	**ALL**	**ALL**	**Montgomery County**	20737		**Talbot County**
Anne Arundel County	21204	21282	**Frederick County**	**Harford County**		20738	21607	21612
	21206	21286		21001	20783	20740	21617	21654
20711	21207	**Baltimore City**	20842	21010	20787	20741	21620	21657
20714	21208	**ALL**	21701	21034	20812	20742	21623	21665
20764	21209	**Calvert County**	21703	21040	20815	20743	21628	21671
20779	21210	20615	21704	21078	20816	20748	21640	21673
21060	21212	20714	21716	21082	20818	20752	21644	21676
21061	21215	**Caroline County**	21718	21085	20838	20770	21649	**Washington County**
21225	21219	**ALL**	21719	21130	20842	20781	21651	
21226	21220	**Carroll County**	21727	21111	20868	20782	21657	**ALL**
21402	21221	21155	21757	21160	20877	20783	21668	**Wicomico County**
Baltimore County	21222	21757	21758	21161	20901	20784	21670	
	21224	21787	21762	**Howard County**	20910	20785	**Somerset County**	**ALL**
21027	21227	21791	21769	20763	20912	20787		**Worcester County**
21052	21228	**Cecil County**	21776	**Kent County**	20913	20788	ALL	
21071	21229	21913	21778	21610	**Prince George's County**	20790	**St. Mary's County**	**ALL**
21082	21234	**Charles County**	21780	21620		20791		
21085	21236	20640	21783	21645	20703	20792	20606	
21093	21237	20658	21787	21650	20710	20799	20626	
21111	21239	20662	21791	21651	20712	20912	20628	



A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a 'Person at Risk' (a child under the age of six or a pregnant woman) has a lead level of 10 or above and that repairs need to be made in the home.

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. A rental property owner CAN evict a tenant if they fail to make timely rental payments. To download a copy of the Notice of Defect form, visit: *http://www.mde.state.md.us/programs/Land/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf*

For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

Clinical Resources

Mid-Atlantic Center for Children's Health & the Environment
Pediatric Environmental Health Specialty Unit
866-622-2431
kidsandenvironment@georgetown.edu
www.pehsu.net/region3.html

Mt. Washington Pediatric Hospital Lead Treatment Program
410-367-2222
www.mwph.org

Maryland Poison Control
800-222-1222

Regulatory Programs and Resources

Maryland Department of Health and Mental Hygiene
866-703-3266
dhmh.envhealth@maryland.gov
http://phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx

Maryland Department of the Environment
Lead Poisoning Prevention Program
410-537-3825/800-776-2706
http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/index.aspx

Local Health Departments
http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX

Centers for Disease Control and Prevention
www.cdc.gov/nceh/lead/

Green & Healthy Homes Initiative
410-534-6447
800-370-5223
www.greenandhealthyhomes.org/

OCTOBER 6, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

October 6 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Chris Dereneik	MSA	351 W Camden Street ; 410 223 1457 ; cdereneik@mdsted.com
Kathy Huecia	RMT	KHuecia@regional mgmt.com
Dawn Joy	AMA Training	
Duane Johnson	MDE	
Michelle Fransen	Cogency	Michellef@cogencyteam.com
Myra Knuck	BCHD	
Robin Jacobs	OAG/MDE	robin.jacobs@maryland.gov
John Kaufmann	MDE	
CEB	BCHD	—
Christine Schifkovitz	CONNOR	cschifkovitz@connorinstitute.com
Sweetah Hampton-El	GHHI	
DAVID FEDER	LSBC	DFEDER@BALTIMORECOUNTYMD.GOV
Leonides Newton	Property owner	LANPALLC@Yahoo.com
R Mutinda	DHH	
Shenela Fraser Kyer	HCD	Shenela.FraserKyer@baltimorecity.gov
LISA MORGAN	LAW FFD	
ERIN CHELK	LAW OFFFD	
Pooja A. Regmi	DHMH	
Tammy Compsett	MMHA	tcompsett@mmhaonline.org

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

October 6, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care ProvidersOffice of Child Care/MSDE	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Office of Child Care/MSDE	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Financial Institution	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, October 6, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business

III. New Business
MDE Childhood Lead Registry Report Annual Review, Dr. Ezatollah Keyvan
MDE Rental Registry Quarterly Update
Baltimore City HUD Grant Program – Quarterly Report, Sheneka Frasier-Kyer
Other New Business

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, November 3, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

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-El (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 Schifkovitz, (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.

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$10µg/dL daily to the local health departments; BLLs 5-9µg/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 $\geq$ 10µg/dL are processed within 24 hours. Most labs are also faxing over BLLs of 5-9µg/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 ≥10μg/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. Keyvon 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.

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 GHHI 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

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? Syeetah 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.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2015

MARYLAND CHILDHOOD LEAD REGISTRY

ANNUAL SURVEILLANCE REPORT 2015

EXECUTIVE SUMMARY

The Maryland Department of the Environment's Statewide Childhood Lead Registry (CLR) performs childhood blood lead surveillance for Maryland. The CLR receives the reports of all blood lead tests performed on Maryland children 0-18 years of age, and the CLR provides blood lead test results to the Department of Health and Mental Hygiene including Medicaid, local health departments as needed for case management, and upon request to third parties for research and planning.

Since 1995, the CLR has released a comprehensive annual report on Statewide childhood blood lead testing along with five "Supplementary Data Tables" which include a detailed breakdown of blood lead data by age, jurisdiction, blood lead level, incident and prevalent cases, and the trend of blood leads level over the years. This current report presents the childhood blood lead test results for calendar year (CY) 2015. All numbers are based on blood lead testing (venous or capillary) of children. The CLR does not receive any reports on lead screening based on the lead risk assessment questionnaire conducted at visits to the doctor. With few exceptions all numbers refer to children 0-72 months of age.

CY 2015 Surveillance Highlights:

- During CY 2015, a total of 127,730 blood lead tests from 120,962 children 0-18 years of age were received and processed by the CLR in 2015, of which 116,646 tests were from 110,217 children ages 0-72 months.

- A total of 110,217 (20.6%) children were tested of 535, 094 children 0-72 months of age, as identified in the 2010 Maryland Data Center, Maryland Department of Planning. This was an increase of 1,186 children tested compared to 109,031 (20.7%) during CY14. The estimated population of children 0-72 months of age increased from CY14 by a total of 7,790 children.

- Of those 110,217 children tested in CY15, a total of 377 (0.3%) were identified with a venous or capillary blood lead level $\geq$ 10 micrograms per deciliter (µg/dL) (Prevalent Cases). This was an increase of 22 children compared to 355 during CY14. Children identified with a first-time venous or capillary blood lead level $\geq$ 10 µg/dL (Incident Cases) during CY15 totaled 280 (0.3%). This was an increase of 18 children with a new incidence case compared to 262 in CY14. New incident cases for children with a blood lead level of 5-9 µg/dL decreased in 2015 (1,388) by 219 children compared to 2014 (1,607). It should be noted that the incidence and prevalence percentages remained the same in CY15 and the increase in numbers of blood lead levels $\geq$ 10 µg/dL are attributed to the increase in the population tested.

- The new cases of blood lead levels $\geq$10 µg/dL were heavily concentrated in Baltimore City, Prince George's, Montgomery, and Baltimore counties.

- Baltimore City had the highest testing rate for children 0-72 months (29.0%), followed by Somerset County (27.6%), Allegany County (25.2%), and Prince George's County (24.4%).

- The highest blood lead testing of children one and two years of age was in Allegany County (68.2%) followed by Somerset County (59.8%), Baltimore City (54.8%), and Talbot County (54.3%).

- More than 90% of addresses were geocodable at the longitude, latitude level. The county assignment however is based on: 1) census tract as determined by geocoding, 2) child's zip code address, and 3) the original county name if it was included in the address information.

- Address information including actual address data, address longitude and latitude, and address census block group were used to match the addresses with the address information in the Department of Assessment and Taxation real estate file to find and assign "year structure built." Close to 85% of addresses were matched.

- In 2014, the Governor's Task Force on Point Care Testing for Lead Poisoning recommended the use and expansion of Point of Care (hand-held lead analyzer) testing for lead. The recommendation increased the number of primary health care facilities that do in-office blood lead testing. In 2015 CLR received blood lead reports from 74 establishments (laboratories and/or clinics/medical offices) nationwide, a 35% increase compared to 2014. About 82% of the reports were received electronically from eight (8) establishments while 18% were received in hard copy through fax or mail from the other 66 establishments.

- The average reporting time, from the time the blood sample is drawn to the time the result enters the CLR database is about 6 days. The average time for receipt of elevated blood lead results ($\geq$10 μg/dL) is approximately 30 hours.

- As of 2015, the State targeting plan of 2004 was in effect which required children to have a blood lead test at ages one and two years if they met following criteria:
  a) Living in an indentified "at risk" zip code;
  b) Participate in Maryland's Medicaid Early Periodic Screening Diagnosis and Treatment Program; and
  c) Give a positive response to the "Risk Assessment Questionnaire" conducted at regular medical checkup, up to six years of age.

- The revised State blood lead testing plan was finalized in 2015 and became effective on January 1, 2016. It recommends: "For a period of three years, all Maryland children under the age of 6 years should be tested for lead exposure at 12 and 24 months of age."

Overview

While the prevalence and incidence of elevated blood lead levels in children in Maryland has declined dramatically over the years, there are still children with historically elevated blood lead levels and a number of children who are newly exposed to lead every year. Children are at the greatest risk from birth to age six while their neurological systems are being developed. Exposure to lead can cause long-term neurological damage that may be associated with learning and behavioral problems and with decreased intelligence.

There is no evidence of a blood lead level below which there are no health effects. The Centers for Disease Control and Prevention (CDC) concurs that the evidence shows that there is no threshold level for blood lead that can be considered "safe". As evidence of adverse health effects were demonstrated at lower blood lead levels, the CDC reduced the level of blood lead which requires clinical case management. In March 2012, the CDC lowered its standard of blood lead level of ≥10 µg/dL as the "Level of Concern" to 5 µg/dL as the new "Reference Value". State Agencies are working collaboratively to development new criteria for clinical case management with plans of implementation in CY 2016.

Sources of Childhood Lead Exposure

Lead dust from deteriorated lead paint continues to be the major source of exposure for children in Maryland. Out of estimated of 2,399,375 occupied residential houses in Maryland 437,441 (18.2%) were built before 1950 and 923,917 (38.5%) between 1950 and 1979. (Source: US Census Bureau, 2010-2014 American Community Survey, 5-Year Estimates) A significant number of pre-1950 and 1950-1979 residential rental units have been made lead free. Untreated units in those groupings are highly likely and likely to have lead-based paint respectively.

Water, air, and soil, may provide low-level, "background" exposure, but rarely may cause childhood lead poisoning.

Imported products, parental occupations, hobbies, and imported traditional medicines occasionally may cause lead exposure among children.

In-utero exposure to lead may affect fetal development. This can be of more significance among certain subgroup populations who may be more at risk of environmental lead exposure.

Statistical Report

In calendar year 2015, a total of 110,217 Maryland children 0-72 months of age were tested for lead exposure. Table One provides a summary of Statewide statistics for blood lead testing in 2015.

Findings

The extent and severity of childhood lead exposure in 2015 remained more or less consistent with 2014. The overall proportion of children with blood lead levels of 5-9 µg/dL dropped (Figure One); however there were slight increases in both prevalence and incidence of blood lead level ≥10 µg/dL (Figure Two.) The increase in the number of cases with blood lead levels ≥10 µg/dL is more noticeable in Baltimore City, followed by Montgomery and Prince George's counties (Table Two). These increases reflect the high number of cases involving immigrants and refugees that have relocated from the Middle East and Africa to the United States and have settled in the State of Maryland.

Table Two provides a breakdown of blood lead testing of children 0-72 months of age by jurisdiction in 2015. Appendix A provides the breakdown of blood lead testing and the status of children by age groups of 0-35 and 36-72 months of age by jurisdiction in 2015, and Appendix B provides summary

results for the past eight (8) years at the State, Baltimore City and county levels. A detailed breakdown of blood lead data is provided in the Supplementary Data Tables: Supplements 1-5.

Table One
Calendar Year (CY)
2015 Statistical Report[1]

Item	Number	Percent (%)
Children 0-18 Years		
Number of tests	127,730	
Number of children	120,962	
Children 0-72 Months		
Number of tests	116,646	
Number of children	110,217	100.0
Age		
Under One	11,037	10.0
One Year	40,289	36.6
Two Years	31,364	28.5
Three Years	9,856	8.9
Four Years	10,369	9.4
Five Years	7,302	6.6
Sex		
Female	53,767	48.8
Male	56,093	50.9
Undetermined	357	0.3
Highest Blood Lead Level (µg/dL)		
≤4	108,051	98.0
5-9	1,789	1.6
10-14	234	0.2
15-19	70	0.1
≥20	73	0.1
Mean BLL (Geometric mean)	1.41	
Blood Specimen		
Capillary	31,365	28.5
Venous	70,157	63.7
Undetermined[2]	8,695	7.8

1. For detailed analysis and breakdown of data refer to Supplementary Data Tables 1-5.
2. In Supplementary Data Tables blood tests with sample type unknown were counted as capillary.

Figure One
Percent of Children 0-72 Months of Age Tested for Lead with the Highest Blood Lead Level 5-9 µg/dL: 2000-2015

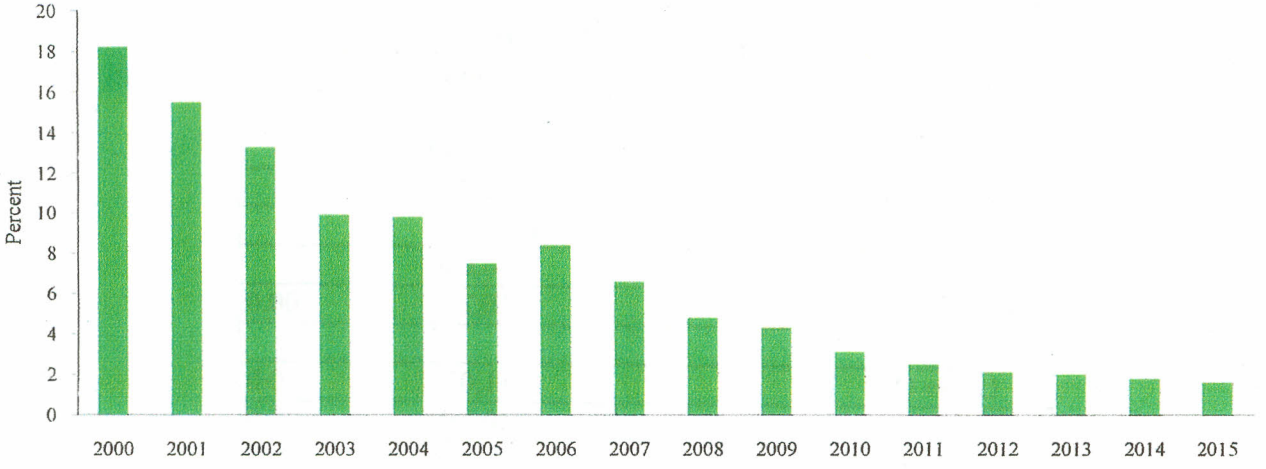


Figure Two
Number of Children 0-72 Months of Age Tested for Lead and Number Reported to Have Blood Lead Level ≥10 µg/dL: 2000-2015

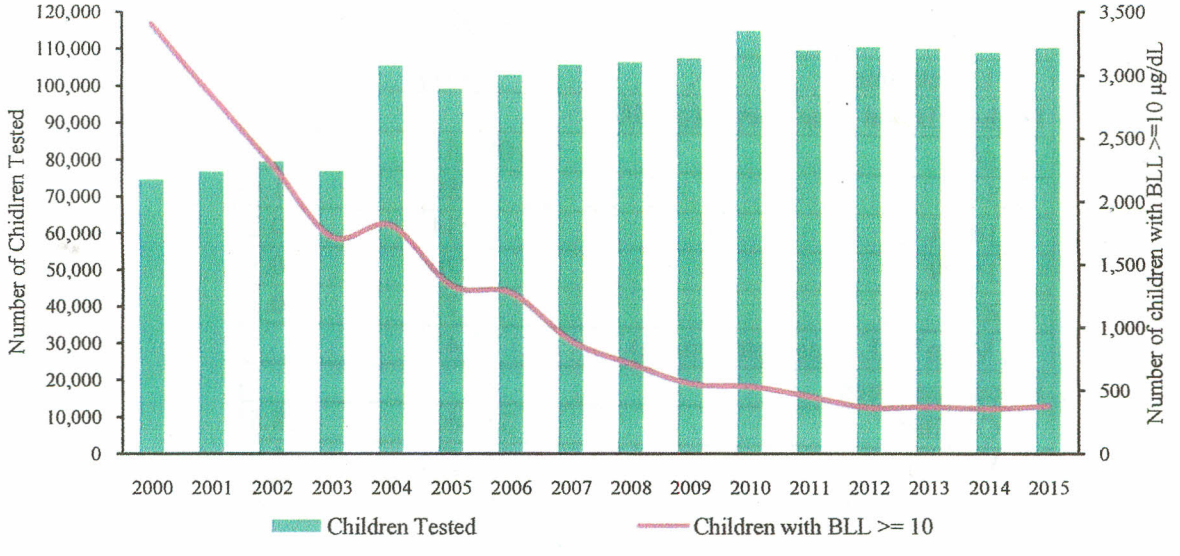


Table Two
Blood Lead Testing of Children 0-72 Months of Age by Jurisdiction in 2015[1]

County	Population[2] of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level >=10 µg/dL					
				Old Cases[3]		New Cases[4]		Total		Old Cases[5]		New Cases[6]		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent[7]	Number	Percent	Number	Percent	Number	Percent[7]
Allegany	5,096	1,285	25.2	4	0.3	19	1.5	23	1.8	1	0.1	4	0.3	5	0.4
Anne Arundel	50,640	9,308	18.4	6	0.1	46	0.5	52	0.6	1	0.0	8	0.1	9	0.1
Baltimore	70,539	16,410	23.3	33	0.2	162	1.0	195	1.2	6	0.0	24	0.1	30	0.2
Baltimore City	59,474	17,222	29.0	280	1.6	624	3.6	904	5.2	60	0.3	144	0.8	204	1.2
Calvert	7,520	648	8.6	0	0.0	5	0.8	5	0.8	0	0.0	0	0.0	0	0.0
Caroline	3,396	685	20.2	3	0.4	9	1.3	12	1.8	0	0.0	4	0.6	4	0.6
Carroll	13,702	1,453	10.6	4	0.3	16	1.1	20	1.4	0	0.0	2	0.1	2	0.1
Cecil	9,496	1,435	15.1	5	0.3	24	1.7	29	2.0	0	0.0	2	0.1	2	0.1
Charles	13,913	2,233	16.0	0	0.0	15	0.7	15	0.7	0	0.0	3	0.1	3	0.1
Dorchester	2,937	630	21.5	5	0.8	9	1.4	14	2.2	0	0.0	1	0.2	1	0.2
Frederick	22,021	3,407	15.5	5	0.1	27	0.8	32	0.9	1	0.0	4	0.1	5	0.1
Garrett	2,339	394	16.8	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0
Harford	22,148	3,001	13.5	3	0.1	20	0.7	23	0.8	0	0.0	4	0.1	4	0.1
Howard	25,937	2,594	10.0	3	0.1	27	1.0	30	1.2	2	0.1	2	0.1	4	0.2
Kent	1,478	252	17.1	1	0.4	6	2.4	7	2.8	1	0.4	0	0.0	1	0.4
Montgomery	93,606	19,989	21.4	13	0.1	134	0.7	147	0.7	6	0.0	26	0.1	32	0.2
Prince George's	85,265	20,809	24.4	21	0.1	149	0.7	170	0.8	15	0.1	39	0.2	54	0.3
Queen Anne's	4,063	626	15.4	1	0.2	8	1.3	9	1.4	0	0.0	0	0.0	0	0.0
Saint Mary's	11,147	1,343	12.0	1	0.1	6	0.4	7	0.5	1	0.1	1	0.1	2	0.1
Somerset	1,863	514	27.6	1	0.2	8	1.6	9	1.8	1	0.2	2	0.4	3	0.6
Talbot	2,781	632	22.7	2	0.3	3	0.5	5	0.8	0	0.0	1	0.2	1	0.2
Washington	13,323	2,667	20.0	5	0.2	35	1.3	40	1.5	1	0.0	5	0.2	6	0.2
Wicomico	9,007	1,945	21.6	5	0.3	29	1.5	34	1.7	1	0.1	4	0.2	5	0.3
Worcester	3,403	735	21.6	0	0.0	6	0.8	6	0.8	0	0.0	0	0.0	0	0.0
Total	**535,094**	**110,217**	**20.6**	**401**	**0.4**	**1,388**	**1.3**	**1,789**	**1.6**	**97**	**0.1**	**280**	**0.3**	**377**	**0.3**

1. The table is based on the selection of the highest blood lead test for each child in calendar year 2015 in the order of venous, unknown, or capillary.
2. Adapted from Maryland census population 2010 provided by the Maryland Data Center, Maryland Department of Planning, www.planning.maryland.gov/msdc
3. Children with a blood lead level of 5-9 µg/dL in 2015 and with a history of blood lead level ≥ 5 µg/dL in the past.
4. Children with the very first blood lead level of 5-9 µg/dL in 2015. These children were either not tested in the past or all their tests had blood lead levels <5 µg/dL.
5. Children with a history of blood lead level ≥10 µg/dL. These children may have carried from 2014 or had a blood lead test with a blood lead level ≥10 µg/dL in the previous years.
6. Children with the very first blood lead level ≥10 µg/dL. These children may have not been tested in the past or all their blood lead tests had blood lead levels <10 µg/dL. This criterion may not necessarily match the criteria for the initiation of case management.
7. Due to rounding percentages to the first decimal point, the sum of breakdown percentages may not necessarily equal total percentage.

Statewide Activities to Reduce (Eliminate) Childhood Lead Poisoning

The overall Statewide activities to reduce (eliminate) childhood lead poisoning resulted in a significant drop in both the extent and severity of lead exposure among children over the years. Less than 50% of the children tested for lead in 1995 had blood lead levels ≤4 µg/dL. That percentage increased to 91% in 2005 and to more than 98% in 2015 (Figure Three).

Much of the decline can be attributed to the implementation of the Title 6. Subtitle 8, "Reduction of Lead Risk in Housing Act" and the increased emphasis on the testing of children living in identified "At Risk" areas in Maryland (Figure Four).

Figure Three
Blood Lead Distribution of Children 0-72 Months of Age Tested for Lead in 1995, 2005 and 2015

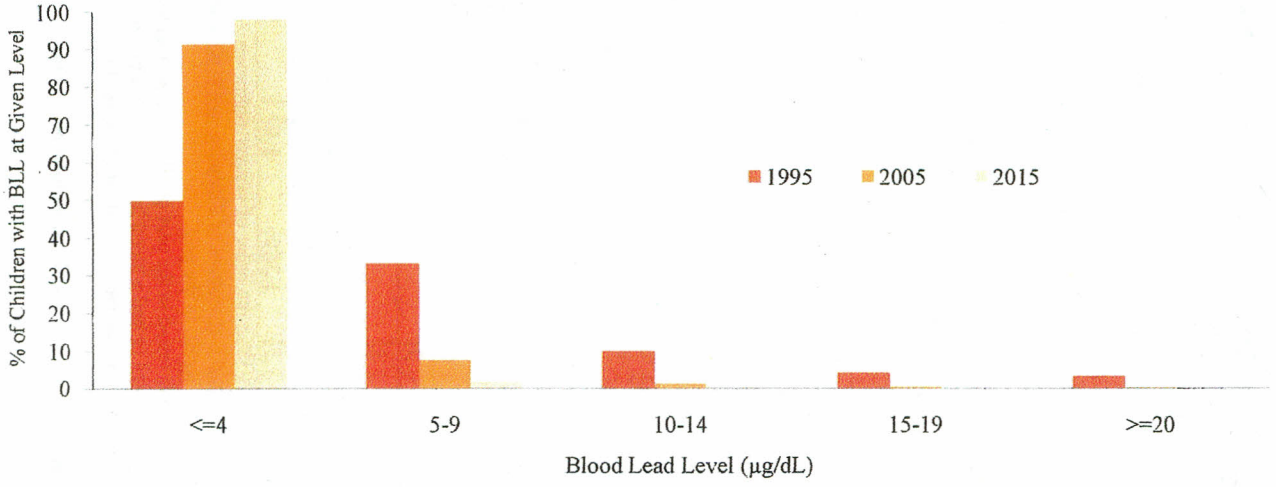
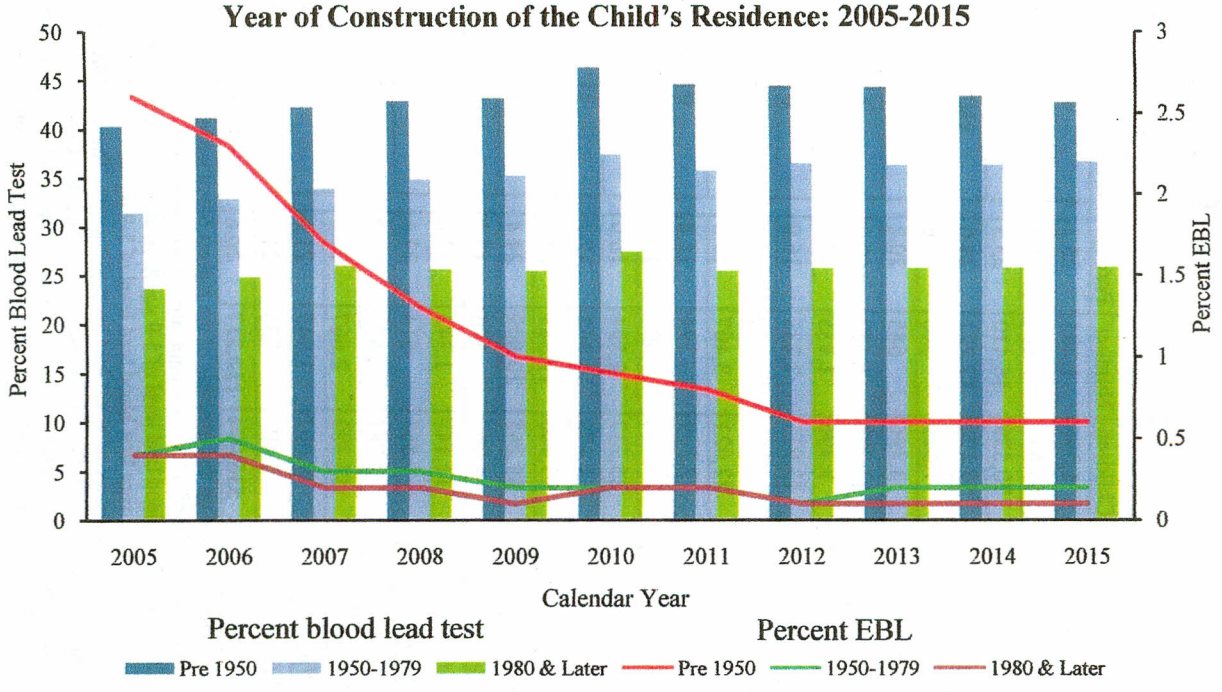


Figure Four
Blood Lead Testing of Children 0-72 Months of Age and Year of Construction of the Child's Residence: 2005-2015



In 2006, 100% of an owner's affected properties were required to be in compliance with a Risk Reduction Standard.

With the implementation of the law and the compliance of owners of rental properties, the housing conditions of pre-1950 rental properties improved. The assumption that only children living in pre-1950 rental properties are at risk of having blood lead levels ≥10 µg/dL is no longer valid. Effective January 1, 2015, owners of rental properties built between 1950 and 1979 are required to meet the same risk reduction standards as owners of pre-1950 rental properties.

The drop can be further attributed to targeted blood lead testing to identify children who may be at the risk of lead exposure so that preventive actions can be implemented. Children at ages one and two, because of their mouthing behavior and beginning to explore their environment, are most likely to be exposed to lead. Of the 110,217 children 0-72 months of age tested for lead during 2015, 71,653 (65%) were one or two years old (Table Three).

Table Three
Blood Lead Testing of Children One and Two Years Old by Jurisdiction in 2015[1]

	One Year Old			Two Years Old			One & Two Years (Total)[2]		
		Children Tested			Children Tested			Children Tested	
County	Population	Number.	Percent	Population	Number	Percent	Population	Number.	Percent
Allegany	823	600	72.9	857	545	63.6	1,680	1,145	68.2
Anne Arundel	8,626	3,962	45.9	8,503	2,892	34.0	17,129	6,854	40.0
Baltimore	12,102	6,495	53.7	11,732	5,231	44.6	23,834	11,726	49.2
Baltimore City	10,616	6,204	58.4	10,161	5,181	51.0	20,777	11,385	54.8
Calvert	1,185	332	28.0	1,208	158	13.1	2,393	490	20.5
Caroline	557	304	54.6	560	259	46.3	1,117	563	50.4
Carroll	2,140	642	30.0	2,212	387	17.5	4,352	1,029	23.6
Cecil	1,631	637	39.1	1,580	317	20.1	3,211	954	29.7
Charles	2,251	767	34.1	2,424	797	32.9	4,675	1,564	33.5
Dorchester	501	257	51.3	505	235	46.5	1,006	492	48.9
Frederick	3,514	1,819	51.8	3,709	595	16.0	7,223	2,414	33.4
Garrett	350	160	45.7	394	127	32.2	744	287	38.6
Harford	3,649	1,222	33.5	3,655	821	22.5	7,304	2,043	28.0
Howard	4,131	1,087	26.3	4,353	636	14.6	8,484	1,723	20.3
Kent	253	105	41.5	233	85	36.5	486	190	39.1
Montgomery	15,765	6,116	38.8	15,763	5,092	32.3	31,528	11,208	35.5
Prince George's	14,659	6,234	42.5	14,321	5,228	36.5	28,980	11,462	39.6
Queen Anne's	650	260	40.0	651	194	29.8	1,301	454	34.9
Saint Mary's	1,836	572	31.2	1,828	359	19.6	3,664	931	25.4
Somerset	319	195	61.1	335	196	58.5	654	391	59.8
Talbot	493	292	59.2	488	241	49.4	981	533	54.3
Washington	2,172	963	44.3	2,259	807	35.7	4,431	1,770	39.9
Wicomico	1,561	767	49.1	1,508	713	47.3	3,069	1,480	48.2
Worcester	580	297	51.2	568	268	47.2	1,148	565	49.2
Statewide	90,364	40,289	44.6	89,807	31,364	34.9	180,171	71,653	39.8

1. For selection criteria and population data refer to Table 1.
2. For breakdown of blood lead testing for other age groups and blood lead level refer to "Supplementary Data Tables: Supplement #3".

Identifying Children with Lead Exposure

The critical issue in childhood lead poisoning is early detection. Because there are no specific clinical symptoms, a blood lead test is the most reliable technique to identify children with elevated blood lead levels. If there is any suspicion that a child is exposed to lead, a health care provider should do a blood lead test.

The State 2004 targeting plan called for universal blood lead testing of children who were living in the areas of the State that were declared "At-Risk" areas. The determination was based on a higher proportion of pre-1950 housing in these areas. At-Risk areas include Baltimore City, and Allegany, Caroline, Dorchester, Frederick, Garrett, Somerset, Washington, Wicomico, and Worcester Counties. Table Four presents blood lead testing in the At-Risk and Not-At-Risk areas of the State.

Table Four
Blood Lead Testing of Children 0-72 Months of Age and New Cases of Blood Lead Level of 5-9 and ≥10 µg/dL
In At-Risk and Not-At-Risk Areas in 2015

		Children Tested		Children with BLL 5-9 µg/dL		Children with BLL ≥10 µg/dL	
Area	Population	Number	Percent	Number	Percent	Number	Percent
At-Risk	116,060	28,064	24.2	1,057	3.8	229	0.8
Not-At-Risk	419,034	82,153	19.6	732	0.9	148	0.2
Statewide	535,094	110,217	20.6	1,789	1.6	377	0.3

Another group of children at risk of lead poisoning is children on Medical Assistance programs. Upon memorandum of understanding between the Department's Lead Poisoning Prevention Program and the Office of Medicaid Administration of the Maryland Department of Health and Mental Hygiene (DHMH), childhood blood lead data is provided, on a quarterly and annual basis, to the Medicaid Program to be matched with the list of children on the Medical Assistance Program. The Medicaid Program prepares and distributes the reports of blood lead testing of children under the Medicaid Program for the State and local jurisdictions. For information and access to the reports refer to the Office of Medicaid Administration at DHMH.

Medical and Environmental Case Management

Maryland's Lead Poisoning Prevention Program has well-established case management guidelines and environmental investigation protocols for follow-up of children with elevated blood lead levels (Tables Five and Six). A venous blood lead test ≥10 µg/dL initiates case management and an environmental investigation. Currently, one venous or two capillary blood lead tests ≥10 µg/dL trigger the Notice of Elevated Blood Lead Level (Notice of EBL) to be sent to the owner of a Pre-1978 residential dwelling unit (Affected Property). Under Maryland law, an owner who receives a Notice of EBL is required to perform specific lead risk reduction treatments to limit further exposure to a child. Effective January 1, 2015, property owners of rental properties built between 1950 and 1979 are now required to meet the same risk reduction standards as rental properties built prior to 1950. Furthermore, as of June 1, 2012 the Department, health departments, or other local

jurisdictions have the authority to order abatements in response to an investigation report of a child with an elevated blood lead level.

Table Five
Blood Lead Diagnostic and Follow-Up: Confirmation of a Capillary Blood Lead Test

BLL (µg/dL)	Confirm with venous blood lead test within
5-9	1-3 months
10 –19	3 months
20 – 44	1 week to 1 month*
45 – 59	48 hours
60-69	24 hours
≥70	Immediately as an emergency lab test

* The higher the BLL, the more urgent the need for confirmatory testing.

Table Six
Blood Lead Diagnostic and Follow-Up: Follow-Up for Venous Blood Lead Testing[1]

BLL (µg/dL)Venous	Early follow-up(First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
≤4	Routine blood lead test according to protocol	
5-9	3 months	6 – 9 months
10 - 14	3 months [2]	6 – 9 months
15 - 19	1 - 3 months [2]	3 – 6 months
20 - 24	1 - 3 months [2]	1 – 3 months
25 - 44	2 weeks – 1 month	1 month
≥45	As soon as possible	Chelation with subsequent follow-up

1. Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-up.
2. Some case managers or health care providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Tables adapted from: *Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, 2002.*

During Calendar Year 2015, 261 children were identified having a first time venous blood lead level ≥ 10 µg/dL (**"Confirmed"**) resulting in each child receiving medical and environmental case management. This was an increase of 28 children requiring case management compared to 233 in CY14.

Maryland's counties observed 121 "Confirmed" cases during CY15 compared to 114 in CY14, an increase of 7 cases. Prince George's County had the highest number of children (37) requiring medical and environmental case management. Of the 37 children living in Prince George's County requiring case management; 17 of the cases were the result of refugee families' who had relocated from Afghanistan to the United States and settled in the State of Maryland. Due to the high use of cultural remedies, herbs, and make-up by these refugee families, the Department coordinated efforts with DHMH's Office of Immigrant Health to develop outreach and educational material highlighting lead hazards in cultural remedies, herbs, and make-up.

During CY15, the Baltimore City Health Department responded to 140 children who required medical and environmental case management. This was an increase of 21 children requiring case management when compared to CY14 which observed 119 "**Confirmed Cases**".

To view a breakdown of blood lead levels ≥ 10 µg/dL and age of housing, see Table Seven. A further breakdown of housing type and confirmed cases by jurisdiction can be viewed in Table Eight.

Table Seven

Percent of Children 0-72 Months of Age with Blood Lead Levels ≥10 µg/dL in 2015 and Age of the Housing

Property Type Baltimore City CY 2015		
	Percentage of Housing	Number of Cases
Pre-1950 Rental	59%	82
1950-1977 Rental	3%	5
Post-1978 Rental	0%	0
Owner Occupied	38%	53
Total Cases		**140**

Property Type Maryland Counties CY 2015		
	Percentage of Housing	Number of Cases
Pre-1950 Rental	13%	16
1950-1977 Rental	29%	35
Post-1978 Rental	13%	16
Owner Occupied	45%	54
Total Cases		**121**

Table Eight
MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Property Status of New Cases for Calendar Year 2015
By Jurisdiction

County	Number Properties	Owner-Occupied		Affected Property		Non-affected Property	
		Number	Percent	Number	Percent	Number	Percent
Allegany	3	3	100%	0	0%	0	0%
Anne Arundel	6	2	33%	4	67%	0	0%
Baltimore	25	9	36%	9	36%	7	28%
Baltimore City	**140**	**53**	**38%**	**87**	**62%**	**0**	**0%**
Calvert	0	0	0%	0	0%	0	0%
Caroline	5	2	40%	3	60%	0	0%
Carroll	2	1	50%	1	50%	0	0%
Cecil	1	1	100%	0	0%	0	0%
Charles	2	0	0%	0	0%	2	100%
Dorchester	1	1	100%	0	0%	0	0%
Frederick	3	2	67%	1	33%	0	0%
Garrett	0	0	0%	0	0%	0	0%
Harford	4	2	50%	1	25%	1	25%
Howard	2	1	50%	1	50%	0	0%
Kent	0	0	0%	0	0%	0	0%
Montgomery	18	8	44%	7	39%	3	17%
Prince George's	37	14	38%	21	57%	2	5%
Queen Anne's	0	0	0%	0	0%	0	0%
Saint Mary's	1	1	100%	0	0%	0	0%
Somerset	2	2	100%	0	0%	0	0%
Talbot	1	0	0%	1	100%	0	0%
Washington	4	3	75%	0	0%	1	25%
Wicomico	4	2	50%	2	50%	0	0%
Worcester	0	0	0%	0	0%	0	0%
Counties' Total	*121*	*54*	*45%*	*51*	*42%*	*16*	*13%*
Statewide	**261**	**107**	**41%**	**138**	**53%**	**16**	**6%**

Data Quality

The CLR is maintained in the "Systematic Tracking of Elevated Lead Levels and Remediation" (STELLAR) surveillance system, obtained from the CDC Lead Poisoning Prevention Program. CLR staff makes all efforts to improve data quality with respect to completeness, timeliness, and accuracy. Staff keep daily track of laboratory reporting to make sure laboratories are reporting all blood lead tests no later than biweekly. The law requires blood lead results ≥20 µg/dL to be reported (fax) within 24 hours after a result is known. However, upon CLR request, laboratories agreed to report (fax) the result of all blood lead test ≥10 µg/dL within 24 hours. With the CDC's new position that a blood lead level of concern is ≥5 µg/dL, some laboratories even fax reports of

blood lead tests of ≥5 μg/dL. Staff checks for the completeness of data with respect to the child's and guardian's name, address, and telephone number.

In 2015, 82.5% of blood lead tests were reported to the registry electronically. This is a drop of more than four points in electronic reporting compared with 2014 (86.8%). The observed drop is secondary to the increase in the number of clinics and establishments using "Point of Care Instruments" (hand held lead analyzer) and reporting the result to the CLR in hard copy. Over the years there has been a gradual increase in the use of hand held lead analyzers. This increase has not necessarily resulted in increase in the number of blood lead tests, rather a shift in blood lead testing by laboratories to clinics (Table Nine). The average reporting time, from the time a blood sample is drawn to the time the result enters the CLR database is approximately 6 days. The average time for elevated blood lead results (≥10 μg/dL) is approximately 30 hours.

Table Nine
Method of Blood Lead Reporting by Laboratories: 2010-2015

Method of	2010		2011		2012		2013		2014		2015	
Reporting	Labs	Reports	Labs	Reports	Labs	Reports	Labs	Reports	Labs	Reports	Labs	Reports
Electronic	8	115,878	9	113,824	8	115,940	8	113,952	8	110,062	8	105,370
Hard Copy	30	9,702	31	12,072	32	11,041	35	12,908	47	16,758	66	22,360
Total	38	125,580	40	125,896	40	126,981	43	126,860	55	126,820	74	127,730
% Electronic	92.3		90.4		91.3		89.8		86.8		82.5	

Table Ten provides the summary reports for completeness of data as required by law. Completeness of data does not necessarily mean accuracy of the data.

Table Ten
Completeness of Data for 2015

Item	% Complete
Child's name	100.0
Date of Birth	99.8
Sex/Gender	99.9
Race	51.6
Guardian's name	57.2
Sample type	95.2
Test date	99.8
Blood lead level	99.9
Address (geocoded)	98.3
Telephone number	91.5

Blood Lead Laboratory Reporting Requirement

The amended law and regulations* of 2001 and 2002 require that:

1-The following child's demographic data should be included in each blood lead test reported:

- Date of Birth
- Sex
- Race
- Address
- Test date
- Sample type
- Blood lead level

2-Blood lead results ≥20 µg/dL to be reported (fax) within 24 hours after result is known. All other results to be reported within two weeks.

3-Reporting format should comply with the format designed and provided by the Registry.

4-Data should be provided electronically.

* EA §6-303, Blood lead test reporting (COMAR 26.02.01, Blood lead test reporting)

Appendix A

Blood Lead Testing of Children 0-72 Months of Age by Major Age Group and Jurisdiction in 2015

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level =10 µg/dL					
				Old Cases		New Cases		Total		Old Cases		New Cases		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Allegany County															
0-35 Months	2,558	1,171	45.8	4	0.3	19	1.6	23	2.0	0	0.0	4	0.3	4	0.3
36-72 Months	2,538	114	4.5	0	0.0	0	0.0	0	0.0	1	0.9	0	0.0	1	0.9
Total	5,096	1,285	25.2	4	0.3	19	1.5	23	1.8	1	0.1	4	0.3	5	0.4
Anne Arundel County															
0-35 Months	25,781	7,432	28.8	3	0.0	43	0.6	46	0.6	0	0.0	8	0.1	8	0.1
36-72 Months	24,859	1,876	7.5	3	0.2	3	0.2	6	0.3	1	0.1	0	0.0	1	0.1
Total	50,640	9,308	18.4	6	0.1	46	0.5	52	0.6	1	0.0	8	0.1	9	0.1
Baltimore County															
0-35 Months	35,852	13,169	36.7	19	0.1	122	0.9	141	1.1	3	0.0	19	0.1	22	0.2
36-72 Months	34,687	3,241	9.3	14	0.4	40	1.2	54	1.7	3	0.1	5	0.2	8	0.2
Total	70,539	16,410	23.3	33	0.2	162	1.0	195	1.2	6	0.0	24	0.1	30	0.2
Baltimore City															
0-35 Months	31,760	12,679	39.9	109	0.9	507	4.0	616	4.9	22	0.2	117	0.9	139	1.1
36-72 Months	27,714	4,543	16.4	171	3.8	117	2.6	288	6.3	38	0.8	27	0.6	65	1.4
Total	59,474	17,222	29.0	280	1.6	624	3.6	904	5.2	60	0.3	144	0.8	204	1.2
Calvert County															
0-35 Months	3,570	568	15.9	0	0.0	5	0.9	5	0.9	0	0.0	0	0.0	0	0.0
36-72 Months	3,950	80	2.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	7,520	648	8.6	0	0.0	5	0.8	5	0.8	0	0.0	0	0.0	0	0.0
Caroline County															
0-35 Months	1,668	573	34.4	1	0.2	7	1.2	8	1.4	0	0.0	3	0.5	3	0.5
36-72 Months	1,728	112	6.5	2	1.8	2	1.8	4	3.6	0	0.0	1	0.9	1	0.9
Total	3,396	685	20.2	3	0.4	9	1.3	12	1.8	0	0.0	4	0.6	4	0.6

Appendix A

Blood Lead Testing of Children 0-72 Months of Age by Major Age Group and Jurisdiction in 2015

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level =10 µg/dL					
				Old Cases		New Cases		Total		Old Cases		New Cases		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Carroll County															
0-35 Months	6,362	1,221	19.2	3	0.2	15	1.2	18	1.5	0	0.0	2	0.2	2	0.2
36-72 Months	7,340	232	3.2	1	0.4	1	0.4	2	0.9	0	0.0	0	0.0	0	0.0
Total	13,702	1,453	10.6	4	0.3	16	1.1	20	1.4	0	0.0	2	0.1	2	0.1
Cecil County															
0-35 Months	4,773	1,029	21.6	2	0.2	21	2.0	23	2.2	0	0.0	1	0.1	1	0.1
36-72 Months	4,723	406	8.6	3	0.7	3	0.7	6	1.5	0	0.0	1	0.2	1	0.2
Total	9,496	1,435	15.1	5	0.3	24	1.7	29	2.0	0	0.0	2	0.1	2	0.1
Charles County															
0-35 Months	6,969	1,864	26.7	0	0.0	14	0.8	14	0.8	0	0.0	3	0.2	3	0.2
36-72 Months	6,944	369	5.3	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0
Total	13,913	2,233	16.0	0	0.0	15	0.7	15	0.7	0	0.0	3	0.1	3	0.1
Dorchester County															
0-35 Months	1,527	496	32.5	1	0.2	6	1.2	7	1.4	0	0.0	1	0.2	1	0.2
36-72 Months	1,410	134	9.5	4	3.0	3	2.2	7	5.2	0	0.0	0	0.0	0	0.0
Total	2,937	630	21.5	5	0.8	9	1.4	14	2.2	0	0.0	1	0.2	1	0.2
Frederick County															
0-35 Months	10,715	2,590	24.2	3	0.1	24	0.9	27	1.0	1	0.0	2	0.1	3	0.1
36-72 Months	11,306	817	7.2	2	0.2	3	0.4	5	0.6	0	0.0	2	0.2	2	0.2
Total	22,021	3,407	15.5	5	0.1	27	0.8	32	0.9	1	0.0	4	0.1	5	0.1
Garrett County															
0-35 Months	1,120	300	26.8	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0
36-72 Months	1,219	94	7.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,339	394	16.8	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0

Appendix A

Blood Lead Testing of Children 0-72 Months of Age by Major Age Group and Jurisdiction in 2015

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level =10 µg/dL					
				Old Cases		New Cases		Total		Old Cases		New Cases		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Harford County															
0-35 Months	10,856	2,253	20.8	1	0.0	18	0.8	19	0.8	0	0.0	4	0.2	4	0.2
36-72 Months	11,292	748	6.6	2	0.3	2	0.3	4	0.5	0	0.0	0	0.0	0	0.0
Total	22,148	3,001	13.5	3	0.1	20	0.7	23	0.8	0	0.0	4	0.1	4	0.1
Howard County															
0-35 Months	12,588	1,953	15.5	0	0.0	22	1.1	22	1.1	2	0.1	2	0.1	4	0.2
36-72 Months	13,349	641	4.8	3	0.5	5	0.8	8	1.2	0	0.0	0	0.0	0	0.0
Total	25,937	2,594	10.0	3	0.1	27	1.0	30	1.2	2	0.1	2	0.1	4	0.2
Kent County															
0-35 Months	738	203	27.5	0	0.0	4	2.0	4	2.0	0	0.0	0	0.0	0	0.0
36-72 Months	740	49	6.6	1	2.0	2	4.1	3	6.1	1	2.0	0	0.0	1	2.0
Total	1,478	252	17.1	1	0.4	6	2.4	7	2.8	1	0.4	0	0.0	1	0.4
Montgomery County															
0-35 Months	47,226	14,719	31.2	7	0.0	103	0.7	110	0.7	2	0.0	21	0.1	23	0.2
36-72 Months	46,380	5,270	11.4	6	0.1	31	0.6	37	0.7	4	0.1	5	0.1	9	0.2
Total	93,606	19,989	21.4	13	0.1	134	0.7	147	0.7	6	0.0	26	0.1	32	0.2
Prince George's County															
0-35 Months	44,110	13,962	31.7	6	0.0	90	0.6	96	0.7	8	0.1	31	0.2	39	0.3
36-72 Months	41,155	6,847	16.6	15	0.2	59	0.9	74	1.1	7	0.1	8	0.1	15	0.2
Total	85,265	20,809	24.4	21	0.1	149	0.7	170	0.8	15	0.1	39	0.2	54	0.3
Queen Anne's County															
0-35 Months	1,966	479	24.4	0	0.0	7	1.5	7	1.5	0	0.0	0	0.0	0	0.0
36-72 Months	2,097	147	7.0	1	0.7	1	0.7	2	1.4	0	0.0	0	0.0	0	0.0
Total	4,063	626	15.4	1	0.2	8	1.3	9	1.4	0	0.0	0	0.0	0	0.0

Appendix A

Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2015

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level =10 µg/dL					
				Old Cases		New Cases		Total		Old Cases		New Cases		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Saint Mary's County															
0-35 Months	5,514	1,144	20.7	1	0.1	5	0.4	6	0.5	0	0.0	1	0.1	1	0.1
36-72 Months	5,633	199	3.5	0	0.0	1	0.5	1	0.5	1	0.5	0	0.0	1	0.5
Total	11,147	1,343	12.0	1	0.1	6	0.4	7	0.5	1	0.1	1	0.1	2	0.1
Somerset County															
0-35 Months	976	401	41.1	0	0.0	7	1.7	7	1.7	0	0.0	2	0.5	2	0.5
36-72 Months	887	113	12.7	1	0.9	1	0.9	2	1.8	1	0.9	0	0.0	1	0.9
Total	1,863	514	27.6	1	0.2	8	1.6	9	1.8	1	0.2	2	0.4	3	0.6
Talbot County															
0-35 Months	1,402	541	38.6	0	0.0	3	0.6	3	0.6	0	0.0	1	0.2	1	0.2
36-72 Months	1,379	91	6.6	2	2.2	0	0.0	2	2.2	0	0.0	0	0.0	0	0.0
Total	2,781	632	22.7	2	0.3	3	0.5	5	0.8	0	0.0	1	0.2	1	0.2
Washington County															
0-35 Months	6,609	1,847	27.9	4	0.2	30	1.6	34	1.8	0	0.0	5	0.3	5	0.3
36-72 Months	6,714	820	12.2	1	0.1	5	0.6	6	0.7	1	0.1	0	0.0	1	0.1
Total	13,323	2,667	20.0	5	0.2	35	1.3	40	1.5	1	0.0	5	0.2	6	0.2
Wicomico County															
0-35 Months	4,614	1,522	33.0	3	0.2	24	1.6	27	1.8	1	0.1	4	0.3	5	0.3
36-72 Months	4,393	423	9.6	2	0.5	5	1.2	7	1.7	0	0.0	0	0.0	0	0.0
Total	9,007	1,945	21.6	5	0.3	29	1.5	34	1.7	1	0.1	4	0.2	5	0.3
Worcester County															
0-35 Months	1,720	574	33.4	0	0.0	4	0.7	4	0.7	0	0.0	0	0.0	0	0.0
36-72 Months	1,683	161	9.6	0	0.0	2	1.2	2	1.2	0	0.0	0	0.0	0	0.0
Total	3,403	735	21.6	0	0.0	6	0.8	6	0.8	0	0.0	0	0.0	0	0.0

Appendix A

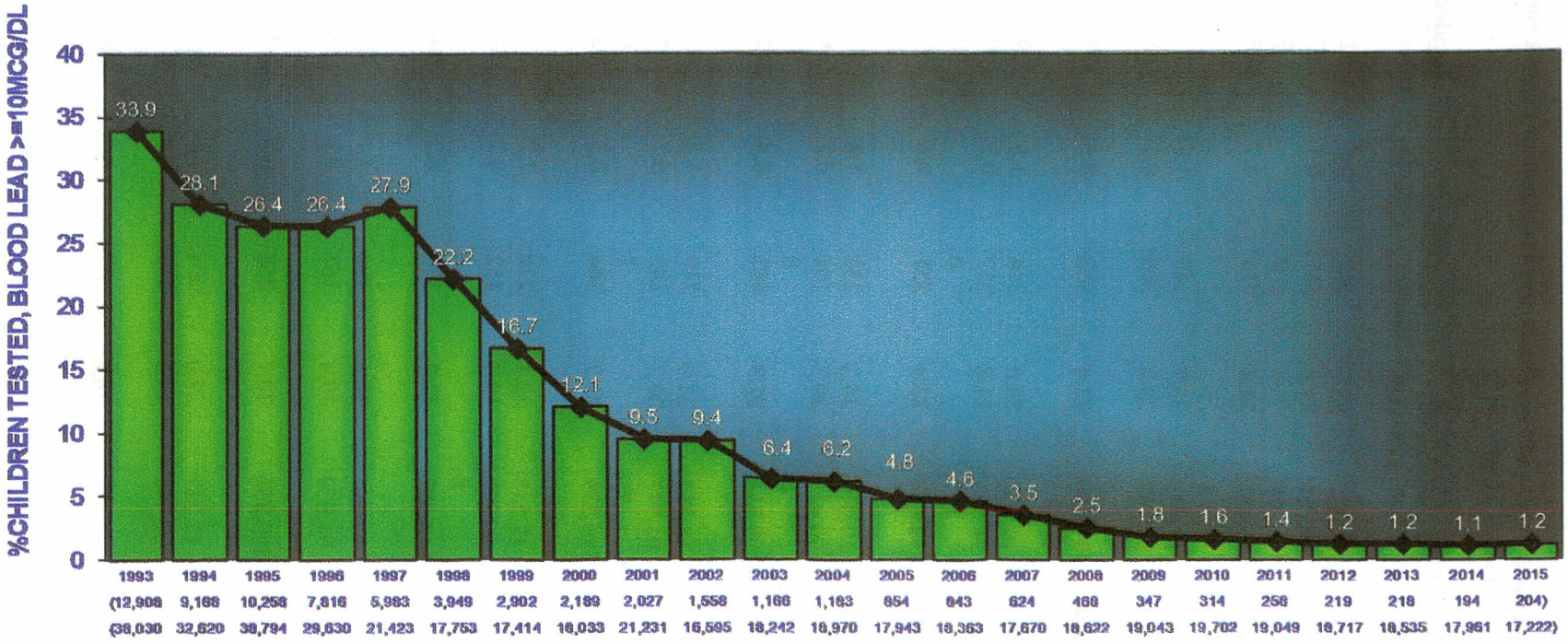
Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2015

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level =10 µg/dL					
				Old Cases		New Cases		Total		Old Cases		New Cases		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Statewide															
0-35 Months	270,974	82,690	30.5	167	0.2	1,101	1.3	1,268	1.5	39	0.0	231	0.3	270	0.3
36-72 Months	264,120	27,527	10.4	234	0.9	287	1.0	521	1.9	58	0.2	49	0.2	107	0.4
Total	535,094	110,217	20.6	401	0.4	1,388	1.3	1,789	1.6	97	0.1	280	0.3	377	0.3

Appendix B
Blood Lead Testing of Children 0-72 Months of Age, and Prevalence and Incidence of Blood Lead Level ≥10 µg/dL: 2008-2015

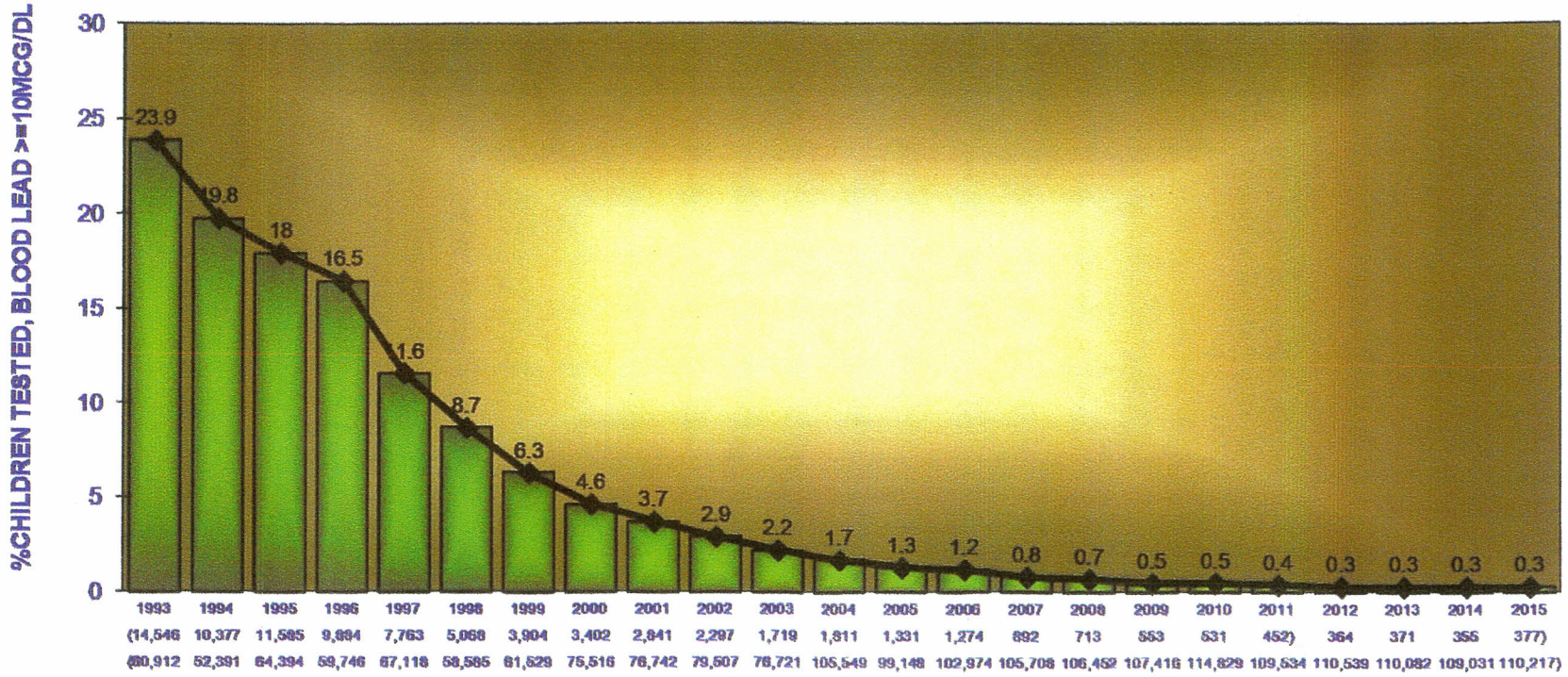
Calendar Year		Population	Blood Lead Tests		Prevalence		Incidence	
			Number	Percent	Number	Percent	Number	Percent
2008								
	Baltimore City	55,959	18,622	33.3	468	2.5	302	1.6
	Counties	418,941	87,761	21.0	245	0.3	187	0.2
	County Unknown		69		0		0	
	Statewide	**474,900**	**106,452**	**22.4**	**713**	**0.7**	**489**	**0.5**
2009								
	Baltimore City	56,431	19,043	33.7	347	1.8	214	1.1
	Counties	422,488	88,368	20.9	206	0.2	165	0.2
	County Unknown		5					
	Statewide	**478,919**	**107,416**	**22.4**	**553**	**0.5**	**379**	**0.4**
2010								
	Baltimore City	57,937	19,702	34.0	314	1.6	229	1.2
	Counties	433,661	94,650	21.8	217	0.2	170	0.2
	County Unknown		477		0		0	0.0
	Statewide	**491,598**	**114,829**	**23.4**	**531**	**0.5**	**399**	**0.3**
2011								
	Baltimore City	55,681	19,049	34.2	258	1.4	182	1.0
	Counties	445,021	90,481	20.3	194	0.2	160	0.2
	County Unknown		4		0		0	
	Statewide	**500,702**	**109,534**	**21.9**	**452**	**0.4**	**342**	**0.4**
2012								
	Baltimore City	56,701	18,717	33.0	219	1.2	148	0.8
	Counties	453,184	91,747	20.2	143	0.2	104	0.1
	County Unknown		75		2		3	
	Statewide	**509,885**	**110,539**	**21.7**	**364**	**0.3**	**255**	**0.2**
2013								
	Baltimore City	57,693	18,535	32.1	218	1.2	170	0.9
	Counties	461,171	91539	19.8	152	0.2	134	0.1
	County Unknown		8		0		1	
	Statewide	**518,864**	**110,082**	**21.2**	**371**	**0.3**	**304**	**0.3**
2014								
	Baltimore City	58,622	17,961	30.6	194	1.1	129	0.7
	Counties	468,682	91,070	19.4	161	0.2	133	0.1
	County Unknown							
	Statewide	**527,304**	**109,031**	**20.7**	**355**	**0.3**	**262**	**0.2**
2015								
	Baltimore City	59,474	17,222	29.0	204	1.1	144	0.8
	Counties	475,620	92,995	19.6	173	0.2	136	0.1
	County Unknown							
	Statewide	**535,094**	**110,217**	**20.6**	**377**	**0.3**	**280**	**0.3**

MARYLAND DEPARTMENT OF THE ENVIRONMENT
CHILDHOOD BLOOD LEAD SURVEILLANCE
BALTIMORE CITY 1993-2015



CALENDAR YEAR
(Number of Children with BLL>=10mcg/dl)
(Number of Children Tested)

MARYLAND DEPARTMENT OF THE ENVIRONMENT
CHILDHOOD BLOOD LEAD SURVEILLANCE
STATEWIDE 1993-2015



CALENDAR YEAR
(Number of Children with BLL>=10mcg/dl)
(Number of Children Tested)

Commentary: Lead exposure beyond Flint—protecting our nation's workers

We need to update US standards on lead exposure in the workplace to protect workers and their families

September 12, 2016

By Rachel Shaffer and Steven Gilbert
Environmental Health News

Lead poisoning returned to the national consciousness this year through the tragic events in Flint, Michigan, but drinking water is only one of many exposure routes. Because of outdated federal workplace safety standards, acute and chronic occupational lead exposure occurs all too often and can harm workers and their children, who may be exposed prenatally or through lead dust carried into the home. We need to protect workers and their families by updating federal workplace lead standards based on the latest scientific research.

The U.S. Occupational Safety and Health Administration (OSHA) regulates workplace lead exposure at the national level through two standards, the general industry standard (https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10030) and the construction industry standard (https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10641). Both of these standards are severely outdated, based on information available in the 1970s instead of the latest scientific and medical evidence.

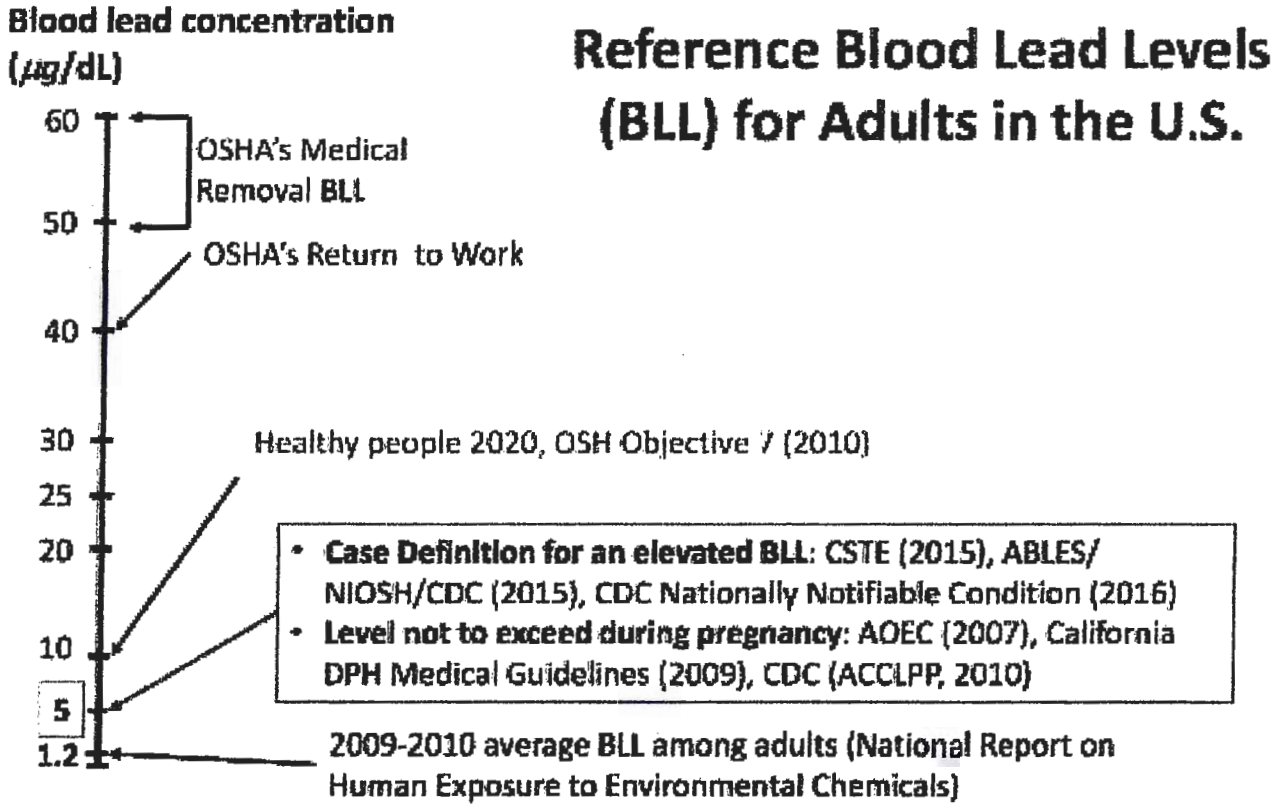


Image adapted from CDC/NIOSH (http://www.cdc.gov/niosh/topics/ables/pdfs/Reference%20Blood%20Levels%20for%20Adults-2015-12-18_508.pdf)

Thus, while OSHA's mandate is to "assure so far as possible every working man and women in the Nation safe and healthful working conditions (https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=2743)," these goals have not been met for workplace lead exposure.

Under the existing regulations, workers can be exposed to levels of lead that result in 60 micrograms of lead per deciliter of blood before medical removal is required, and they can return to work after their blood lead levels are as high as 40 micrograms per deciliter.

As comparison, the Centers for Disease Control (CDC) defines blood lead levels above 5 micrograms per deciliter as "elevated" and has set a "Healthy People 2020" national public health goal (https://www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5049) that aims to reduce the proportion of workers with blood lead levels above 10 micrograms per deciliter.

Exposure to levels of lead much lower than what is allowable under OSHA's current standards have been linked to high blood pressure, decreased kidney function, reproductive effects and neurological impairments (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1849937/).

In industries with high potential for lead exposure, such as construction, gun ranges, and battery reclaiming/manufacturing, not only are workers at risk, but their families may also be exposed inadvertently through take-home lead dust.

Children's developing nervous systems are particularly vulnerable, and lead exposure can result in intellectual impairment. Stricter standards that require lower workplace lead levels and better personal protection will substantially reduce the dangers associated with take-home lead exposures.

In addition, since lead released from bones during pregnancy (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1519355/) easily crosses the placenta, children born to lead-exposed workers are at risk for neurodevelopmental (http://www.cdc.gov/niosh/topics/lead/health.html) and other adverse health effects. Better standards will reduce potential fetal lead exposure in female workers of childbearing age.

Both California (https://www.cdph.ca.gov/programs/olppp/Pages/leadStdRecs.aspx) and Washington State (http://www.lni.wa.gov/Safety/Rules/WhatsNew/LeadSafety/default.asp) are in the process of updating their own occupational lead standards. But, why should workers in only two states be privileged to improved health protections? OSHA standards, which cover all workers across the country, should also be strengthened to adequately protect workers and their families.

In the interim, though, enforcement of company compliance with existing federal regulations is also critical. A recent blog post (https://blog.dol.gov/2016/08/01/lead-poisoning/) from the U.S. Department of Labor described a case in which OSHA officials responded to worker complaints and cited a Wisconsin shipyard operator with 19 willful violations of the lead standard after detecting elevated blood lead levels in 75 percent of employees tested.

The incident illustrates the importance of maintaining a well-funded OSHA ensuring it has the resources to monitor adherence to the standards. However, a draft bill for fiscal year 2017 suggests that OSHA's budget would be cut significantly (http://www.safetyandhealthmagazine.com/articles/14364-house-subcommittee-approves-bill-that-would-cut-osha-funding), which may prevent these enforcement activities and thus put workers at further risk.

OSHA regulates workplace lead exposure at the national level through two standards. Both of these standards are severely outdated.

We have the scientific and medical evidence that documents the harms of elevated blood lead levels, and we have the technology to reduce occupational lead exposure.

Now it is time to take action to put elevated workplace lead exposure behind us by rapidly adopting a standard that is aligned with CDC's existing public health guidance, which classifies blood lead levels above 5 micrograms per deciliter as elevated.

We must strengthen OSHA standards for lead and provide sufficient support for the agency's enforcement actions. The health of our workers – and their children – depends on it.

Rachel Shaffer is a Toxicology PhD Student in the Department of Environmental and Occupational Health Sciences, School of Public Health at University of Washington Seattle. Steven Gilbert is Founder and Director of the Institute of Neurotoxicology & Neurological Disorders (INND) and an affiliate professor in the Department of Environmental and Occupational Health Sciences, School of Public Health at University of Washington Seattle.

30 September **Commentary: Choose a climate savvy UN Secretary General for global stability.** (http://www.environmentalhealthnews.org/t/5565867183000680069) The next Secretary General needs a skill set that matches 21st century challenges. Daily Climate (http://www.dailyclimate.org).

29 September **One tribe's 'long walk' upstream for environmental and cultural justice.** (http://www.environmentalhealthnews.org/ehs/news/2016/tribal-series/menominee-series/one-tribes-long-walk-upstream-for-environmental-and-cultural-justice) Wisconsin's Menominee tap their forebears—and Native American cultural rebirth underway in North Dakota—on a walk to protect their river. A "Sacred Water" story. Environmental Health News (http://www.environmentalhealthnews.org).

24 September **Analysis: Environmental journalism reaches middle age, with mixed results.** (http://www.environmentalhealthnews.org/ehs/news/2016/sept/environmental-reporting-analysis) There's a wariness that environmental journalists are a hybrid of activism and reporting. Can the beat ever outgrow that? Environmental Health News (http://www.environmentalhealthnews.org).

24 September **Analysis: Environmental journalism reaches middle age, with mixed results.** (http://bit.ly/2dpCkRY) There's a wariness that environmental journalists are a hybrid of activism and reporting. Can the beat ever outgrow that? Environmental Health News (http://www.environmentalhealthnews.org).

21 September **Essay: Standing together.** (http://www.environmentalhealthnews.org/ehs/news/2016/tribal-series/menominee-series/sacred-water-essay-menominee-mine-fight-standing-together) We, Menominees, were given the responsibility to look after that river and land by the creator thousands of years ago, and that

The Washington Post

Wonkblog

Researchers have found a cheap, easy trick that really helps poor kids learn to read

By Max Ehrenfreund September 2

There are all kinds of reasons that kids have trouble learning to read. Figuring out what those obstacles are can be a challenge, and helping children overcome them can be expensive.

Almost 20 years ago, however, officials in Rhode Island took on a major project to improve children's overall health that also happened to help them read. Identifying the children who needed help was straightforward. The plan was cheap. The results were real.

The trick was taking action to protect children growing up in old homes from exposure to lead. Reducing the amount of lead in the average toddler's blood by just 0.01 milligrams per liter reduced her chances of being unable to read proficiently in third grade by more than a quarter, according to a new study.

The study, published this week by the National Bureau of Economic Research, corroborates previous work suggesting that even minimal exposure to lead can poison children's brains. It also shows that the problem is easy to address.

"We should be concerned," said Princeton University economist Janet Currie, part of a group of economists and doctors who conducted the research. "That doesn't mean necessarily that we have to spend billions of dollars. It is possible to mitigate lead in a low-cost way."

'Down to the studs'

In 1997, Rhode Island began requiring landlords to take action in buildings where lead had been found in children's blood or face prosecution. Even in buildings where there was no evidence of poisoning, the state encouraged landlords to control lead by offering cheap loans and issuing certificates that protected landlords from lawsuits in civil court.

The state issued most of the certificates in urban neighborhoods, where buildings tend to be older and are more likely to contain lead. The metal became illegal in household paints in 1978, but 81 percent of the homes in Providence were built

before then.

Landlords had to cover much of the cost of containing those hazards, but the state worked with them to find ways of doing so cheaply. For example, covering lead paint with fresh coats and cleaning up dust and chips from paint will prevent children from breathing in the poison.

The best way to abate lead "isn't necessarily to rip out everything and take the house down to the studs," Currie said, adding that it is often enough "just to plaster over the place where the water is coming through the wall and make sure the paint is not chipped."

This approach likely made the program more popular with landlords and benefited more families as a result, Currie said. If lead-abatement programs require a complete renovation, fewer landlords might be willing to even test their properties for hazards.

Holding kids back

The researchers analyzed data from this program to draw their conclusions about the dangers of lead. Nationally, just a quarter of children are tested for lead, but in Rhode Island, four in five were screened -- and many were tested more than once, reducing errors in measurement.

The state gave the researchers the results of those screenings, along with data from birth certificates and scores on tests for reading and math administered in third grade.

The researchers used all that data to isolate the effects of lead on children from other factors, such as how healthy they were when they were born and the quality of the schools they attended. Children who are exposed to lead are more likely to live in poverty, which can hold them back in many other ways.

For example, the researchers could examine the association between the levels of lead in toddlers' blood with their scores in third grade -- among children who were in the same grade at the same school, who were born at similar weights, whose mothers had similar marital statuses and levels of educational attainment and who lived in Census tracts where the buildings were around the same age.

The researchers were also able to compare children who grew up in residences that were certified as free of lead before they were born to those who grew up in places that were certified after they were born. In those cases, lead was present in the child's home and was not controlled until after she was exposed to it.

Children born later were more likely to benefit from the program, and since the year of a child's birth seemed unlikely to affect her success in school, Currie and her colleagues were confident that differences in average test scores really were a result of the lead in toddlers' blood.

The average toddler's chance of scoring substantially under the threshold for proficiency on a reading test by third grade was 12 percent, the researchers found. They concluded that reducing the concentration of lead in that toddler's blood by 0.01 milligrams per liter would improve her chance of at least approaching proficiency in reading by 3.1 percentage points.

Black children born in Rhode Island in 1997, when the program began, had 0.058 milligrams per liter of blood on average. Hispanic children had 0.049 milligrams per liter. For children born in 2005, those average concentrations had declined to 0.03 milligrams per liter and 0.025 milligrams per liter respectively, implying major gains in reading.

The results for math were inconclusive. About 16 percent of children were far from proficiency in math. The researchers estimated that reducing the lead in children's blood by the same amount would improve their chances of being at least almost proficient by 2.1 percentage points, but this finding could have been a statistical fluke.

No 'safe level'

Currie and her colleagues examined a couple of possible objections to their results. Parents who were especially invested in their children's education might have tried to make sure to move to apartments that were certified as safe before their children were born. These children would have had less lead in their blood, but their improved scores might be a result of parenting, not protection from lead.

To work around this problem, the researchers did not directly study the level of lead in each child's blood. Where it seemed as though parents were making a special effort to take advantage of the program, the researchers threw out the additional reduction in blood lead, to avoid confusing the effects of that reduction with the effects of better parenting.

Instead, the researchers assigned each child a hypothetical level of lead, based on the average for children of the same age who lived in socioeconomically similar households and geographically similar neighborhoods.

The researchers also wanted to be sure that families were not moving to particular neighborhoods in order to take advantage of the program -- another possible sign of differences in parents' attitudes toward education. Another question was whether the neighborhoods were gentrifying at the same time as the program was being implemented, in which case comparing children born in different years in those neighborhoods would be misleading.

There was no evidence that the people who were living in the neighborhoods with the most lead changed, in terms of race, ethnicity, education or other factors. The stability of the these neighborhoods gave the researchers more confidence that the improvements in reading resulted from lead abatement and not other factors.

"With lead, the more we study it, the more we learn how pernicious it is," said Richard Canfield, a psychologist at Cornell University who was not involved in the study. "The more carefully we look, the more evidence we have that there does not appear to be any safe level of exposure."

Health +

Live TV

How dare you ... let our kids play in lead and arsenic soil,' says mom to Indiana officials

By Rosa Flores, CNN

Updated 7:30 AM ET, Thu September 1, 2016

Lead poisoning forces Indiana residents out of homes 04:53

Story highlights

Lead creates a "lost generation" in one Indiana town

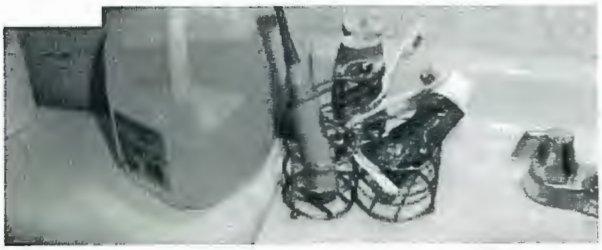
Hundreds of people were advised to relocate because of the elevated levels of lead in the soil

(CNN) — Imagine getting a letter from a federal agency saying that your yard is exposing your children to an invisible poison that is known to decrease IQ. Then, you find out the agency tested for this toxic substance more than a year and a half ago, but the results are just now being delivered to you. And you learn that your 2-year-old shows blood-lead levels 6.6 times above the upper level of concern set by the Centers for Disease Control and Prevention. That nightmare is Shantel Allen's reality.

"It's devastating," Allen said. "I blame everybody who knew. Everybody that knew and didn't inform us."

The 27-year-old mother of five has been living in the West Calumet Complex in East Chicago, Indiana, for about six years and says her life got turned upside-down when a Department of Health official knocked on her door last month and said her family needed to be tested for lead poisoning.

"I hadn't heard anything about lead. I said, 'What lead? How were we exposed to lead?' " Allen said. "They said, 'It's in your



Related Article: Why lead is so dangerous for children

that some parts of her yard had lead levels up to 66 times above the lead limit and 55 times above the arsenic limit set by the Environmental Protection Agency. But what shocked her even more was that the letter said her "property was tested for lead and arsenic at the end of 2014." Which means the test was somewhere in a lab, on a shelf, on a desk or getting processed for more than a year and a half before she learned of the danger she and her children were in.

"I was pregnant while in this complex -- exposed to lead, sleeping on a contaminated bed, laying on a contaminated couch -- nobody said anything. They kept this very well hidden from all of us," Allen said.

"They show all the signs of symptoms of having lead poisoning," Shantell Allen said.

Allen's worst fear became a reality when she received a letter from the Indiana State Department of Health saying that her 2-year-old daughter, Samira, had a lead result of "33 capillary." Compare that with the CDC's upper level of concern, which is 5.

The letter, dated July 28, 2016, says her "child was tested for lead poisoning on February 10, 2015." Samira was 1 year old at the time.

"She wasn't even able to go outside and play in the dirt, and her level was so high. So it was terrifying, you know, to think of what the other children -- what their results could be. They've been playing in the yard for years," said Allen.

...ow all the signs and symptoms of having lead poisoning. They have fevers, chills; they vomit. ... I've taken them to the emergency room a number of times," Allen said.

'A perfect storm of lead contamination'

The West Calumet affordable housing complex is within the US Smelter and Lead Refinery Inc. Superfund site, according to the EPA.

A Superfund site is an area that has been contaminated by a dangerous substance and the EPA has determined that it poses health and environmental risks. The West Calumet Complex was built on top of the Anaconda White Lead company, according to EPA records. It is also south of the former USS Lead industrial site and next to a DuPont site. Together, these companies smelted, dealt with or processed lead for decades.

Related Article: Millions of Americans drink unsafe water, study says

The Allen family and about 1,000 of their neighbors in the West Calumet affordable housing complex, including 670 children, were advised in a letter issued July 25 by East Chicago Mayor Anthony Copeland that they needed to relocate because of the elevated levels of lead found in the soil.

According to EPA documentation, the most contaminated yards showed lead levels 227 times above the lead limit and 135 times above the arsenic limit set by the EPA.

"It's actually a perfect storm of lead contamination," attorney Barry Rooth said. "The wind actually blows that lead right across the property and deposits it right where the residents live."

Rooth represents Allen, her five children and at least 80 other children living in the housing complex and says the local, state and federal governments failed all of his clients when they allowed people to live in an area with a long history of lead contamination.

"It can take 10 minutes to get on the Internet and go to the EPA's Superfund site and describe the years of knowledge and efforts made by people to do something about it. Literally those documents go back 40 years," Rooth said.

In 2009, the site was added to the National Priorities list, which one EPA project manager described in a 2012 transcript of a public meeting as the "EPA's nationwide list of the most contaminated sites in the country." The list is made up of more than 1,300 properties.

A lost generation

Of the 474 children and adults screened as of August 24, 29 have preliminary test results above the CDC level of concern of 5 micrograms per deciliter, according to the Indiana State Department of Health. Of those tested, 19 are children 7 and under. The health department notes that the majority, but not all of those tested, live in the West Calumet Complex.

"Between the air and the soil, you are creating an environment that was so dangerous to the children. You can call them a lost generation in terms of cognitive and mental problems," Rooth said.

It is nearly impossible to escape the lead exposure at the West Calumet Complex. Even though the EPA posted signs outside homes that read "Do not play in the dirt or around the mulch," children can still be seen playing on

Signs instruct West Calumet residents not to play in the dirt.

"I kind of panicked, because it's like we're just sleeping in it. And lead -- we're sitting on contaminated furniture; our kids are walking barefoot on these contaminated floors," Allen said.

Who dropped the ball?

CNN followed the paper trail to find out who dropped the ball: the EPA, the state health department or the city.

CNN obtained documents showing that the East Chicago mayor blames the EPA's Region 5, the same region that Flint, Michigan, belongs to, for "flawed analysis" that "has allowed our residents to be exposed to the potent and unsafe levels of lead and arsenic for many years." The mayor also says the EPA created a "Public Health Disaster" at the West Calumet Complex due to the agency's "incomplete and ineffective" work, which "failed in its duty to protect human health."

Related Article: 5,300 U.S. water systems are in violation of lead rules

The mayor wouldn't talk to CNN on camera, but in a letter to EPA Administrator Gina McCarthy that was obtained by CNN, he says Region 5 "received soil sampling data in December of 2014, showing that lead contamination within the West Calumet Housing Complex is extremely more pervasive, severe, and extensive than identified by the EPA's prior inadequate sampling, yet failed to share such data with the city until May 24, 2016."

CNN made repeated requests to interview the EPA's Region 5 administrator, but those requests were denied. Instead, the EPA sent CNN this statement:

"In retrospect, with spikes in the preliminary data, we realize that with increased scrutiny of that initial data it could have triggered action to be taken sooner, instead of having to wait until the data was fully assessed. EPA will institute a process to review preliminary data to flag the need for immediate action."

Related Article: How to test for lead in your home water supply

As for the Indiana State Department of Health, why did the Allen family only receive young Samira's high blood lead level result last month? The ISDH told CNN that it cannot speak about specific cases but maintains that "it is the responsibility of the local health department to convey test results to patients and follow up with them. Direct communications of blood lead results with patients by the Indiana State Department of Health are outside the standard process but, if made, are intended only to supplement the work of local health departments."

The City of East Chicago points the finger back at the department, saying in a statement to CNN: "The State of Indiana withdrew funding for blood lead testing in 2011," which led to cuts to local programs. The city says it was checking the state database for excessive blood lead results,

lead levels are emailed to health departments daily; others are available in a database.

State Sen. Lonnie Randolph lives in East Chicago, near the West Calumet Complex, and says he is determined to hold the responsible parties accountable. He says he needs the help of top brass in Indiana, including the Governor and Republican Vice Presidential candidate Mike Pence.

"I'd like to see the governor come here, and I've talked with his office, and they've been here, and they indicated they're going to provide whatever we need and all that," Randolph said.

When asked whether the governor had visited West Calumet, Randolph said, "Not yet. Not yet. And I'm hoping he will, because I think with his presence, it'll give a lot of hope."

Randolph said the state has released $200,000 to help with the response at the West Calumet Complex.

Mom: 'Shame on you'

The US Department of Housing and Urban Development has provided $1.9 million for rent vouchers and $400,000 for relocation specialists to help the Allen family and their 1,000 neighbors move to a safe neighborhood, according to agency spokesman Jereon Brown.

Join the conversation

See the latest news and share your comments with CNN Health on Facebook and Twitter.

Little Samira was retested for lead, and her new reading is 6.7 micrograms per deciliter, still above the CDC level of concern of 5 micrograms per deciliter. Her siblings have readings ranging from 2.6 to 5.4 micrograms per deciliter.

For the 2-year-old, who has been exposed to a toxic substance her entire life, government inefficiency could have irreversible consequences.

When asked what she would say to those who knew of the dangerous lead she and her family were exposed to, Samira's mother didn't mince words.

"Shame on you. We're people. We're human people with families," Allen said. "How dare you keep this from us and just let our kids play in lead and arsenic soil? How dare you? Shame on you."

CNN's Brad Parks and Bill Kirkos contributed to this report.

East Chicago residents fleeing lead contamination find few housing options

Over 1,000 residents at the West Calumet Complex in East Chicago, Ind., are scrambling to find new places to live after high levels of lead were found contaminating the area. (Antonio Perez / Chicago Tribune)

By **Angela Caputo, Michael Hawthorne and Craig Lyons**
Chicago Tribune

OCTOBER 5, 2016, 6:30 AM

For Nayesa Walker, the clock started ticking just over a month ago.

On Sept. 1, she was given 60 days to find a new home after East Chicago Mayor Anthony Copeland abruptly announced that the public housing complex where she and her three children live would be demolished. The land is contaminated with lead and arsenic.

Walker and her children are among the approximately 1,000 residents — the majority of them children — of the West Calumet Housing Complex who are now scrambling to find places to live.

But they face few good options. The rental market is already tight, and when an apartment is available it is often situated in a more dangerous neighborhood. Making matters more difficult, many potential landlords do

not accept tenants who receive the federal rent subsidies, commonly known as Section 8 vouchers, which most West Calumet residents are counting on to help them move.

"It's big-time pressure," said Walker, a single mother who is also juggling a fast-food job and community college courses.

Soil tests conducted in the complex registered contamination for lead and arsenic as high as 228 times the level that U.S. Environmental Protection Agency officials consider potentially hazardous to children. When EPA officials presented Copeland with the results and a plan to remove the contaminated soil with the residents on site, the mayor said he rejected it, fearing that toxins could go airborne and cause harm. The East Chicago Housing Authority, whose director is hired by the mayor, owns the complex.

"Life safety is No. 1," Copeland said. "You remove people from a hazardous situation and then you mitigate it."

Now, the small community just east of the Chicago border is facing the largest relocation of families in the region since Chicago officials set out to demolish 25,000 public housing units nearly two decades ago.

The early results have not been encouraging. Only a small fraction — 20 of 332 households — have found new homes, according to officials from the federal Department of Housing and Urban Development.

"This is a crisis," Indiana state Sen. Lonnie Randolph said. "These are people's lives. Some of them have been here for years."

Walker is one such resident, having spent her entire life at West Calumet.

She was born in 1986, the year after the EPA had confirmed elevated lead levels on the site.

The 346-unit complex was built in the footprint of a copper smelter run by Anaconda, which went bankrupt long ago, and next to the U.S. Smelter and Lead Refinery plant that operated from 1920 until it was shuttered for good in 1985.

As Walker entered grammar school, a mountain of lead-contaminated dust remained piled high at the vacant industrial campus just west of the housing complex.

That pile remained there until at least 1992, the same year that the Environmental Protection Agency first recommended that the site be added to the Superfund National Priorities List.

But officials instead referred it to a different federal remediation program, which resulted in only limited testing and cleanup.

It wasn't until after Walker graduated from high school, in 2009, that the neighborhood was designated a Superfund site.

Even then, the cleanup proceeded in fits and starts.

One reason was the recommendation of a 2011 study from an arm of the U.S. Centers for Disease Control and Prevention, concluding that the lead levels were "not expected to harm people's health."

The 2011 report failed to analyze lead-poisoning rates in the immediate area around the Superfund site. If the agency had done that, it would have found that the census tract including the West Calumet housing development had one of the highest rates of lead poisoning in Indiana.

In reality, data provided by the Indiana State Department of Health show that between 2005 and 2015, 160 children younger than age 6 in the tract had lead levels exceeding federal health guidelines — more than 21 percent of those tested.

The EPA forged ahead in court, though, entering a consent decree in 2014 with Atlantic Richfield, which had acquired Anaconda, and DuPont, which had operated another lead plant nearby, that would free up $26 million to start replacing soil in parts of the Superfund site. Testing began shortly after and the results are what led the city to order the complex demolished.

Legacy of lead

The East Chicago site, which includes the public housing complex as well as two nearby residential tracts, is one of dozens nationwide abandoned by industries that contaminated surrounding neighborhoods with dangerous levels of brain-damaging lead during the last century.

With limited staff and funding, regulators address cleanup efforts the same way battlefield medics assess the wounded — concentrating on immediate or obvious risks first.

Robert Kaplan, the regional EPA administrator, said the federal agency focused for years on ensuring former industrial properties were cleaned up, not nearby areas where people lived.

Mass evacuations, like the one here in East Chicago, were rare.

"We try to keep people in place when we can," Kaplan said. "We don't want to wreak further havoc on their lives."

But ever since the lead crisis in Flint, Mich., broke last year, federal and state officials have shown a new urgency.

In East Chicago, Mayor Copeland ordered the evacuation of the housing development, even though EPA officials had charted a different course.

"We were on track to dig up yards and replace contaminated soil with clean fill," Kaplan said. "The mayor decided to move in another direction."

No money to move

Today, mothers with young children say that they are feeling the urgency to move quickly.

Among them is Jalisa Wash, who like Walker, was initially optimistic about her prospects for finding a new home. "They make it so easy when you go to these meetings so you think, 'I'll go out there and find something,' " she said.

They were handed folders with a copy of their voucher applications and the list of landlords.

As Walker started working her way through the 50 names and phone numbers, crossing off the contacts that have since been disconnected or are no longer accepting housing vouchers, she noticed that the list was created in 2014. Her online search has yielded few results.

Eight months' pregnant, and with a 2-year-old son who was tested but did not have elevated lead levels, Wash said she was eager to move. And after weeks of searching for a place that's not too far from her job at a nearby casino, she was encouraged when she found a place in neighboring Gary.

But there are other obstacles, like coming up with the cash to cover her moving expenses, which will be reimbursed. She couldn't, and lost the place.

"I don't have the money to do that," she said. "If I find an apartment tomorrow, I couldn't take it. I'm pretty much at a standstill."

Copeland acknowledges that the rollout of the relocation was "a little rocky" in the beginning, but he said that those types of expenses should be covered and that counselors had been brought in for additional support.

"No one, for one minute, thought this would be an easy task," Copeland said. "It tears up my heart knowing that people who are the foundation of this community are getting uprooted."

Already, the relocation order has spurred a wave of legal complaints.

The Sargent Shriver National Center on Poverty Law filed a civil rights complaint with the U.S. Department of Housing and Urban Development, calling the relocation order "chaotic and unscripted."

The center is asking for federal housing officials to step in with a plan that would stop the flow of what it called "incomplete, confusing and legally inaccurate information" that will ultimately leave many residents worse off.

But the biggest challenge, residents say, is the lack of available housing.

Not only are there few vacancies in East Chicago and surrounding Gary and Hammond, but there are few landlords who want to take tenants with the Section 8 vouchers.

Under Indiana state law, they are not required to. And even if residents are willing to move farther away, to suburban districts, the same issue persists.

West Calumet residents, who are largely black, say that they haven't found many landlords willing to take them, particularly in neighborhoods they consider safe.

"You can't just throw people out of here when no one wants the Section 8," said Lonzetta Thomas, a 58-year-old who works at a nearby nursing home.

Looking far and wide

The majority of West Calumet's households — 211 in all — have put in requests to move outside of East Chicago, according to HUD officials. Once accepted, the new housing authority will give them a new deadline to find a place along with an application for a 30-day extension to keep their vouchers from expiring. A growing number are attempting to take their vouchers to Chicago's suburbs.

The Housing Authority of Cook County has given initial approval for 50 families to move within its jurisdiction. The Chicago Housing Authority has offered people apartments at Altgeld Gardens, another public housing complex with vacancies. So far, 10 families toured the complex; officials said that their applications will be reviewed in coming days.

Even with the lead contamination, residents say that crime at other locations, particularly in Chicago, is a more immediate concern. A total of 48 crimes were reported in the West Calumet Complex during the first nine months of this year, East Chicago Police Department data showed.

In the Altgeld Gardens community, which has roughly three times as many residents, Chicago police have logged 495 crimes during that same time.

Copeland, the East Chicago mayor, said that extensions could be granted and he's confident that since housing counselors have been added, people will start having more success in finding new homes.

"None of this was self-inflicted," Copeland said. "Nobody gets thrown out. Not under my watch."

If families still can't find new homes, a HUD official said, they will have the option of transferring their voucher back to East Chicago where the search would start over.

In the meantime, for many, it's a choice between bad and worse. When Michelle Plair-Arrington broke the news to her 7-year-old that they were leaving West Calumet just five months after moving in and returning to Chicago, his response stunned her. "He said, 'I don't want to move back to Chicago. I don't want to get shot,' " she said.

"Can you imagine a 7-year-old saying that?" she asked.

Plair-Arrington and her husband both work in north suburban Niles but were willing to make the long commute because they finally found a place where their kids could play in the yard and ride their bikes without fear.

"Now," she said, "all of that's gone."

acaputo@chicagotribune.com

mhawthorne@chicagotribune.com

clyons@post-trib.com

Twitter @angelaTCR, @scribeguy, @craigalyons

This article is related to: Environmental Science, Public Housing, U.S. Environmental Protection Agency, Section 8 (housing), Niles

PROJECT C.O.R.E. IS HIRING!

DHCD
Maryland Department of Housing and Community Development
7800 Harkins Road
Lanham, MD 20706

Mayor's Office of Employment Development

The Mayor's Office of Employment Development is looking for energetic and creative individuals to assist with providing workforce services to residents of Baltimore City for Project C.O.R.E. In order to be considered for any of our vacancies, email your resume and cover letter to our HR Department at:

resumes@oedworks.com

DEMOLITION NOTIFICATION

WHAT'S HAPPENING

IN YOUR NEIGHBORHOOD?

PROJECT C.O.R.E.

CREATING OPPORTUNITIES for RENEWAL and ENTERPRISE

MARYLAND

WHAT TO EXPECT DURING DEMOLITION

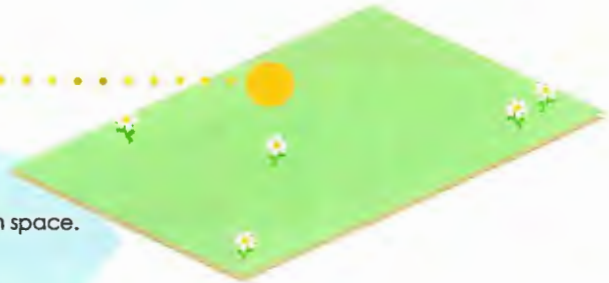
Fencing and barriers will be put up before demolition so the site is safe and secure.

Dust created by the work will be controlled by water.

Debris removal will be performed in a timely fashion.

Dumpsters and dump trucks will be sprayed down and covered before leaving the site.

When the work is done, the site will be cleaned up, leaving behind a new green space.



SAFEGUARDS

Keep windows and doors **CLOSED** as much as possible.

DO NOT dry clothes using outdoor clotheslines.

STAY OUT of the work area.

Keep pets **INDOORS.**

FAQs

1 When will clean up start?
Once demolition begins, debris removal will start within 48 hours.

2 How do I contact Project C.O.R.E.?
We want to hear what you think! How should the space be used in the future? Email your ideas to: project.core@maryland.gov

3 Will there be job openings?
To learn about job opportunities or receive training, contact the Mayor's Office of Employment Development at 410-396-3009.

4 What will happen to my neighborhood?
Demolition will result in community green space in the short-term, with opportunities for the redevelopment of housing and other amenities in the future.

PROJECT C.O.R.E.
CREATING OPPORTUNITIES for RENEWAL and ENTERPRISE

For more information about Project C.O.R.E. and what to expect around your neighborhood during demolition, please contact us:

project.core@maryland.gov | 800-756-0119

NOVEMBER 3, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

November 3, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	410 537-3317
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	443-691-9836
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care ProvidersOffice of Child Care/MSDE	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Financial Institution	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

November 3 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
Victoria Powell	HUD	HUD Washington DC
Sheneka Frasier-Kyer	HCD	
Ron Winegrad	MDOT	
Michelle Franson	Cogency	
Christine Schiffkoitz	CONNOR	
Robin Jacobs	OAG	
Sheetah Hampton-Ec	GOHI	
John Kaufmann	MDE	
	BCHD	
	BCDJT	
Lisa Horne	DHMH HK	lisa.horne@maryland.gov

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, November 3, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Follow up – Office of Childcare Annual Report
Follow up – feedback on MDE's Childhood Lead Registry Report

III. New Business
Baltimore City HUD Grant Program – Quarterly Report – Sheneka Frasier-Kyer
Baltimore City CLPP Fiscal Year Report – Camille Burke
Items of Concern for Annual Report
Lead Legislation Planning

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, December 1, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
November 3, 2016

APPROVED Minutes

Members in Attendance
Nancy Egan (via phone), Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Leonidas Newton, Del. Nathaniel Oaks, Christina Peusch, Adam Skolnik

Members not in Attendance
Mary Beth Haller, Edward Landon, John Scott

Guests in Attendance
Camille Burke (BCHD), Sheneka Frasier-Kyer (HCD), Michelle Fransen (Cogency), Melissa Gobal, Syeetah Hampton-El (GHHI), Lisa Horne (DHMH), Robin Jacobs (OAG), Dr. Ezatollah Keyvan (MDE), Myra Knowlton (BCHD), John Krupinsky (MDE), Victor Powell (HUD), Christine Schifkovitz, (CONNOR), Greg Sileo (BCHD), Tommy Tompsett (MMHA), Ron Wineholt (AOBA)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:45 with welcome and introductions.

Old Business
Office of Childcare Report – deferred to December
MDE Childhood Lead Registry Report – Pat McLaine reviewed list of comments received from Commissioners (meeting handout). Paula explained that the Department is pigeon-holed on report generation as a result of databases. They are working on the HELPS system. MDE is involved with DO-IT to create new Rental Registry and Compliance data bases. Paula Montgomery stated that the Department does not have the capacity to track and manage these cases. The Department has talked about tracking refugee populations. With regards to lead free properties, Paula is not sure what obligation MDE has to investigate these properties. With regards to using Chapter 16 for the investigation, Paula Montgomery insisted that MDE uses a version of Chapter 16 to investigate. She said she isn't clear part of the investigation she has not conveyed to the Commission. With regards to the issue of time for follow-up, some parents don't take their children back for follow-up with their primary care provider for a year. Barbara Moore stated that Mt. Washington does track these outcomes for about 100 children every year and asked who tracks how quickly the children get into lead-safe housing. Paula Montgomery stated that that is part of the problem with MDE's system. John Krupinsky does not know about compliance for the house. There are compliance issues with both the medical follow up for the child and with the property. From an enforcement perspective, cases can take 6 months to years to complete. John Krupinsky stated that a break-out group from the Commission spent 1 ½ years looking at case management and funding and didn't finish their investigation. Information was not presented to the Commission. Maybe time frames will be solved with the handheld analyzer. Pat McLaine noted that the subcommittee had received outcome information only on the move to

lead-safe housing with section 8 vouchers, provided by GHHI. Cliff Mitchell stated that DHMH is planning a case management conference and plans to unify the data elements. If case management is something we ask providers to do, what should providers do for case management of BLLs 5-9μg/dL? Cliff Mitchell stated that Medicaid Managed Care Guidelines might be forthcoming and recommendations would be helpful to him. Paula Montgomery noted that the workgroup was 4-5 years ago and the focus was very broad. If our mission is prevention, maybe we should take little steps. Pat McLaine noted that it would be very helpful to tease out the non-housing sources. Paula Montgomery noted that "Lead Free" does not mean "no lead paint". It means lead is below the Maryland threshold, but we have to follow the Guidelines for HUD. "Lead free" is the probability that the property does not contain lead. Paula stated that she had provided the Commission with the questionnaire MDE uses for investigation – it is very thorough and provides more than Chapter 16. She indicated that MDE completes the questionnaire for each property regardless of property type, noting it is MDE's responsibility to identify all potential sources. There is an issue regarding tracking and managing sources. The case management database was in Access. When MDE moved to Windows 2007 later on, there were glitches that staff could not correct. Staff have been tracking and managing cases but a backlog of data that needs to be fixed. MDE's focus has been ensuring that properties under MDE's purview meet standards. MDE is working very closely on lead inspections. Cliff Mitchell stated that DHMH will initially be lowering BLL from 10 to 5μg/dL. DHMH will evaluate lead screening from the clinical management point of view, working directly with the providers. DHMH will have administrative data, Medicaid data, CLR data, testing rates for PCPs and private insurance companies. Nancy Egan asked if any work was needed with insurers. Adam Skolnik stated that the Commission does need to make recommendations even if there are issues in getting data. Susan Kleinhammer noted that the complexity for determining sources has increased, especially as CDC level has dropped; we must do a really good job of identifying the sources. The problem is litigiousness for landlords; landlords get the brunt of liability even though children may have multiple sources of exposure.

Barbara Moore stated that CDC has standard guidelines for testing kids when they come into the country. She asked if there is a state database for refugee testing and if Maryland is in compliance with testing, in accordance with CDC guidelines (testing immediately on entry and then testing at 18 months. Tracking changes over time would be important. Barbara Moore noted that John Krupinsky has provided the Commission with information on sources for new cases in the past; the majority have been housing related. Barbara Moore noted a recent case of two cousins, one from another country, and one from the US. The first was exposed to lead in country of origin and the second visited that country and was exposed to lead there and became sick in that country. The second child had a higher BLL (now in 30s) that has taken a long time to come down; the first child was identified with a BLL in the 20s that is now coming down.

Syeetah Hampton-El stated that she understood the plight of database issues. It is very hard not having adequate IT support. Even if MDE could break out what is being requested, would it change our focus on housing? Are owners testing soil and water? Many properties are old. Are there lead service lines? Could one source be water? Are owners prepared to replace lead service lines? Look at Flint; there are costs for this. Syeetah Hampton El said she doesn't understand why lead certificates are not available on-line. That would be so very helpful.

Camille Burke noted that she wanted to be really clear: Maryland's IT needs have outpaced the system we have. Stellar is not useful. Follow-up information is still empty. We need to figure out how to bolster the system. Myra Knowlton stated that getting doctors to do follow-up is still not happening. If they don't test kids, we can't tell what is working. Barbara Moore stated that Mt. Washington gets a letter from BCHD about the child's BLL and asked if primary care providers also get these letters. Myra Knowlton stated yes, BCHD sends letters, makes phone calls and also talks with families. Susan Kleinhammer noted that this is a state-wide problem, not just a problem of Baltimore City. Syeetah Hampton-El noted that parent's don't want to take their child to see the doctor because it's a negative experience. Transportation is also a problem. Paula Montgomery noted that we are almost through 2016 now. There may be HIPAA issues. If the Commission wants MDE to do this, MDE is going to need money. Paula Montgomery noted that MDE is getting a new CDC database but will still need to make changes and will require money. She said MDE needs the ability to collect data through proper systems; MDE does not get that data for some children. Barbara Moore stated that case management is the glue that holds everything together. One thing Mt. Washington has been very concerned about is the utilization of resources in moving from 10 to 5. What resources are we really taking for 10s and above? For 5-9 (now done only in Baltimore City)? How is this impacting local and state programs financially? Some kids 10-15 are only receiving telephonic follow-up now. When do children get into lead-safe environments? Syeetah Hampton-El stated that she thought Prince Georges County was focusing on 5-9s, in addition to Baltimore City. She expressed concern that if hazards aren't identified and addressed, the children will eventually have BLLs of 10 and above. John Krupinsky stated that some kids do not go above 5-9. Pat McLaine noted that based on hearings held for DHMH several years ago, the Commission had suggested automatic referral for compliance if a child had a BLL of 5-9. Cliff Mitchell stated that it would be helpful for the commission to send a letter to DHMH also. John Krupinsky stated that 6 counties are doing something with BLLs 5-9. If the house is rental and was built before 1978, the EH Questionnaire is done, including filing of a notice of defect (where appropriate) and follow-up as needed. A lot of other issues come up. Where are we going with 5-9s? Are providers being followed with regards to rechecks? Health Departments don't have resources or nurses. The Prince Georges County nurse doing lead runs six other programs for the County. She only has one day per week to deal with lead. How are we going to help fund Health Departments? This is a major topic. A small group consisting of Adam Skolnik, Barbara Moore and Pat McLaine will review comments and prepare recommendations for the Commission to consider. Syeetah Hampton-El volunteered to assist.

Approval of Minutes – a quorum being present, a motion was made by Adam Skolnik, seconded by Delegate Oakes to accept the October meeting minutes with changes on page 3 and 4. All present Commissioners were in favor. A motion was made by Adam Skolnik to accept the September minutes, seconded by Christina Peusch. All present Commissioners were in favor.

New Business

Baltimore City HUD Grant Program – Quarterly Report. Sheneka Frasier-Kyer provided a report on the last quarter, ending September 2016. The Goal of the grant program is to complete and clear 230 units and to provide healthy housing measures in 115 units, beginning in February 2017. This quarter, the program completed and cleared 20 units. Thirty units were evaluated,

and 29 had lead hazards. As of the end of the quarter, 21 additional units were in progress, 21 more were under contract, and 6 people were trained. A total of 79 home visits were completed Sheneka Frasier-Kyer stated that some properties will be undergoing weatherization and some will receive rehab money. The program uses a single application that asks about both weatherization and rehab. She can get more information about this. Victor Powell noted that Baltimore City is a leader in HUD's program.

Baltimore City CLPP Fiscal Year Report – Camille Burke provided the report on Baltimore City for the fiscal year ending June 2016, including a handout. She noted that a slide showing where cases are by zip code is not yet ready to go out. The social determinants of health all pertain to the work BCHD does with cases. Chronic disease is prominently figured in BCHD's thrust. This calendar year, BLLs of 5-9µg/DL are through the roof with a huge number of new cases 10+ and 5-9 through October. Although BCHD does not have enforcement authority (MDE does), BCHD wants to prevent further exposure for children. The average time to complete an initial home visit has improved, but BCHD can still improve. This was a major issue several years ago and has received a large amount of attention by staff with resulting improving. In FY 2016, average time for case of BLL 10-14 was 26 days, below the protocol of 30 days. For BLL 15-19, average time was 13 days, less than the protocol of 15 days. For BLLs 30+, average time was 2 days, at the protocol of 2 days. For BLLs 20-29, average time was 13 days, above protocol of 5 days. For cases 5-9, telephonic follow up is done if the family does not allow a home visit. BCHD does try to get into every home and one person is dedicated specifically to follow-up for BLLs 5-9. There are many challenges including lack of basic contact information. MDE has provided assistance, but cell phone numbers are changed frequently by many of the parents. In addition, there are issues with completion of a Notice of Defect (NOD); some poisoned children are not on the lease and parents or renters are reluctant to complete a NOD. Shelter is everything for families. Trauma training has been key for staff doing this work. Some issues have arisen for rent to own tenants. In addition to secondary prevention, the BCHD has a primary prevention effort consisting of home visits, gatherings and referrals. Referrals for CO detectors have resulted in providing safety to families with CO exposure. BCHD plans to increase primary prevention visits to 450 between 2016 and 2018. BCHD also trained 85 child care providers on basic lead issues on 10/29/16. BCHD is also involved with many partnerships with parent and community groups. The Lead Prevention Video and the HUD video are being shown at all engagements. BCHD also conducts Quality Assurance by reviewing 15-20 cases randomly every quarter to make sure the cases are meeting targets as established. A report is given back to individual staff and all staff with the results.

In the future, BCHD hopes to integrate asthma education into home visits. The lead program is cross-training lead staff to provide asthma education. BCHD is also exploring point of care testing. One expanding partnership is EBCO, an education-based Latino outreach. BCHD also held a poster contest on what it means to be lead free; 200 children participated. Winners will be featured on a BCHD calendar and all participants received acknowledgements.

Agency Updates

Maryland Department of Environment – Paula Montgomery noted that MDE is moving forward with DO-IT on lead registry data issues and a side program with HELPS. Inspector investigation is on-going.

Department of Health and Mental Hygiene – Cliff Mitchell stated that outreach was done for Lead Poisoning Prevention Week with MDE, Baltimore City, Baltimore County and Harford County. DHMH is talking with Maryland Medicaid. A case conference will be held for local health departments and MDE in November to address case management issues. DHMH is looking at comprehensive evaluation of screens of universal testing requirements. They want an external evaluation – what is still needed? How do we target outreach? DHMH wants to take a 6 month look – testing before and after March 2016, looking at highest testing numbers in Harford, Carroll, Frederick and Montgomery (areas with low testing rates). DHMH will further analyze this data and make it available to the public. Barbara Moore asked if Point of Care testing data will be examined – Cliff said yes. Cliff Mitchell also said he was having discussions with MDE and IMMUNET about putting the lead data into Immunet.

Department of Housing and Community Development – no one was available for a report

Baltimore City Health Department – Camille Burke reported that BCHD is also digitalizing 50,000 lead records and this process is almost complete. This will change the work flow in the office tremendously.

Baltimore City Housing – nothing more to report.

Maryland Insurance Administration – Nancy Eaton noted that one investigation is on-going.

Public Comment

Syeetah Hampton El from GHHI reported that the National Lead Summit will be held December 4 and 5 in DC. More information is available from nationalleadsummit.org.

Other New Business – Response from the Attorney General

Pet Grant distributed copies of the letter from Adam D. Snyder, Chief Counsel, Opinions and Advice for Maryland's Attorney General, response to a letter sent by the Lead Commission last month. During discussion, Commissioners felt that it would be useful to have a ruling by our December 1st meeting, if possible. Pat McLaine will draft and send a response to Adam Snyder.

Adjournment

A motion was made by Cliff Mitchell to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:36 AM.

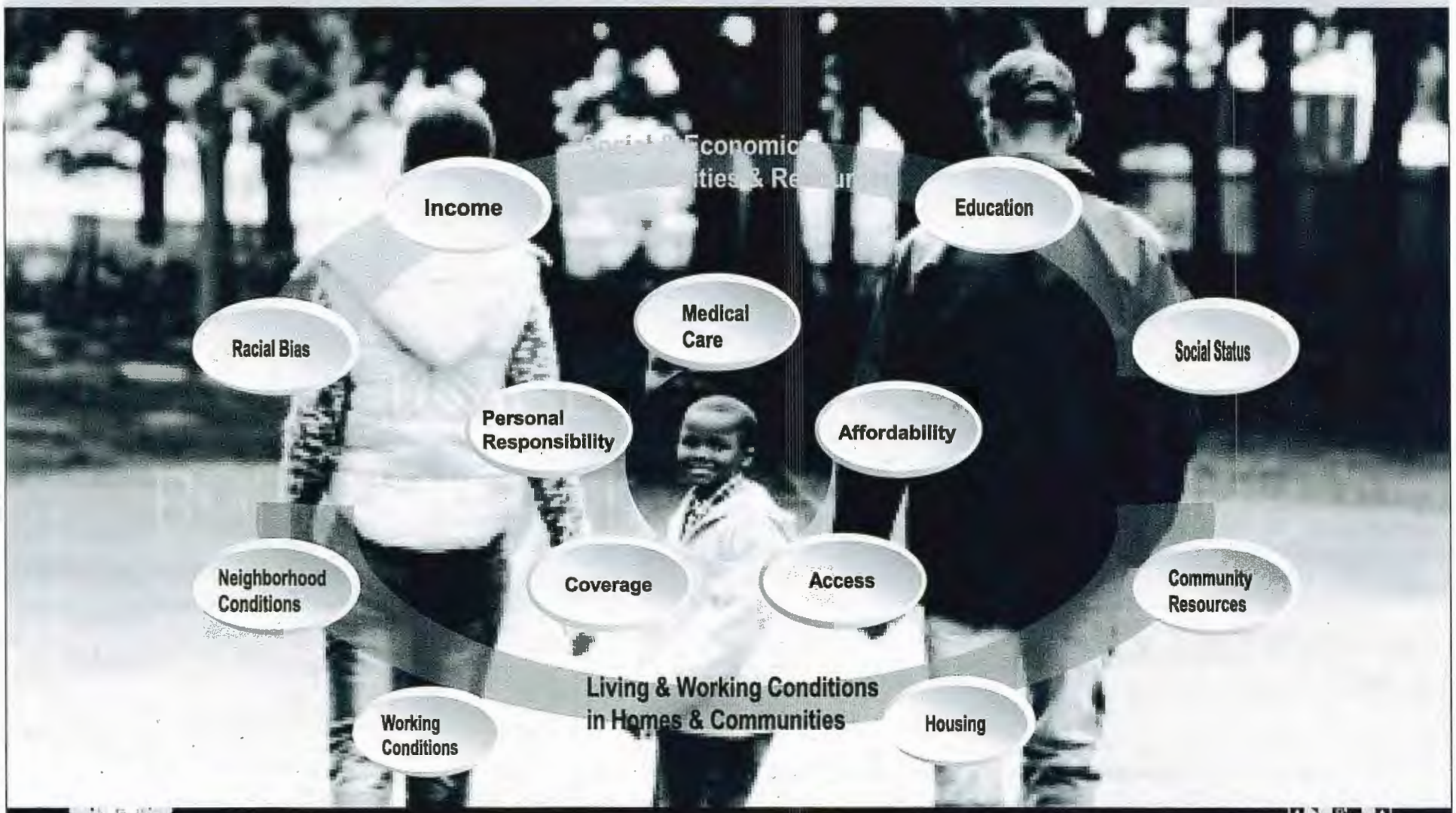
Baltimore City Lead Poisoning Prevention Program

Lead Commission
November 2016

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

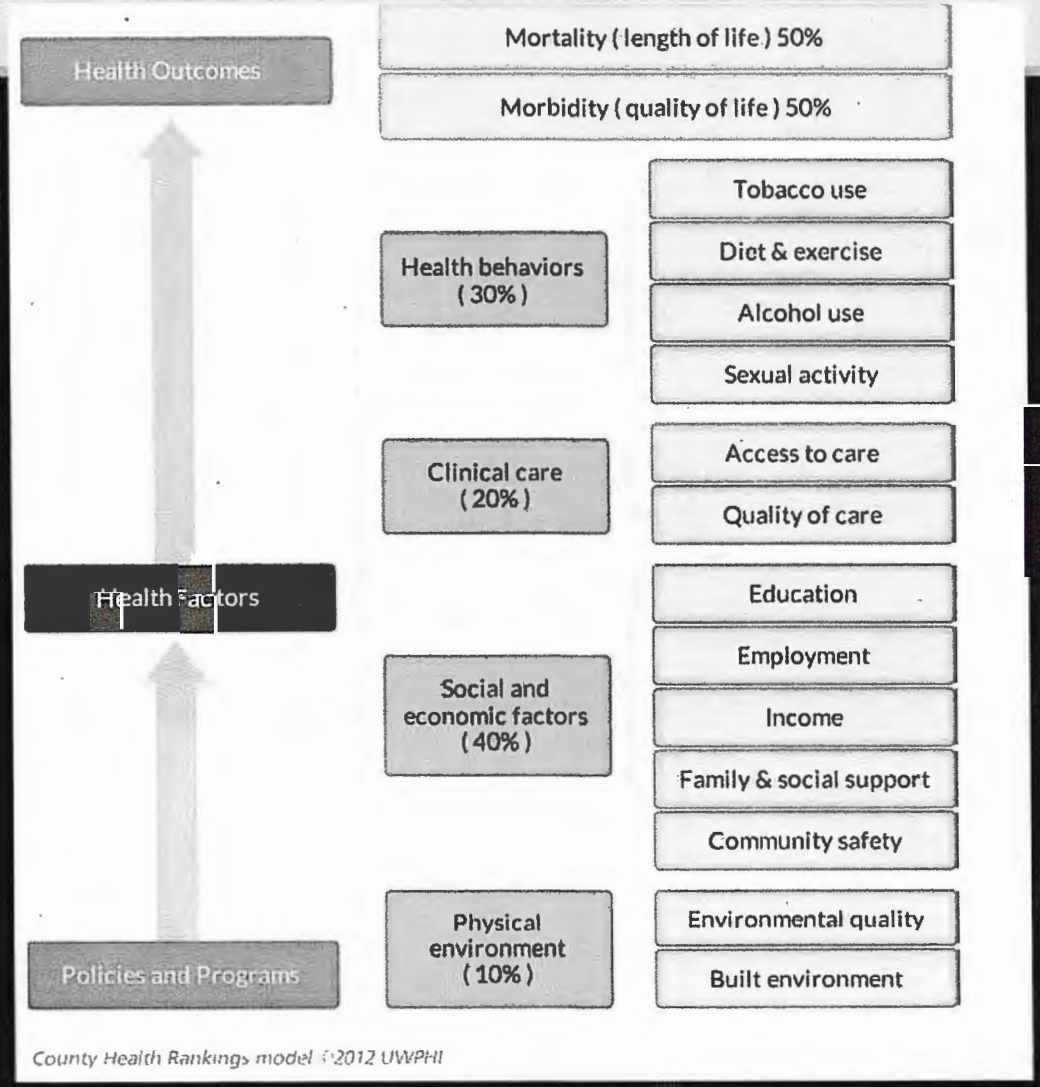
The Social Determinants of Health



Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

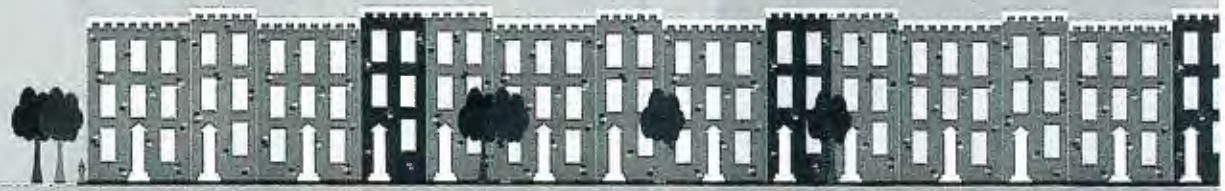
Social Determinants of Health



Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

HEALTHY BALTIMORE 2020



- **Chronic Disease:** Chronic disease is the leading cause of death in Baltimore City. BCHD will launch a city-wide initiative that utilizes public-private sector partnerships to emphasize physical activity and nutrition. We will also continue to provide essential public health education through community health campaigns, and increase access to essential health services for our children through a cutting-edge school-based telemedicine pilot.

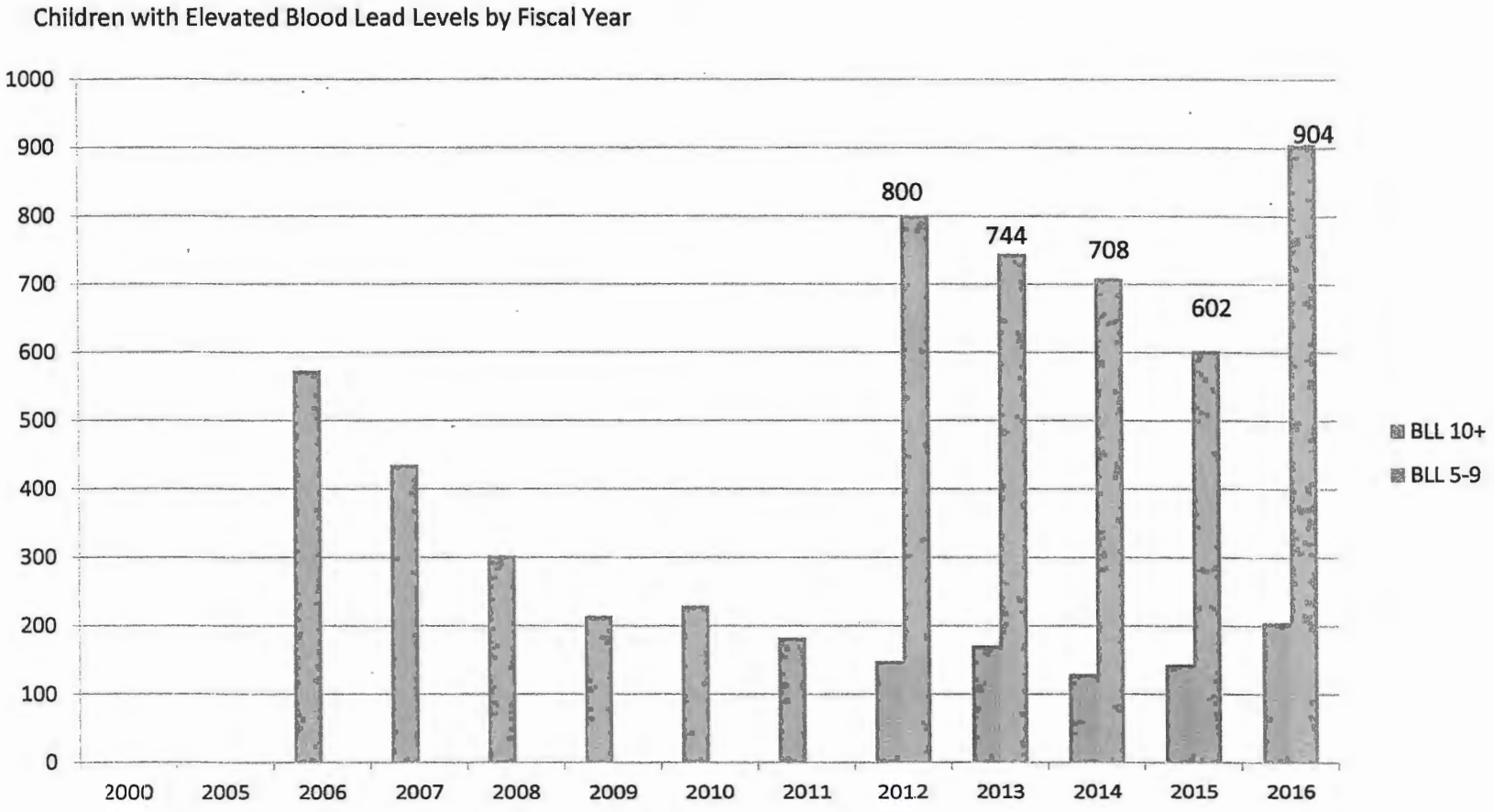
- HB 2020 priorities consist of the following:
  - 1. Move upstream to address root causes of chronic disease
  - 2. Expand the capacity of school-based health clinics
  - 3. Increase chronic disease awareness and enable health behavior change

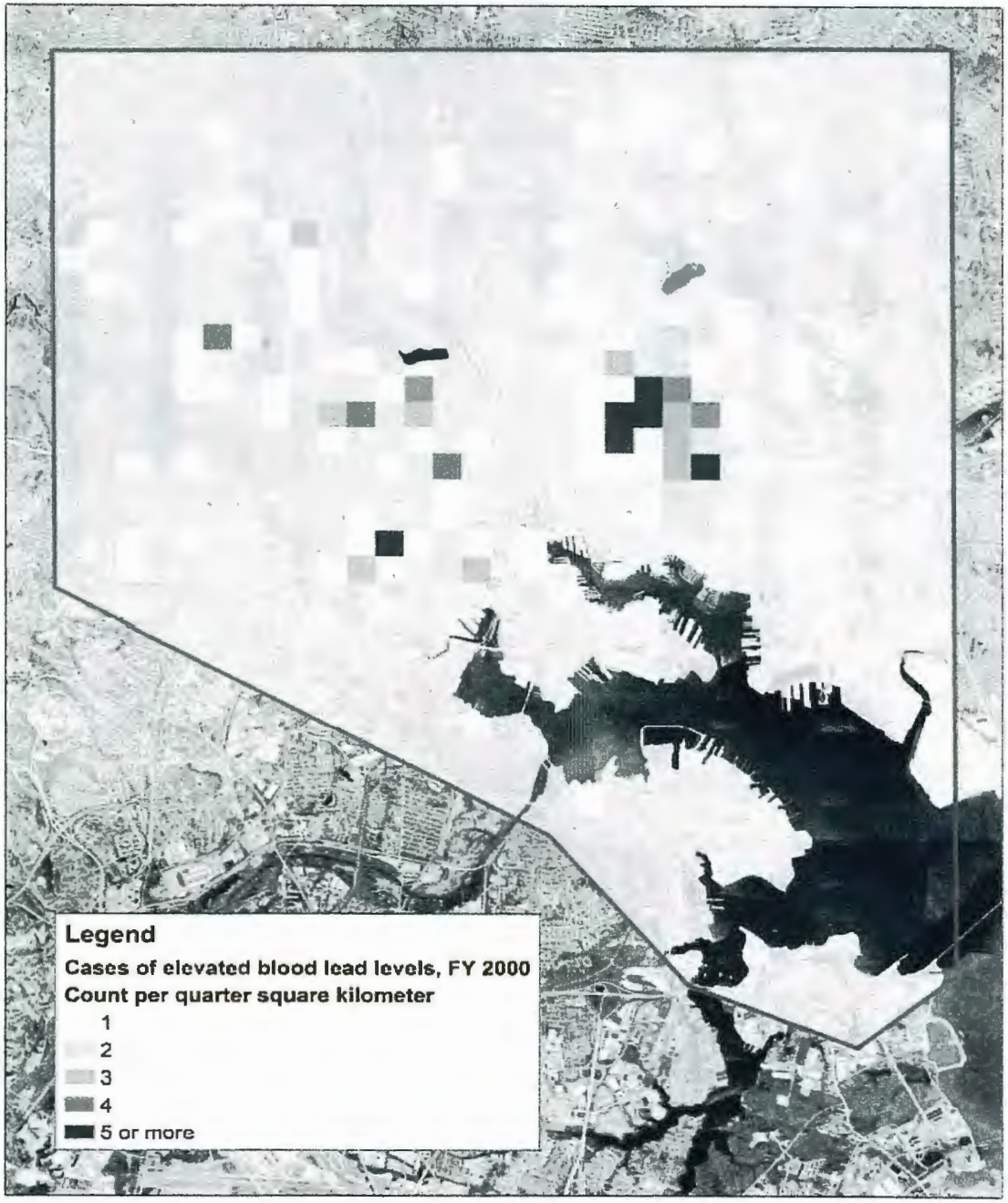
Visit Healthy Baltimore 2020 or hb2020

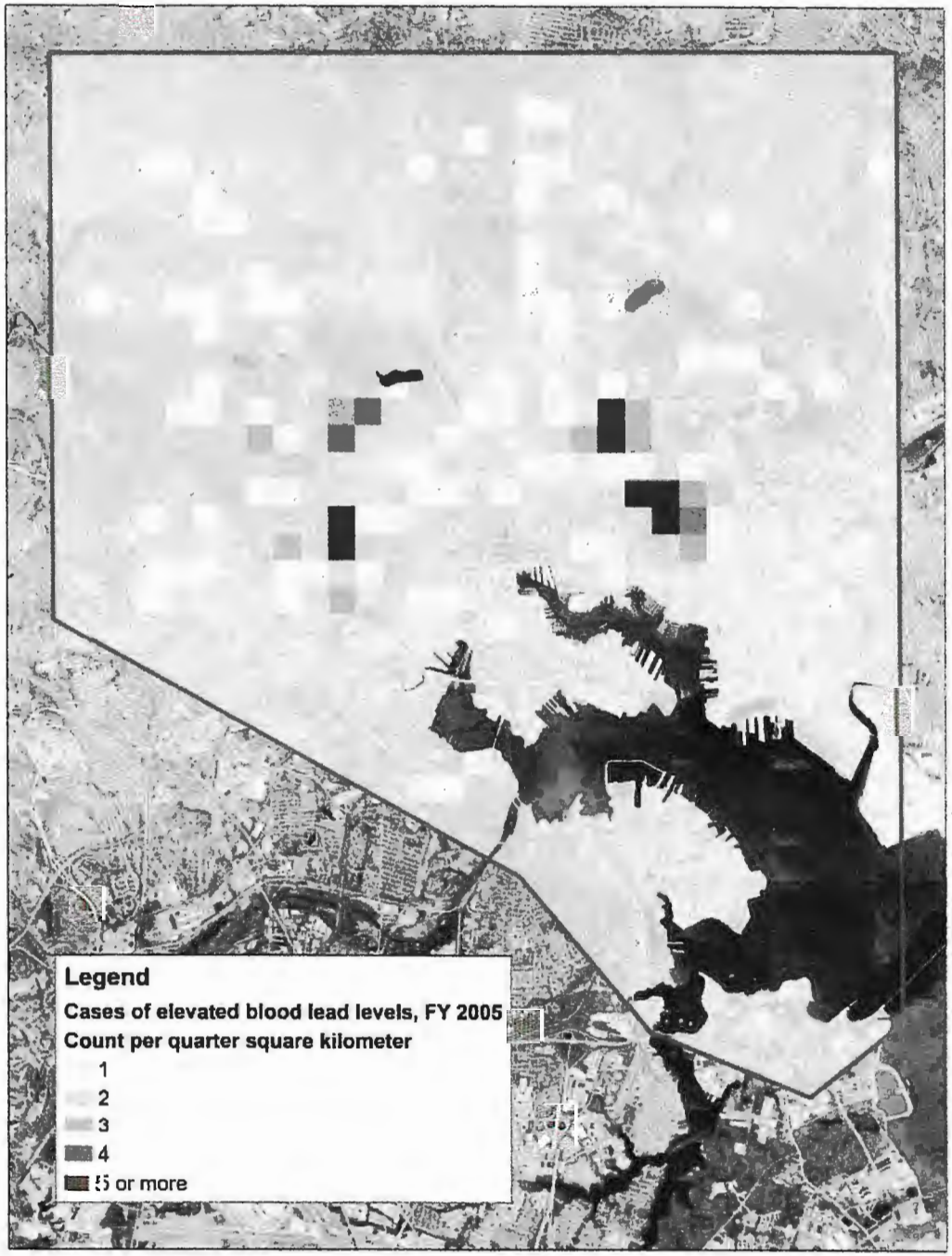
Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

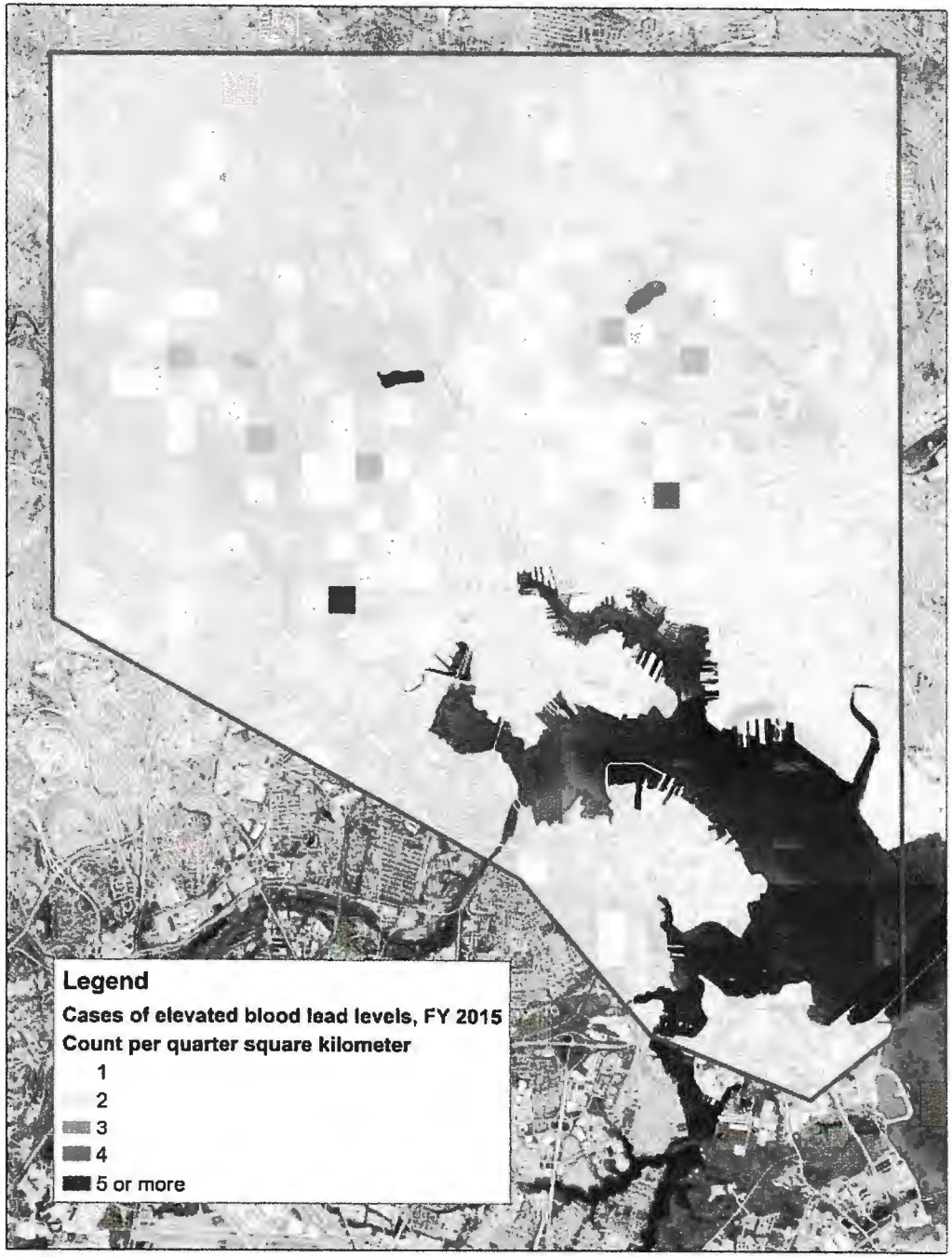
Baltimore City Lead Poisoning Data by Calendar Year



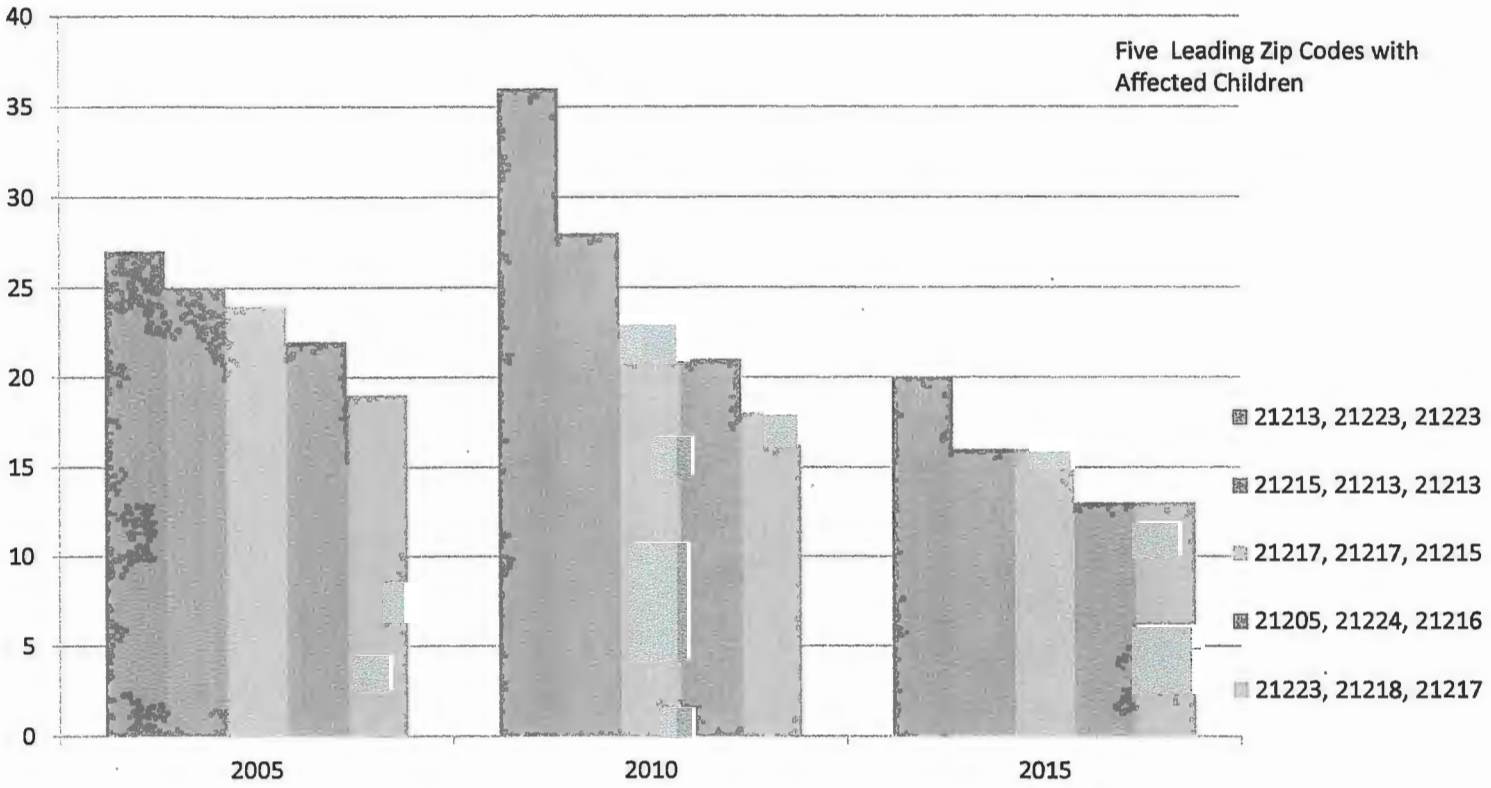

Legend
Cases of elevated blood lead levels, FY 2000
Count per quarter square kilometer
1
2
3
4
5 or more


Legend
Cases of elevated blood lead levels, FY 2005
Count per quarter square kilometer
1
2
3
4
5 or more


Legend
Cases of elevated blood lead levels, FY 2010
Count per quarter square kilometer
1
2
3
4
5 or more

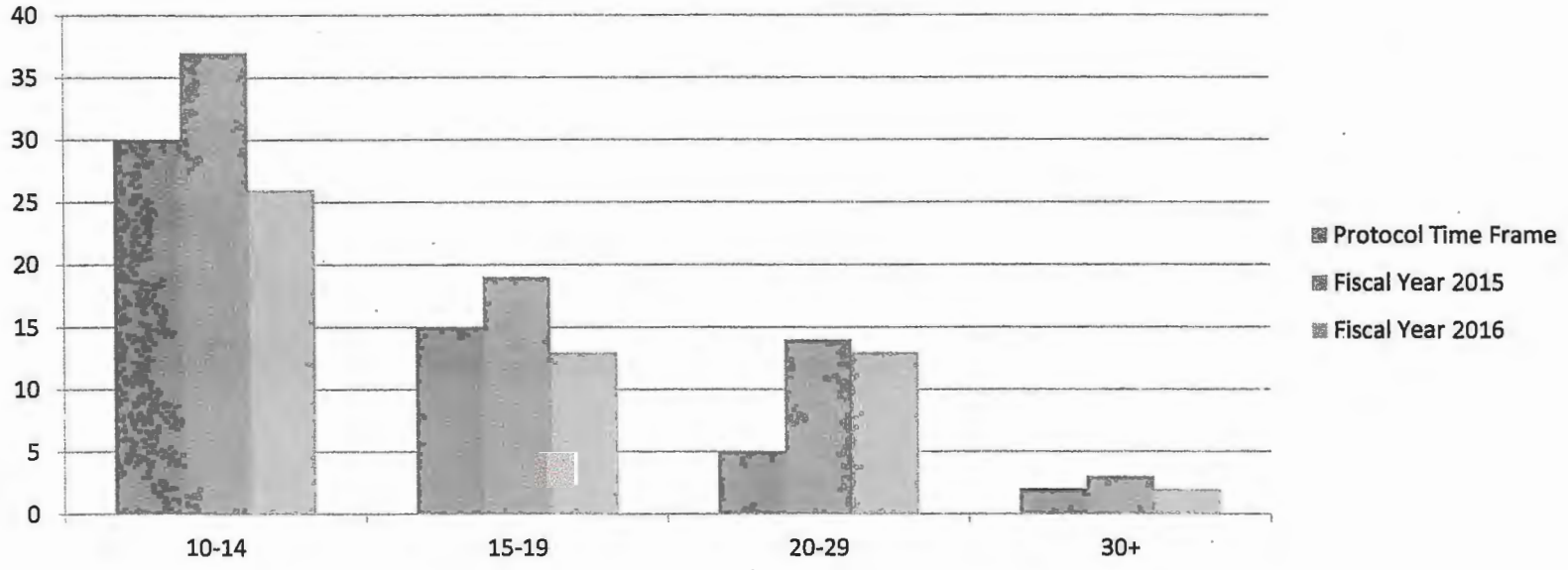

Legend
Cases of elevated blood lead levels, FY 2015
Count per quarter square kilometer
1
2
3
4
5 or more

Leading Zip Codes with Affected Children



Average time to Complete Initial Home Visit (days)

Protocol Time Frame	Lead Levels	Fiscal Year 2015	Fiscal Year 2016
30	10-14	37	26
15	15-19	19	13
5	20-29	14	13
2	30+	3	2



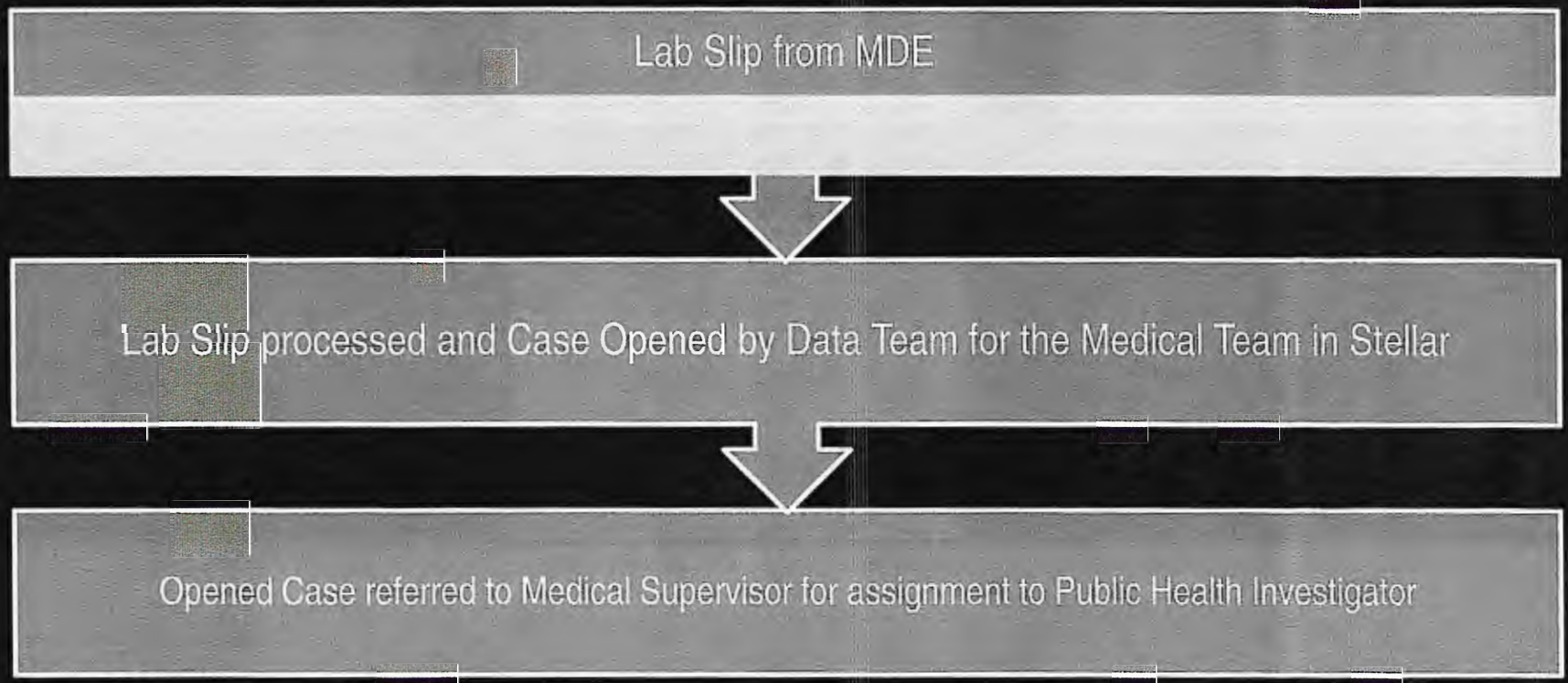
Procedures for 5-9 ug/dL Case Management

The overall goal for all 5-9ug/dL cases (including telephonic cases) is to decrease children's blood lead levels and prevent lead levels from elevating to above 9ug/dL. Below is a schematic outlining how 5-9ug/dL cases are assigned and managed:

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

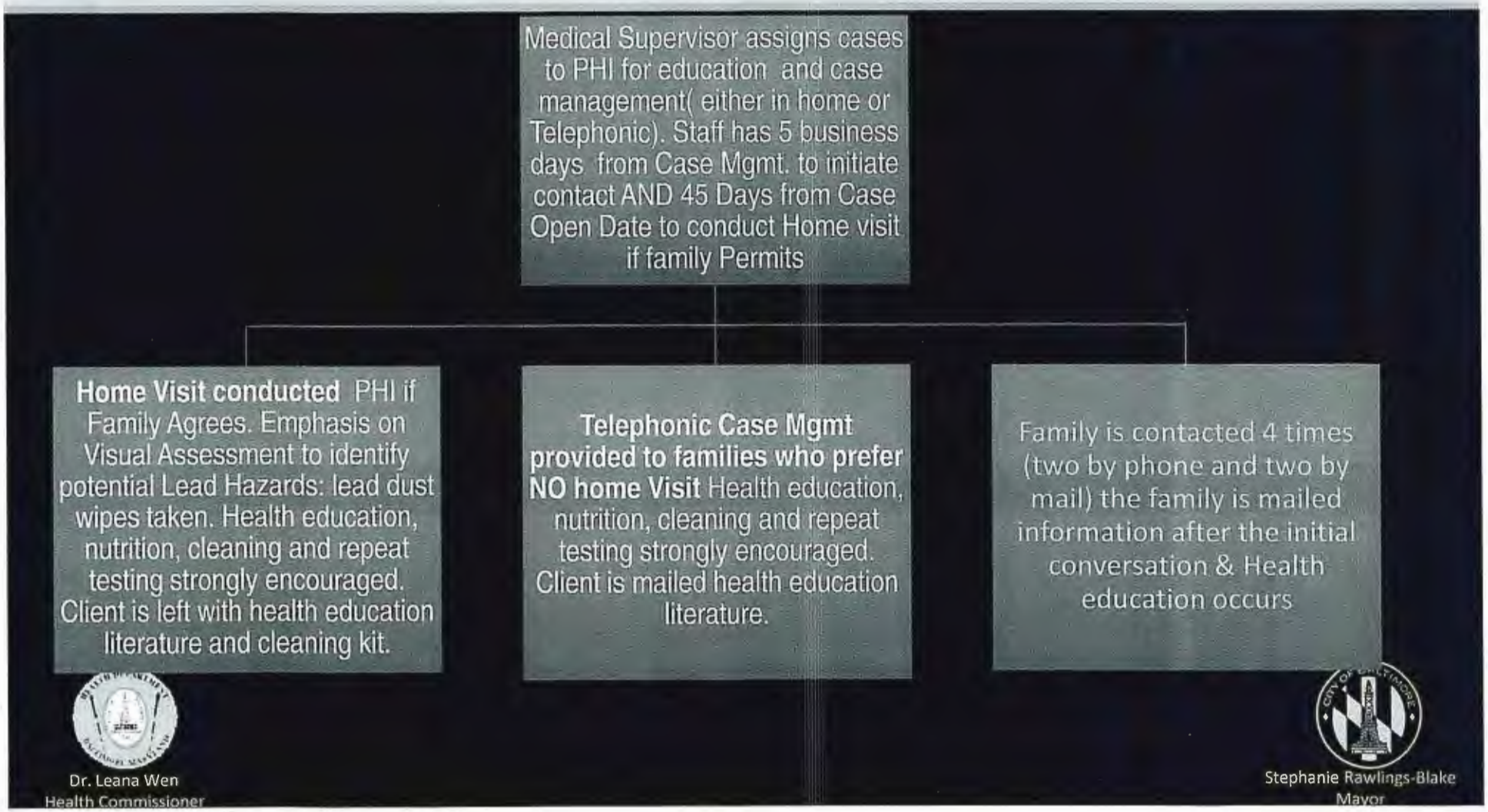
Procedures for 5-9 ug/dL Case Management



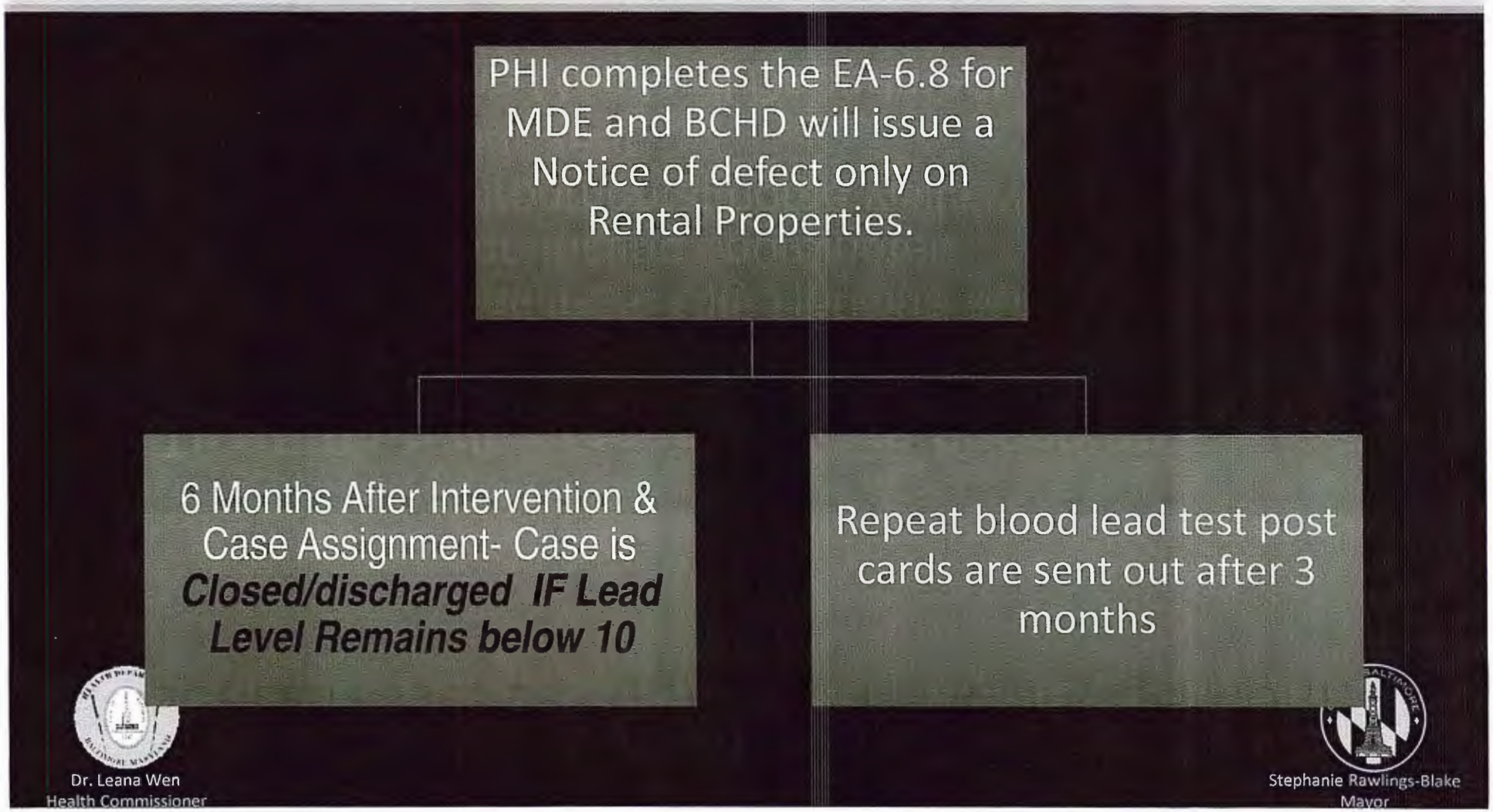
Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Procedures for 5-9 ug/dL Case Management



Procedures for 5-9 ug/dL Case Management



Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Procedures for 5-9 ug/dL Case Management

- The 5-9 ug/dL procedures are based on the following two MOU agreements:
  - MOU with Baltimore City Housing Authority (Housing) conducting coordinated medical/environmental home visits will be done each calendar year
  - MOU with the Maryland Department of the Environment (MDE) stating that 5-9 ug/dL cases will receive telephonic case management focusing on health education that actively engages families and empowers them to practice proven lead interventions

Case management Challenges

- Missing current contact information (i.e.; name and telephone#) for parent or guardian on the lab sheet. MDE John K. & Tim Bevil
- Clients transient & move often in and out of Baltimore City
- Failure or reluctance of the Primary Care Provider to provide missing or current contact information for parent or guardian.
- Completing a Notice of Defect in the instance when the Adult staying/residing in the home is not tenant listed on the lease.
- Care and Safety of Staff(Trauma Training)
- Rent to own. Tenants renting to own homes without receiving lead cert. or knowing that they should have lead information

Primary Prevention

Our vision is that all Baltimore families live in Healthy Homes. We promote environments and actions to prevent lead poisoning through:

- Home visits by CHW to low-income pregnant women or women with young children:
  - Assess potential lead hazards
  - Educate family about blood lead testing requirements
  - Educate family on lead and healthy homes issues
  - Provide supplies for green cleaning/integrated pest management
  - Refer to identified community resources (housing, legal, smoking cessation, injury prevention)

Primary Prevention (cont'd)

- Gatherings
  - Interactive workshops designed to address clients needs
  - Held in comfortable, familiar settings
    - Community and recreation centers
    - Early childhood centers
    - Cultural sites
    - Schools
  - Healthy Homes focuses on ways to keep family safe from in-home environmental hazards.
  - Green Cleaning and Integrated Pest Management educates families on ways to keep their home clean and pest-free without the use of toxic chemicals.

Data

- To date in FY 2016 there were 63 telephonic cases .All clients were contacted & received information.
- To date in FY 2016 the program completed 243 5-9 home visits
- To date in FY 2016 BCHD completed 15 Healthy Homes Gatherings
- To date in FY 2016 BCHD has attend 25 health fairs and reached 675 citizens

Improved DCHD partnership

MOU with Baltimore City Department of Housing and Community Development outlines that 450 coordinated medical/environmental home visits will be done between 2016-2018.

- This MOU attempts to address & close the gaps from the previous year.
- In FY 2015 we provided services to 150 youth that had positive BLL between 5-9
- Going forward…BCHD will provide services to 220 clients who have a child with a positive BLL between 5-9 test received however.
- BCHD will ALSO provide services to 230 citizens who enroll in the Department of Housing and Community Development Lead hazard Reduction program regardless of whether or not the child has a positive BLL which is true primary prevention

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Outreach

- Data collected from current and prior year lead cases to formulate data driven targeted Outreach.
- Collaboration with the CBOs, community groups, MCOs, schools and early childhood centers.
- Disseminate primary prevention services to those families in areas most affected by Lead
- Collaborate with MSDE. Presented to 20 childcare licensing specialists and also at the MSDE childcare provider roundtable to licensed childcare providers(80)
- Baltimore City Community School Coordinators
- Lead prevention video now being shown in Mayor's office Of Human Services-Community Action centers. Centers offer:
  - Energy Assistance
  - Free Summer Meals for Youth
  - Money Management Classes

Partners

- Monthly meetings with Lead Program at Housing
- Quarterly meetings with DHMH
- Meetings with HUD field office
- Meetings with MDE
- Partnership meetings with GHHI

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Quality Assurance (QA)

GOAL

Provide optimal care to children affected by Elevated Blood Lead levels (EBLs) by ensuring adherence to established protocols and time frames for the environmental investigation and medical case management of children with blood lead levels of 10mcg/dL or higher.

QA Process

- Field staff given list of cases to be reviewed
- Cases paired up by child/address and distributed equally to four supervisory staff for QA
- Data collected and analyzed
- QA plan written based on discussion with supervisory staff
- Issues re-visited if no improvement by following quarter

Current QA focus

- Medical Team
  - Timeliness of initial contact
  - Timeliness of medical home visit
  - Review of interim controls
  - BLL test reminders to families
  - BLL test follow up with providers
  - 3-month follow-up inspections

Current QA Focus (cont'd)

- Environmental Team
  - Timeliness of initial contact
  - Timeliness of inspection
  - Action re: missing smoke detectors / CO monitors
  - Issuing of lead violation notice
  - Referrals to legal
  - Follow-up with property owners

Successful Outcomes

- Coordination of visits between medical and environmental programs, which minimized disruption for families
- Increase in percentages of cases referred to legal within protocol time frame
- Identification of continuity issues for 5-9s that convert to 10+ EBLs.

Moving Forward

- Integrating Asthma Education. Cross training Lead Staff
- Back to the Future-exploring POC testing
- Expanding our partnership with:
  - Baltimore City Public Schools Office of Community Engagement
  - Baltimore City Public Schools
  - Native American Lifelines
  - Baltimore American Indian Center
  - EBLO
  - Casa

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

2016 National Childhood Lead Poisoning Prevention Week

- What it Means to be Lead Free?
  - Educated & Engaged Parents on Lead Poisoning Prevention, Green Cleaning, Integrated Pest Management.
  - Educated & Engaged 200 2nd-3rd graders on Lead Prevention.
  - Youth were from:
    - John Ruhrah ES/MS
    - Lakeland ES/MS
    - Dr. Carter G. Woodson ES/MS
  - Poster Contest(show pictures)

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Thank you!

Dr. Leana Wen
Health Commissioner

Stephanie Rawlings-Blake
Mayor

Lead Commission Comments – Childhood Lead Registry Report

1. Need more sophisticated analysis and a report of case management data. Currently, we are only told that case management takes place and a little about the process.
    a. It is critical that a **standard approach** be used for case management. This approach is not described at all in the report
        i. Recommend **HUD Chapter 16** for initial investigation of poisoned child
            1. Identify sources for individual child, to include paint, dust, soil, water, other (specified), secondary address
            2. Could look at 2X2 tables looking at age of housing and other sources
            3. Were any of the properties lead free units?
        ii. Recommend additional follow-up and reporting of outcome measures:
            1. Change in BLL, time to achieve BLL below 5, 10µg/dL
            2. Change in lead exposure: presence/elimination of identified lead hazards in child's environment
                a. Do these differ across the state?
            3. Time to elimination of lead hazards from child's environment (abatement, moving the child, etc.)
    b. Source of exposure should be described based on case data: lead hazards in paint, soil, dust, water, other (specified), secondary address, child care facility, unknown
    c. Only properties with lead hazards identified should be included in the age of property analysis
    d. May want an additional table showing non-housing exposures (this would include exposures for refugee children)
    e. Need to discuss the capillary BLLs that were not followed up.
    f. Were we successful in following up every confirmed case of 10+µg/dL?
2. Sources of exposure – page 4, pink box, statement that deteriorated lead paint is major source of exposure in Maryland is not clearly substantiated. This is true nationally. No data confirming that statement has been presented.
3. Point of Care Testing results should also be shown

BRIAN E. FROSH
Attorney General

ELIZABETH HARRIS
Chief Deputy Attorney General

DONNA HILL STATON
Deputy Attorney General

CAROLYN QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE NO.
(410) 576-7036

WRITER'S DIRECT DIAL NO.
(410) 576-6327
asnyder@oag.state.md.us

October 31, 2016

Patricia McLaine, DrPH, MPH, RN
Chair, Maryland Lead Poisoning Prevention Commission
c/o Paula Montgomery
Maryland Department of the Environment
1800 Washington Blvd.
Baltimore Maryland 21230

Dear Dr. McLaine:

I am writing to acknowledge our receipt of your request for an Opinion of the Attorney General addressing whether, in light of the Court of Appeals decision in *Jackson v. Dackman*, 422 Md. 357 (2011), a property owner may make a qualified offer to resolve its potential liability under the lead poisoning prevention laws and, if so, what obligations insurance companies have to pay out on qualified offers.

Please note that, although we will commence working on the opinion immediately, the process of researching and writing formal opinions can be lengthy. If there is a particular date by which you require a response, please let me know and we will do our best to accommodate your schedule. We also reserve the right to decide whether a response to an opinion request should be in the form of an opinion or a letter of advice.

Under State law, official opinions of the Attorney General are publicly available. It is the policy of this Office to accept and consider any information and views submitted by interested parties or other members of the public concerning pending opinion requests. For that reason, we post pending opinion requests on our website. We will be happy to share with you any submissions that we receive, should you wish to review them.

Sincerely,

Adam D. Snyder
Chief Counsel, Opinions & Advice

DECEMBER 1, 2016

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

December 2, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene RHM for CM	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	443-691-9836
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care ProvidersOffice of Child Care/MSDE	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Financial Institution	
VACANT	Maryland Senate	

NOTICE

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this sign-in sheet is intended to be used to contact you concerning further information about the subject of this public hearing or meeting. Failure to provide the information requested may result in you not receiving further information. You have the right to inspect, amend, or correct this sign-in sheet. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

GUESTS

Governor's Lead Commission Meeting Attendance Sheet

December 2, 2016

PLEASE NOTE: This sign-in sheet becomes part of the public record available for inspection by other members of the public.

Name	Representing	Address/Telephone/Email
PT Connor	CONNT	—
Jack Daniel	DHCD	
Robin Jacobs	OAG	robin.jacobs@maryland.gov
Maryla Paul	MSDE-OCC	Maryla-Paul@Maryland.gov
TOMMY TOMESETT	MMHA	ttompsett@mmhaonline.org
Sheetah Hampton-El	GHHI	

Lead Commission Meeting
Guest Sign-in Sheet
12/1/16

Name	Title	Agency	Phone	E-Mail
John Krupinski		MDE	3944	John.Krupinski@maryland.gov
Rachel Hess-Mutinda		DHMH	767.2196	rachel.hess-mutinda@maryland.gov
Ron Winebrot		AOSA	301-261-1460	rwinebrot@aoba-metro.org

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, December 1, 2016
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Follow up – Office of Childcare Annual Report
Follow up – follow up on MDE's Childhood Lead Registry Report
Other

III. New Business
Items of Concern for Annual Report
Lead Legislation Planning

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, January 5, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am

V. Agency Updates
- A. Maryland Department of the Environment
- B. Department of Health and Mental Hygiene
- C. Department of Housing and Community Development
- D. Baltimore City Health Department
- E. Baltimore City Department of Housing and Community Development
- F. Office of Childcare
- G. Maryland Insurance Administration
- H. Other Agencies

VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
December 1, 2016

APPROVED Minutes

Members in Attendance
Nancy Egan, Mary Beth Haller (by phone), Susan Kleinhammer, Edward Landon, Patricia McLaine, Barbara Moore, Leonidas Newton, Manjula Paul, Adam Skolnik

Members not in Attendance
Cliff Mitchell, Paula Montgomery, Del. Nathaniel Oaks, Christina Peusch, John Scott

Guests in Attendance
Patrick Connor (CONNOR), Jack Daniel (DHCD), Robin Jacobs (OAG), Syeetah Hampton-El (GHHI), John Krupinsky (MDE), Rachel Hess Mutinda (DHMH), Tommy Tompsett (MMHA) Ron Wineholt (AOBA)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:34 with welcome and introductions.

Old Business
Childcare Committee Report – Christina Peusch and Ed Landon met with Office of Child Care Director Elizabeth Kelly. Lead violations are posted on the MSDE website, listed by county. In FY 2016 (7/1/15-6/30/16), 30 lead violations were identified, compared to 56 for FY 2015 (7/1/14-6/30/15). Most of the violations were paper violations, where facilities had not filed the correct paperwork. Christine indicated she will organize a follow-up meeting this month. Would it be possible for DHCD to fund childcares that need to make corrections quickly? Office of Child Care could administer the grants. The Committee will try to meet with Baltimore County HUD program, identify a couple of facilities and try to get funding for them. Manjula Paul indicated that Office of Child Care would need specific information regarding who would qualify for such a loan, turn-around time, etc. Syeetah Hampton-El asked where DHCD stood with streamlining the loan process. Ed Landon stated that would be addressed; he added that the group will meet with David Fielder (Baltimore County HUD) to see what they are able to do. Syeetah Hampton-El noted that issues for Baltimore City included requirements to have insurance and proper title. Ed Landon stated that these requirements are identified in statute. Unfortunately, he added, we don't have a test case for child care facilities being turned down for funding and we don't have a good idea of what the need is for new child care facilities coming online.

Follow up on MDE Childhood Lead Registry Report – A list of 7 recommendations was distributed and discussed. These include: 1. Need for a table summarizing all identified sources of lead hazards for each case investigated; 2. Age of housing table showing properties identified with lead hazards by age and ownership; 3.Change in wording on Sources of Childhood Lead Exposure Box on page 4 (change "the" to "a"); 4. Provide standard information on case management for all counties and Baltimore City; 5. Provide additional information for refugees

and adoptees; 6. Show additional outcomes for Point of Care testing; 7. Provide the Commissioners with the opportunity to review and comment on the Annual Childhood Lead Registry Report before it is issued.

Syetta Hampton El said that GHHI agrees with many of these points. Case management outcomes are important but what is the impact on the family? With regards to pinpointing sources, if we have the ability to pull out information on herbal and make-up exposures in Prince Georges County do we have the ability to focus on other exposures of importance? Patrick Connor asked if there was an opportunity to look at non housing-related sources. Leonidas Newton indicated this would be a good first step. Adam Skolnik indicated that he would like to see a report for a poisoned child investigation. Patrick Connor suggested that having a report with identifying information redacted would be helpful. He related a recent case in which he was involved with two children with BLLs greater than 10μg/dL, living in a home built after 2000 where the source of exposure was occupational: the father was a welder. Tommy Tompsett asked whether Mount Washington Pediatrics got a copy of the report. Barbara Moore stated that Mount Washington Pediatrics got a summary of findings if they requested it, but did not get the questionnaire or inspection report so they do not know where testing was or was not done. An eighth point will be added to the list: 8. Provide the Commissioners with copies of environmental investigation reports including questionnaire, test results for at least one case investigation completed by MDE, Baltimore City and Prince George's County.

Syeetah Hampton-El indicated that GHHI does get lead violation report if they ask for it. Susan Kleinhammer noted that COMAR indicates that private inspectors must use the protocol approved by MDE and this may be one way to assure more consistency with privately done inspections. John Krupinsky stated that all counties investigate BLLs of 10μg/dL and higher. MDE has received some referrals for inspections for children with BLLs less than 10μg/dL. MDE does inspections for all counties except Prince Georges and Baltimore City. Baltimore City does not do environmental investigations for children with BLLs 5-9μg/dL. MDE does not receive a copy of the inspection questionnaire from Prince Georges County. An advisory letter with summary of the findings goes out to the owner and to the family. Although CDC has recommended environmental investigation for all children with BLLs of 10μg/dL and higher, CDC did not make a national recommendation for follow-up for children with BLLs of 5-9μg/dL, indicating that states would need to make their own decision based on availability of resources.

Ed Landon asked what property owners are doing to protect themselves if the properties are not the cause of EBL. John Krupinsky noted that in one case with Afghan refugees, the property was limited lead free. The property owner subsequently followed through to get a lead free certificate. Lawsuits filed on behalf of the child may come later. Adam Skolnik indicated that property owners cannot purchase insurance now unless the property is lead free or they can purchase a pollution control policy. However, a full environmental assessment done as part of the investigation is what is needed. John Krupinsky stated that MDE summarizes the findings and makes recommendations for every case investigated. If spices or cosmetics are identified, the case is referred to DHMH. Barbara Moore noted that at times, Mount Washington has received a detailed report. At times lead is still present even at levels below the statute. Mount

Washington had planned to do an all-day conference with Baltimore City, follow cases, show case questionnaire, report and steps taken. Several commissioners stated interest in being part of such a meeting.

John Krupinsky stated that the statewide response for children with BLLs 5-9μg/dL is not coordinated. Some counties have a nurse who works with lead cases, but the current recommendation is for health care providers to do education, to conduct a verbal risk assessment on the likelihood of exposure. DHMH has staff who can take calls from providers. John Krupinsky recommended that we do the same thing for BLLs 5-9μg/dL across the state. MDE currently funds Baltimore City to focus on BLLs 5-9μg/dL. MDE held a meeting for county nurses 3 weeks ago; nurses from only 3 counties showed up (Baltimore City, Baltimore County, Anne Arundel County). Many of the county nurses are handling multiple programs.

Barbara Moore recommended that a survey (on-line) be done with PCPs to ask what providers are doing now and whether they know how to call DHMH or how to complete a Notice of Defect. Rachael Hess Mutinda indicated that DHMH could do this and was talking about doing a survey with American Academy of Pediatrics. It was suggested that DHMH also include the Maryland Chapter of the National Association of Pediatric Nurse Practitioners in the survey.

Regarding the recommendations, Ed Landon made a motion, seconded by Leonidas Newton to formally send the list of recommendations (now 8) to MDE from the Commission. Pat McLaine will send an email later this month to MDE with cc to the Commissioners.

Approval of Minutes – a quorum being present, a motion was made by Adam Skolnik, seconded by Ed Landon to accept the November meeting minutes with corrections on page 5. All present Commissioners were in favor.

Old Business, continued

Baltimore City Permitting Process - Jason Hessler was not present at the meeting. He communicated to Ed Landon that a formal launch of the new on-line permitting system should occur soon. It is not clear if applicants are putting RRP training numbers into the permit. Commissioners would like to know if the system will kick out the application if a wrong number is put in. Patrick Connor indicated that there would be thousands of permits for which this would not apply, suggesting that the system needs to be able to kick this out. This is only the first hurdle: getting the number for the company. It is another level to ask if employees are certified renovators. It isn't clear if Baltimore City included this in the process. Both Pat McLaine and Ed Landon will reach out to Jason Hessler regarding his attendance at the January 2017 meeting.

Attorney General's Letter - Pat McLaine sent a letter to Attorney General from the Commission on November 18, 2016. Syeeta Hampton-El indicated that the Attorney General had sent out letters to the regulated community including GHHI, BCHD, Legal Aid, and others. Nancy Egan indicated that the regulated community probably has 30 days to make comments. Robin Jacobs, OAG for MDE, indicated that a second round of letters was sent out after that.

New Business

Items of Concern for Annual Report – Pat McLaine reviewed a list of the issues (meeting handout) that have been covered at monthly meetings during 2016. Ed Landon made a motion, seconded by Adam Skolnik that Chairperson Pat McLaine send out an email to all members asking them to identify their top three issues that should be covered in the Annual Report from the Commission; all present Commissioners were in favor. This will be discussed again at the January 2017 meeting.

Schedule for 2017 – Pat McLaine reviewed a projected schedule for 2017 meetings (meeting handout). She asked Commissioners to review the calendar for 2017, which will be discussed in January.

Lead Legislation Planning – Ed Landon said he has not seen any movement in developing legislation since earlier meeting in Annapolis this fall. Syeetah Hampton-El stated that she did not expect to see a report going back to delegates. Adam Skolnik indicated that Maryland Multi-Housing Association has been working with Delegate Stein and plans to meet with GHHI to try to find middle-ground. Ed Landon asked if there has been any pre-filing of bills. Syeetah Hampton-El noted that a Rent Court Summer Study Report would be coming out soon and this may impact lead legislation. Barbara Moore indicated that it would be useful to know what bills are out there before session starts. Tommy Tompsett indicated that the Commission should look at the bills that did not pass as a starting point. They will probably come up again. Syettah Hampton-El noted that GHHI supports the EBL bill and suggested that if it is not supported by the Commission, it may not pass. Nancy Egan noted that by now, the legislative packages from the different Departments have been approved. MDE should know if any lead legislation has been approved. She suggested that the Commission start with MDE's approved legislative package. Ed Landon indicated he would ask DHCD's legislative liaison about any bills on lead.

Pat McLaine stated that the Commission has been asking about lead legislation nearly every month; if the Commission does not get more input, it is unlikely to take a position on pending legislation. Syeetah Hampton-El indicated that the EBL bill may come back around and the Commission should look at it again. Adam Skolnik noted that Delegate Rosenberg has a bill asking for more money in fee increase. He questioned how the fees collected by MDE have been spent. Pat McLaine will contact MDE and request information on any MDE legislation that has been approved by the Governor. Pet Grant will send out information on the 8 bills from 2016 Legislative Session (from Ed Landon) with links to General Assembly website from last year.

Adam Skolnik noted that many legislators do not understand the market share liability bill issues. The recent meeting in Annapolis was to give all parties more time to explain. The problem is that one can't tell whose lead paint (from which manufacturer) was applied to a given property. He believes the legislation is very bad for affordable housing. Manufacturers could br sued by the percentage of lead paint they sold. Adam Skolnik fears that property owners will be defending massive numbers of law suits if such a bill passes.

Adam Skolnik asked if the Commisioners could vote to take a position on a bill if the bill was not on the Governor's agenda? Nancy Egan stated she could only express the opinion of Maryland Insurance Agency. Ed Landon stated he would take a pass on such legislation.

Patrick Connor talked about his recommendations to clarify EA 6-8, submitted as an interested party (meeting handout); he is not submitting this as a bill. Susan Kleinhammer asked who would propose these changes. Ed Landon stated that if MDE felt the changes were legitimate, they could make the changes; these would clarify the law. Nancy Egan suggested that the changes could be submitted to the Governor.

Agency Updates

Maryland Department of the Environment – nothing more to report
Department of Health and Mental Hygiene – Rachael Hess Mutinda stated that DHMH held a case management meeting with local health department nurses and 2/3 of Maryland counties participated in a webinar. John Krupinsky received a lot of feedback from the meeting. DHMH is trying to figure out how to improve collaboration within the state. A similar meeting will be held every 3-4 months with the intention to insure more consistent actions state-wide. DHMH also received a call from Maryland Insurance Agency and reported that DHMH has not received any complaints regarding denial of health insurance coverage for lead testing.

Department of Housing and Community Development – Ed Landon reported that DHCD was working with DHMH in a collaborative effort to set aside money.

Baltimore City Health Department – nothing to report.

Baltimore City Housing – no representative was present.

Maryland Insurance Administration – Nancy Egan stated that a decision has been made regarding complaints filed with MIA but parties have 30 days to request a hearing. She will provide a full report in January.

Office of Child Care – no representative was present.

Adjournment
A motion was made by Ed Landon to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:35 AM.

MDE Lead Commission Calendar for 2016 - FINAL

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
January	Governor Hogan's Plans for Baltimore City	DHMH Lead Screening Update		Lead Legislation	Crisis of Lead in Drinking Water – Flint MI	Pay for Success – Ruth Ann Norton High Eviction Rate Balt. City
February	Update on Water Safety in MD - MDE Update on Gov. Hogan's Plans for Baltimore City - DHCD	MDE Rental Registry/Compliance Report	Baltimore City Housing Permitting Process - Jason Hessler	Lead Legislation		
March		MDE Lead Free Certificate Investigation update		Lead Legislation	Health Care Provider Perspective – remediating lead problems – Barbara Moore	Child Care Subcommittee Report Report on work with paint retailers - Connor
April		MDE Lead Free Certificate Investigation update		Lead Legislation	Planning for 2016	
May	Planning Session for CLR Report and Case Mgt report	MDE Annual Enforcement and Compliance Report for 2015	Availability of Lead Insurance for Land Lords in Maryland – John Scott	Lead Legislation	Planning for 2016	MDE Lead Free Certificate Investigation update
June	Update on DHMH Lead Screening	Recommendations for Childhood Lead Registry Report	Baltimore City Housing Permitting Process – Jason Hessler			
July	MDE Rental Registry Quarterly Update (NOT DONE)		Baltimore County HUD Grant Program Bi-Annual update	Child Care Facilities Workgroup Report	2017 Projected Lead Legislation	
August		Office of Childcare Annual Update		Child Care Facilities Workgroup Update		

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
September	Update on DHMH Lead Screening					
October	MDE Childhood Lead Registry Report – Annual Review MDE Rental Registry Quarterly Update	MDE Rental Registry Quarterly Update (NOT DONE)				
November			Baltimore City CLPP Fiscal Year Report (stats, emerging trends, outreach) Baltimore City HUD Grant Program	Lead Legislation Planning	Discussion of MDE Childhood Lead Registry Report	
December	Update on DHMH Lead Screening Items of Concern for Annual Report	Review and Planning for 2017	Baltimore City Housing Permitting Process – update Jason Hessler	Lead Legislation Planning		

MDE Lead Commission Calendar for 2017 - DRAFT

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
January 2017	MDE Rental Registry Quarterly Update Annual Report to Governor	Update on Gov. Hogan's Plans for Baltimore City - DHCD		Lead Legislation		
February 2017	MDE Update on Water Safety in Maryland		Baltimore City HUD Grant Program Quarterly Report	Lead Legislation		
March 2017	Update on DHMH Lead Screening		Baltimore County HUD Grant Program Bi-Annual Update	Lead Legislation		
April 2017	MDE Rental Registry Quarterly Update			Lead Legislation		
May 2017		MDE Annual Enforcement and Compliance Report for 2016	Baltimore City HUD Grant Program Quarterly Report	Lead Legislation Recap		
June 2017	Update on DHMH Lead Screening	Office of Childcare Annual Update				
July 2017	MDE Rental Registry Quarterly Update		Baltimore City CLPP Fiscal Year Report (stats, emerging trends, outreach)	2018 Projected Lead Legislation		
August 2017	MDE Childhood Lead Registry Report – Annual Review		Baltimore City HUD Grant Program Quarterly Report			

Month	Item State Agency	Item State Agency	Item Local Agency	Item Commission	Item Commission	Item Commission
September 2017	Update on DHMH Lead Screening		Baltimore County HUD Grant Program Bi-Annual Update			
October 2017	MDE Rental Registry Quarterly Update					
November 2017	Review and Planning Meeting for 2018 (Items of Concern for Annual Report)		Baltimore City HUD Grant Program	Lead Legislation Planning		
December 2017	Update on DHMH Lead Screening			Lead Legislation Planning		

Issues on Agenda fort Lead Commission in 2016 - DRAFT

Month	Topics
January	Governor Hogan's Plans for Baltimore Other sources of lead: crisis regarding drinking water in Flint Michigan Pay for Success
February	Rental Registry Compliance and Registration Permitting Process in Baltimore City Governor's Plans for Baltimore City – demolition issues Lead Legislation Update on Drinking Water Safety
March	Follow up on Rental Registry Compliance Child Care Subcommittee Report Work with Paint Retailers Lead Legislation Update on lead free certificate investigation and enforcement issues Remediating lead problems – health provider perspective
April	Lead legislation Update on lead free certificate investigation Proposal for 2016
May	Lead Legislation Update on lead free certificate investigation State of the insurance industry – availability of lead liability insurance for Maryland property owners MDE Annual Enforcement and Compliance Report
June	Permitting Process in Baltimore City Update on lead free certificate investigation Childhood Lead Registry Report – discussion Proposal for Commission Focus
July	Lead in Drinking Water Discussion Lead from non-housing sources Baltimore County HUD Grant Program – Bi-annual update Lead legislation for 2017
August	Child Care Facilities workgroup update Office of Childcare Annual Report Baltimore City HUD Grant MDE Lead Registry Report Summary
September	Demolition activities in Baltimore Insurance companies offering policies for qualified offers Letter from to Commission to AG Brian Frosh Update on DHMH Lead Screening

Month	Topics
October	MDE Childhood Lead Registry Annual Review
November	Feedback on MDE's Childhood Lead Registry Rept Baltimore City HUD Grant Program – Q report Baltimore City CLPPP Fiscal Year Report Lead Legislation Planning
December	Follow up Child Care Committee Report Follow-up Childhood Lead Registry Report Issues of Concern for Annual Report Lead Legislation planning

Recommendations from Lead Commission regarding Surveillance Report.

1. Environmental Exposure table needs to report on all identified sources of lead hazards for each case investigated, including paint, dust, soil, water, and other
    a. Report on how frequently cases are tested for paint, dust, soil, water, other.
    b. Report on outcomes of environmental investigation including results for testing of paint, dust, soil, water, and "other" suspected hazards.
    c. Results of environmental questionnaire should be compiled; if this were entered directly into a tablet, entry would be completed as part of the inspection.
2. Age of Housing table should show properties identified **with lead hazards** by age and ownership. Current table includes some properties that did not have lead hazards identified and this is misleading.
3. Page 4, Sources of childhood lead exposure (box) – change text from "lead paint is **the** major source..." to "lead paint is **a** major source... " We have seen no data to support this in Maryland. If data is available, please include that in the report.
4. Standard information is needed on case management for all counties and Baltimore City, including:
    a. Kind of case management being done (i.e. home visits, telephonic follow-up)
    b. Level of intervention (i.e. 5, 10, 15µg/dL)
    c. If elimination of lead hazards is documented for all cases (yes/no)
    d. Average time to elimination of lead hazards from time of case ID (for cases ID in past year)
    e. If BLLs are being monitored by county/city over time (yes/no)
    f. How long it took to reduce BLL to below 10µg/dL X2 for cases ID in past year
5. Provide additional information for refugees and adoptees from other countries.
    a. How can the State of Maryland assure that children emigrating from other countries are tested for lead?
    b. We do know number with BLL of 10+; this would be more meaningful with denominator data
        i. Can we estimate how many Maryland adoptions occur from outside of country in the past year?
        ii. Can we estimate the number of refugee children <6 years of age coming into the country in Maryland in the past year?
6. Show additional outcomes for Point of Care Testing
    a. BLL distribution of point of care testing results
    b. Follow-up testing done for BLLs 5+µg/dL
    c. Total number of reporting entities broken down by county

MARYLAND

Ed Landon -DHCD- <ed.landon@maryland.gov>

FW: MDE Commission Meeting

1 message

McLaine, Pat <mclaine@son.umaryland.edu> Wed, Nov 30, 2016 at 7:57 AM
To: Ed Landon <Landon@dhcd.state.md.us>

Ed,
Greetings! I am assuming you will be at the meeting tomorrow. Would you please review and include in our discussion for lead legislative planning tomorrow. Probably would be good to make copies of this for the meeting, so everyone can look at it clearly. If you want, we could send this out in advance?

Hope you had a wonderful Thanksgiving.
Best wishes,
Pat
Pat McLaine, DrPH, MPH, RN
Assistant Professor
University of Maryland School of Nursing
Department of Family and Community Health
655 W. Lombard Street, Room 655 B
Baltimore, MD 21201
410-706-5868 office
443-520-9678 cell
410-706-0253 FAX
mclaine@son.umaryland.edu

From: Patrick Connor [pconnor@connorsolutions.com]
Sent: Tuesday, November 29, 2016 5:08 PM
To: McLaine, Pat
Subject: MDE Commission Meeting

Pat,

Good afternoon. From an Interested Party. As the state prepares for another General Assemble session, I was wondering if the Commission would discuss and then determine if they could support a Bill that:

1. Amends 6-819 – Modified Risk Reduction Standards to only have lead-contaminated dust testing as the "required treatment"? This change would bring consistency to both 6 – 815 and 6 – 819.

2. Option to Item 1 – adding the language of "lead-based paint or untested" in front of the word "paint" in 6-819 (2)(ii) and (iii). Review 6-819 (2)(vii) for harmony "lead-painted surface" versus "lead-based paint or untested painted surface."

3. Amends 6-804 to reflect that 6-820 – Notice of tenant's rights and 6-623 – Lead Poisoning Information Packet needs to be provided in Lead Free – Limited Properties at Lease-up and every two years. Property Owners provide the Lead Poisoning Information Packet (simply because it is the EPA pamphlet and EA 6-8 has a dual purpose document) however, we are not providing the Notice of Tenants Rights in properties with known Common Area Lead-based Paint.

4. Amends 6-804 to eliminate the discussion of what type of Lead-based Paint Inspection meets the exemption requirements.

5. Amend both 6-820 and 6-823 to reflect that Certified Mail not accepted or signed for by the Resident does not violate the statue or place the Property Owner in non-compliance. For compliance with 6-820 and 6-823, COMAR 26.16.04.02A – the language is part indicates "... notice shall be sent by any method in which written receipt may be acknowledged by the intended recipient, agent or representative." Can we obtain clarification on "may be." If the Property Owner sends it and it is not signed for – are they in compliance with both the Env Art. And COMAR?

Over the last two years we are seeing more 1950 – 1978 Properties Owners encountering this Notice compliance issue.

Patrick T. Connor

CONNOR
443.322.1206 (O)
443.695.3824 (M)

[cid:image001.png@01D24A5D.A183F780][cid:image004.jpg@01D24A63.2F2E31E0]

Statute Text

Article - Environment

§6–804.

(a) Affected property is exempt from the provisions of Part IV of this subtitle if the owner submits to the Department an inspection report that:

(1) Indicates that the affected property has been tested for the presence of lead-based paint in accordance with standards and procedures established by the Department by regulation;

(2) States that:

(i) All interior and exterior surfaces of the affected property are lead-free; or

(ii) 1. All interior surfaces of the affected property are lead-free and all exterior painted surfaces of the affected property that were chipping, peeling, or flaking have been restored with nonlead-based paint; and

2. No exterior painted surfaces of the affected property are chipping, peeling, or flaking; and

(3) Is verified by the Department accredited inspector who performed the test.

(b) In order to maintain exemption from the provisions of Part IV of this subtitle under subsection (a)(2)(ii) of this section, the owner shall submit to the Department every 2 years a certification, by a Department accredited inspector, stating that no exterior painted surface of the affected property is chipping, peeling, or flaking.

(c) Outside surfaces of an affected property, including windows, doors, trim, fences, porches, and other buildings or structures that are part of the affected property, are exempt from the risk reduction standards under §§ 6-815 and 6-819 of this subtitle if all exterior surfaces of an affected property are lead-free and the owner submits to the Department an inspection report that:

(1) Indicates that the outside surfaces have been tested for the presence of lead-based paint in accordance with standards and procedures established by the Department by regulation;

(2) States that all outside surfaces of the affected property are lead-free; and

(3) Is verified by the Department accredited inspector who performed the test.

Statute Text

Article - Environment

§6–815.

(a) No later than the first change in occupancy in an affected property that occurs on or after February 24, 1996, before the next tenant occupies the property, an owner of an affected property shall initially satisfy the risk reduction standard established under this subtitle by passing the test for lead–contaminated dust under § 6–816 of this subtitle provided that any chipping, peeling, or flaking paint has been removed or repainted on:

(1) The exterior painted surfaces of the residential building in which the rental dwelling unit is located; and

(2) The interior painted surfaces of the rental dwelling unit.

(b) At each change in occupancy thereafter, before the next tenant occupies the property, the owner of an affected property shall satisfy the risk reduction standard established under this subtitle by passing the test for lead–contaminated dust under § 6–816 of this subtitle in accordance with subsection (a) of this section.

(c) At each change in occupancy, an owner of an affected property shall have the property inspected to verify that the risk reduction standard specified in this section has been satisfied.

(d) (1) Exterior work required to satisfy the risk reduction standard may be delayed, pursuant to a waiver approved by the appropriate person under paragraph (2) of this subsection, during any time period in which exterior work is not required to be performed under an applicable local housing code or, if no such time period is specified, during the period from November 1 through April 1, inclusive.

(2) A waiver under paragraph (1) of this subsection may be approved by the code official for enforcement of the housing code or minimum livability code of the local jurisdiction, or, if there is no such official, the Department of Housing and Community Development.

(3) Notwithstanding the terms of the waiver, all work delayed in accordance with paragraph (1) of this subsection shall be completed within 30 days after the end of the applicable time period.

(4) Any delay allowed under paragraph (1) of this subsection may not affect the obligation of the owner to complete all other components of the risk reduction standard and to have those components inspected and verified.

(5) If the owner has complied with the requirements of paragraph (4) of this subsection, the owner may rent the affected property during any period of delay allowed under paragraph (1) of this subsection.

(e) On request of a local jurisdiction, the Secretary may designate the code official for enforcement of the housing code or minimum livability code for the local jurisdiction, or an appropriate employee of the local jurisdiction, to conduct inspections under this subtitle.

Statute Text

Article - Environment

§6–816.

The Department shall establish procedures and standards for the lead–contaminated dust testing by regulation.

Statute Text

Article - Environment

§6–817.

(a) (1) Except for properties constructed between January 1, 1950, and December 31, 1977, both inclusive, on and after February 24, 2001, an owner of affected properties shall ensure that at least 50% of the owner's affected properties have satisfied the risk reduction standard specified in § 6–815(a) of this subtitle, without regard to the number of affected properties in which there has been a change in occupancy.

(2) (i) Notwithstanding any other remedy that may be available, an owner who fails to meet the requirements of subsections (a)(1) and (c) of this section shall lose the liability protection under § 6–836 of this subtitle for any alleged injury or loss caused by the ingestion of lead by a person at risk that is first documented by a test for EBL of 20 g/dl or more performed between February 24, 2001 and February 23, 2006, inclusive, or 15 g/dl or more performed on or after February 24, 2006, in any of the owner's units that have not satisfied the risk reduction standard specified in § 6–815(a) of this subtitle and the inspection requirement of subsection (c) of this section.

(ii) On or after the date that the owner meets the requirements of subsections (a)(1) and (c) of this section, the liability protection under § 6–836 of this subtitle shall be reinstated for any alleged injury or loss caused by the ingestion of lead by a person at risk that is first documented by a test for EBL of 20 g/dl or more performed between February 24, 2001 and February 23, 2006, inclusive, or 15 g/dl or more performed on or after February 24, 2006.

(b) (1) Except for properties constructed between January 1, 1950, and December 31, 1977, both inclusive, on and after February 24, 2006, an owner of affected properties shall ensure that 100% of the owner's affected properties in which a person at risk resides, and of whom the owner has been notified in writing, have satisfied the risk reduction standard specified in § 6–815(a) of this subtitle.

(2) (i) Notwithstanding any other remedy that may be available, an owner who fails to meet the requirements of subsections (b)(1) and (c) of this section, or of § 6–819(f) of this subtitle shall lose the liability protection under § 6–836 of this subtitle for any alleged injury or loss caused by the ingestion of lead by a person at risk that is first documented by a test for EBL of 15 g/dl or more on or after February 24, 2006 in any of the owner's units that have not satisfied the risk reduction standard specified in § 6–815(a) of this subtitle, the inspection requirement of subsection (c) of this section, or the modified risk reduction standard specified in § 6–819(a) of this subtitle, as applicable.

(ii) The liability protection under § 6–836 of this subtitle shall be reinstated for any alleged injury or loss caused by the ingestion of lead that is first documented by a test for EBL of 15 g/dl or more after the date that the owner meets the requirements of subsections (b)(1) and (c) of this section and the requirements of § 6–819(f) of this subtitle.

(iii) The provisions of this paragraph do not apply if the owner proves that the noncompliance results from:

1. A tenant's lack of cooperation with the owner's compliance efforts; or

2. Legal action affecting access to the unit.

(3) Notice given under subsection (b)(1) of this section shall be sent by:

(i) Certified mail, return receipt requested; or

(ii) A verifiable method approved by the Department.

(c) On each occasion that an affected property which has not undergone a change in occupancy is treated to satisfy the requirements of this section, the owner of the affected property shall have the property inspected to verify that the risk reduction standard specified in § 6–815(a) of this subtitle has been satisfied.

(d) The owner of an affected property shall be responsible for the cost of any temporary relocation of the tenants of the affected property that is necessary to fulfill the requirements of this section.

Statute Text

Article - Environment

§6–818.

(a) (1) Any person performing lead-contaminated dust testing or conducting inspections required by this subtitle:

(i) Shall be accredited by the Department;

(ii) May not be a related party to the owner; and

(iii) Shall submit a verified report of the result of the lead-contaminated dust testing or visual inspection to the Department, the owner, and the tenant, if any, of the affected property.

(2) An owner may not employ or engage a related party to the owner to perform lead-contaminated dust testing or conduct inspections required by this subtitle.

(b) A report submitted to the Department under subsection (a) of this section that certifies compliance for an affected property with the risk reduction standard shall be conclusive proof that the owner is in compliance with the risk reduction standard for the affected property during the period for which the certification is effective, unless there is:

(1) Proof of actual fraud as to that affected property;

(2) Proof that the work performed in the affected property was not performed by or under the supervision of personnel accredited under § 6-1002 of this title; or

(3) Proof that the owner failed to respond to a complaint regarding the affected property as required by § 6-819 of this subtitle.

Statute Text

Article - Environment

§6–819.

(a) The modified risk reduction standard shall consist of performing the following:

(1) Passing the test for lead–contaminated dust under § 6–816 of this subtitle; and

(2) Performing the following lead hazard reduction treatments:

(i) A visual review of all exterior and interior painted surfaces;

(ii) The removal and repainting of chipping, peeling, or flaking paint on exterior and interior painted surfaces;

(iii) The repair of any structural defect that is causing the paint to chip, peel, or flake, that the owner of the affected property has knowledge of or, with the exercise of reasonable care, should have knowledge of;

(iv) Repainting, replacing, or encapsulating all interior lead–based paint or untested painted windowsills with vinyl, metal, or any other material in a manner and under conditions approved by the Department;

(v) Ensuring that caps of vinyl, aluminum, or any other material in a manner and under conditions approved by the Department, are installed in all window wells where lead–based paint or untested paint exists in order to make the window wells smooth and cleanable;

(vi) Except for a treated or replacement window that is free of lead–based paint on its friction surfaces, fixing the top sash, subject to federal, State, or local fire code standards, of all windows in place in order to eliminate the friction caused by the movement of the top sash;

(vii) Rehanging all doors in order to prevent the rubbing together of a lead–painted surface with another surface;

(viii) Ensuring that all kitchen and bathroom floors are overlaid with a smooth, water–resistant covering; and

(ix) HEPA–vacuuming and washing with high phosphate detergent or its equivalent, as determined by the Department, any area of the affected property where repairs were made.

(b) (1) A tenant of an affected property may notify the owner of the affected property of a defect in the affected property under this section in accordance with this subsection.

(2) Notice of a defect under this section shall consist of:

(i) If the modified risk reduction standard has not been satisfied for the affected property, the presence of chipping, peeling, or flaking paint on the interior or exterior surfaces of the affected property or of a structural defect causing chipping, peeling, or flaking paint in the affected property; or

(ii) If the modified risk reduction standard has been satisfied for the affected property, a defect relating to the modified risk reduction standard.

(c) (1) After February 23, 1996, an owner of an affected property shall satisfy the modified risk reduction standard:

(i) Within 30 days after receipt of written notice that a person at risk who resides in the property has an elevated blood lead level documented by a test for EBL greater than or equal to 15 g/dl before February 24, 2006 or greater than or equal to 10 g/dl on or after February 24, 2006; or

(ii) Within 30 days after receipt of written notice from the tenant, or from any other source, of:

1. A defect; and

2. The existence of a person at risk in the affected property.

(2) (i) An owner who receives multiple notices of an elevated blood level under this subsection or multiple notices of defect under subsection (d) of this section may satisfy all such notices by subsequent compliance with the risk reduction measures specified in subsection (a) of this section, as documented by satisfaction of subsection (f) or (g) of this section, if the owner complies with the risk reduction measures specified in subsection (a) of this section after the date of the test documenting the elevated blood level or after the date the notices of defect were issued.

(ii) Subparagraph (i) of this paragraph does not affect an owner's obligation to perform the risk reduction measures specified in subsection (a) of this section for a triggering event that occurs after the owner satisfies the provisions of subparagraph (i) of this paragraph.

(d) After May 23, 1997, an owner of an affected property shall satisfy the modified risk reduction standard within 30 days after receipt of written notice from the tenant, or from any other source, of a defect.

(e) An owner of an affected property is in compliance with subsection (c) or (d) of this section if, as applicable:

(1) The owner satisfies the modified risk reduction within 30 days after receiving a notice of elevated blood lead level or a notice of defect in accordance with this section; or

(2) The owner provides for the temporary relocation of tenants to a lead–free dwelling unit or another dwelling unit that has satisfied the risk reduction standard in accordance with § 6–815 of this subtitle within 30 days after the receipt of a notice of elevated blood lead level or a notice of defect.

(f) Except as provided in § 6–817(b) of this subtitle and except for properties constructed between January 1, 1950, and December 31, 1977, both inclusive, on and after February 24, 2006, an owner of affected properties shall ensure that 100% of the owner's affected properties in which a person at risk does not reside have satisfied the modified risk reduction standard.

(g) An owner of an affected property shall verify satisfaction of the modified risk reduction standard by submitting a report from an accredited inspector to the Department.

(h) Notice given under this section shall be written, and shall be sent by:

(1) Certified mail, return receipt requested; or

(2) A verifiable method approved by the Department.

(i) The Department may, by regulation, eliminate any treatment from the modified risk reduction standard if the Department finds that performing the treatment in an occupied property is harmful to public health.

(j) (1) Exterior work required to satisfy the modified risk reduction standard may be delayed, pursuant to a waiver approved by the appropriate person under paragraph (2) of this subsection, during any time period in which exterior work is not required to be performed under an applicable local housing code or, if no such time period is specified, during the period from November 1 through April 1, inclusive.

(2) A waiver under paragraph (1) of this subsection may be approved by the code official for enforcement of the housing code or minimum livability code of the local jurisdiction, or, if there is no such official, the Department of Housing and Community Development.

(3) Notwithstanding the terms of the waiver, all work delayed in accordance with paragraph (1) of this subsection shall be completed within 30 days after the end of the applicable time period.

(4) Any delay allowed under paragraph (1) of this subsection may not affect the obligation of the owner to complete all other components of the risk reduction standard and to have those components inspected and verified.

(k) The report of the inspector verifying compliance with this subtitle shall create a rebuttable presumption, that may be overcome by clear and convincing evidence, that the owner is in compliance with the modified risk reduction standard for the affected property unless there is:

(1) Proof of actual fraud as to that affected property; or

(2) Proof that the work performed on the affected property was not performed by or under the supervision of personnel accredited under § 6–1002 of this title.

Statute Text

Article - Environment

§6–820.

(a) Except as provided in subsection (b) of this section, an owner of an affected property shall give to the tenant of the affected property a notice, prepared by the Department, of the tenant's rights under §§ 6–817 and 6–819 of this subtitle, according to the following schedule:

(1) At least 25% of the owner's affected properties by May 25, 1996;

(2) At least 50% of the owner's affected properties by August 25, 1996;

(3) At least 75% of the owner's affected properties by November 25, 1996; and

(4) 100% of the owner's affected properties by February 25, 1997.

(b) On or after February 24, 1996, an owner of an affected property shall give to the tenant of the affected property a notice, prepared by the Department, of the tenant's rights under §§ 6–817 and 6–819 of this subtitle upon the execution of a lease or the inception of a tenancy.

(c) An owner of an affected property shall give to the tenant of the affected property a notice, prepared by the Department, of the tenant's rights under §§ 6–817 and 6–819 of this subtitle at least every 2 years after last giving the notice to the tenant.

(d) The owner shall include, with the notice of the tenant's rights that is provided to a tenant under this section upon the execution of a lease or the inception of a tenancy, a copy of the current verified inspection certificate for the affected property prepared under § 6–818 of this subtitle.

(e) (1) Notice given under this section shall be written, and shall be sent by:

(i) Certified mail, return receipt requested; or

(ii) A verifiable method approved by the Department.

(2) When giving notice to a tenant under this section, the owner shall provide documentation of the notice to the Department in a manner acceptable to the Department.

(3) A notice required to be given to a tenant under this section shall be sent to a party or parties identified as the lessee in a written lease in effect for an affected property or, if there is no written lease, the party or parties to whom the property was rented.

(f) A person who has acquired, or will acquire, an affected property shall give the notice required under this section to the tenant of the affected property:

(1) Before transfer of legal title; or

(2) Within 15 days following transfer of legal title.

Statute Text

Article - Environment

§6–821.

(a) (1) Whenever an owner of an affected property intends to make repairs or perform maintenance work that will disturb the paint on interior surfaces of an affected property, the owner shall make reasonable efforts to ensure that all persons who are not persons at risk are not present in the area where work is performed and that all persons at risk are removed from the affected property when the work is performed.

(2) A tenant shall allow access to an affected property, at reasonable times, to the owner to perform any work required under this subtitle.

(3) If a tenant must vacate an affected property for a period of 24 hours or more in order to allow an owner to perform work that will disturb the paint on interior surfaces, the owner shall pay the reasonable expenses that the tenant incurs directly related to the required relocation.

(b) (1) If an owner has made all reasonable efforts to cause the tenant to temporarily vacate an affected property in order to perform work that will disturb the paint on interior surfaces, and the tenant refuses to vacate the affected property, the owner may not be liable for any damages arising from the tenant's refusal to vacate.

(2) If an owner has made all reasonable efforts to gain access to an affected property in order to perform any work required under this subtitle, and the tenant refuses to allow access, even after receiving reasonable advance notice of the need for access, the owner may not be liable for any damages arising from the tenant's refusal to allow access.

(c) All hazard reduction treatments required to be performed under this subtitle shall be performed by or under the supervision of personnel accredited under § 6-1002 of this title.

Statute Text

Article - Environment

§6–822.

(a) The provisions of this subtitle do not affect:

(1) The duties and obligations of an owner of an affected property to repair or maintain the affected property as required under any applicable State or local law or regulation; or

(2) The authority of a State or local agency to enforce applicable housing or livability codes or to order lead abatements in accordance with any applicable State or local law or regulation.

(b) (1) Notwithstanding § 6–803 of this subtitle, following an environmental investigation in response to a report of a lead poisoned person at risk, the Department or a local jurisdiction, including the local health department, may order an abatement, as defined in § 6–1001 of this title, in any residential property, child care center, family child care home, or preschool facility.

(2) No provision of this Act may be construed to limit the treatments which may be encompassed by an order to abate lead hazards.

(c) (1) Whenever there is a conflict between the requirements of an abatement order issued by a State or local agency to an owner of an affected property and the provisions of this subtitle, the more stringent provisions of this subtitle and of the abatement order shall be controlling in determining the owner's obligations regarding the necessary lead hazard reduction treatments that shall be performed in the affected property that is subject to the abatement order.

(2) The Department may enforce the terms of an abatement ordered by a local jurisdiction or local health department in a civil or an administrative action.

Statute Text

Article - Environment

§6–823.

(a) By May 23, 1996, an owner of an affected property shall give to the tenant of each of the owner's affected properties a lead poisoning information packet prepared or designated by the Department.

(b) On or after February 24, 1996, upon the execution of a lease or the inception of a tenancy for an affected property, the owner of the affected property shall give to the tenant a lead poisoning information packet prepared or designated by the Department.

(c) An owner of an affected property shall give to the tenant of the affected property another copy of the lead poisoning information packet prepared or designated by the Department at least every 2 years after last giving the information packet to the tenant.

(d) A packet given to a tenant under this section shall be sent by:

(1) Certified mail, return receipt requested; or

(2) A verifiable method approved by the Department.

(e) The packet required to be given to a tenant under this section shall be sent to a party or parties identified as the lessee in a written lease in effect for an affected property or, if there is no written lease, the party or parties to whom the property was rented.

(f) A person who has acquired, or will acquire, an affected property shall give the packet required under this section to the tenant of the affected property:

(1) Before transfer of legal title; or

(2) Within 15 days following transfer of legal title.

2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure

For Children 6 Months to 72 Months of Age

Maryland Department of Health and Mental Hygiene

Maryland Department of the Environment

Test Blood Lead Level according to **Table 1**

↓

Confirm all capillary blood lead levels ≥ 5 mcg/dL with venous sample. Follow ** **Table 2** for schedule.

↓

Guidelines for Actions **Table 3** and **Table 5**

↓

Schedule Follow-up Venous Blood Lead Testing for all ≥ 5 mcg/dL **Table 4**

Table 1: Guidelines for Blood Lead Level Testing in Children 6 Months to 72 Months of Age (COMAR 10.11.04, as of 3/28/2016)

For ALL children born on or after 1/1/15, OR on Medicaid, OR ever lived in a 2004 At-Risk Zip code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test Blood Lead Level	Test if indicated	Test if indicated	Test if indicated	Test if indicated

For children born before 1/1/15, AND not on Medicaid, AND never lived in a 2004 At-Risk ZIP code*

6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	36 Months	48 Months	60 Months
Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen	Screen
Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated	Test if indicated

Screening	• Perform Lead Risk Assessment Questionnaire (questions found in Lead Risk Assessment Questionnaire section of this document) • Clinical assessment, including health history, developmental screening and physical exam • Evaluate nutrition and consider iron deficiency • Educate parent/guardian about lead hazards
Indications for Testing	• Parental/guardian request • Possible lead exposure or symptoms of lead poisoning, either from health history, development assessment, physical exam or newly positive item on Lead Risk Assessment Questionnaire. *(Questions can be found in the Lead Risk Assessment Questionnaire section of this document)* • Follow-up testing on a previously elevated Blood Lead Level *(Table 4)* • Missed screening: If 12 month test was indicated and no proof of test, then perform as soon as possible after 12 months and then again at 24 months. If 24 month test was indicated and no proof of test, then perform test as soon as possible. • For more information about lead testing of pregnant and breastfeeding women, see: *http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf*.

** See back of chart for list of 2004 At-Risk ZIP codes*

Table 2: Schedule for Confirmatory Venous Sample after Initial Capillary Test **

Capillary Screening Test Result	Perform Venous Test Within
< 5 mcg/dL	Not Required
5 – 9 mcg/dL	12 weeks
10 – 44 mcg/dL	4 weeks
45 – 59 mcg/dL	48 hours
60 – 69 mcg/dL	24 hours
70 mcg/dL and above	Immediate Emergency Lab Test

***Requirements for blood lead reporting to the Maryland Childhood Lead Registry are located at COMAR 26.02.01. Reporting is required for all blood lead tests performed on any child 18 years old and younger who resides in Maryland.*

Table 3: Abbreviated Clinical Guidance for Management of Lead in Children Ages 6 Months to 72 Months *(Full Guidelines in Table 5)*

Blood Lead Level	Follow-up testing	Management
< 5 mcg/dL	On schedule **Table 1**	• Continue screening and testing on schedule. • Continue education for prevention. • If new concern identified by clinician, then retest blood lead level.
5-9 mcg/dL	3 months See **Table 4**	All of above AND: Investigate for exposure source in environment and notify health department. • For more detail consult **Table 5**
≥ 10 mcg/dL	See **Table 4**	Consult **Table 5**

Table 4: Schedule for Follow-up Venous Blood Lead Testing after Blood Lead Level ≥ 5 mcg/dL

Venous Blood Lead Level	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after blood lead level declining
5 – 9 mcg/dL	1 – 3 months***	6 – 9 months
10 – 19 mcg/dL	1 – 3 months***	3 – 6 months
20 – 24 mcg/dL	1 – 3 months***	1 – 3 months
25 – 44 mcg/dL	2 weeks – 1 month	1 month
≥ 45 mcg/dL	As Soon As Possible	As Soon As Possible, based on treatment plan

Seasonal variation of Blood Lead Levels exists, greater exposure in the summer months may necessitate more frequent follow-up.

**** Some clinicians may choose to repeat elevated blood lead test within a month to ensure that their BLL level is not rising quickly. (Advisory Committee on Childhood Lead Poisoning Prevention - CDC 2012)*

Table 5: Clinical Guidance for Management of Lead in Children Ages 0 – 6 years						
Confirmed Blood Lead Level (mcg/dL)[1]	**< 5**	**5 – 9**	**10 – 19**	**20 – 44**	**45 – 69**	**≥ 70**
Primary Prevention: parent/guardian education about lead hazards[2]	X	X	X	X	X	X
Medical/nutritional history and physical	X	X	X	X	X	X
Evaluate/treat for anemia/iron deficiency	X	X	X	X	X	X
Exposure/environmental history[3]		X	X	X	X	X
Home environmental investigation		X[4]	X	X	X	X
Follow-up blood lead monitoring[5]		X	X	X	X	X
Coordinate care with local health department		X[6]	X	X	X	X
Obtain developmental and psychological evaluation[7]			X	X	X	X
Consult with lead specialist, who will also evaluate for chelation therapy				X	X	X
Urgent evaluation for chelation therapy					X	X
Hospitalize for medical emergency						X

[1] *Refer to information about confirmation of capillary tests in Table 2.*

[2] *Includes discussion of pica and lead sources including house paints (before 1978), ceramics, paint on old furniture, soil, foreign travel, traditional folk medicines, certain imported items (candies, food, jewelry, toys, cosmetics, pottery), and parental occupations that can bring home lead dust and debris (e.g. painting, construction, battery reclamation, ceramics, furniture refinishers, radiator repair).*

[3] *Exposure/environmental history to identify potential lead sources. (see screening questions) Consider Notice of Defect (information at right) for child living in pre-1978 rental property.*

[4] *Initial confirmed blood lead of 5 – 9 mcg/dL may not require home environmental investigation. Contact LHD for more guidance.*

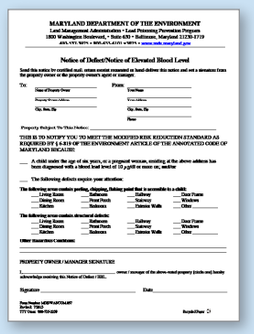
[5] *Refer to schedule of follow-up blood lead testing in Table 4.*

[6] *Contact LHD for more information about care coordination for blood lead levels of 5 - 9 mcg/dL.*

[7] *Use validated developmental screen for levels 10 – 19 mcg/dL, such as Ages and Stages Questionnaire (ASQ). Refer children as appropriate for further evaluation. Children with BLL over 20 mcg/dL should be evaluated in consultation with an experienced clinician, specialist, or Local Health Department regarding further evaluation.*

2004 Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by ZIP Code

Allegany County	21133	21244	**Dorchester County**	21798	21661	20722	20913	20674
ALL	21155	21250	ALL	**Garrett County**	21667	20731	**Queen Anne's County**	20687
Anne Arundel County	21161	21251	**Frederick County**	ALL	**Montgomery County**	20737	21607	**Talbot County**
20711	21204	21282	20842	**Harford County**	20783	20738	21617	21612
20714	21206	21286	21701	21001	20787	20740	21620	21654
20764	21207	**Baltimore City**	21703	21010	20812	20741	21623	21657
20779	21208	ALL	21704	21034	20815	20742	21628	21665
21060	21209	**Calvert County**	21716	21040	20816	20743	21640	21671
21061	21210	20615	21718	21078	20818	20748	21644	21673
21225	21212	20714	21719	21082	20838	20752	21649	21676
21226	21215	**Caroline County**	21727	21085	20842	20770	21651	**Washington County**
21402	21219	ALL	21757	21111	20868	20781	21657	ALL
Baltimore County	21220	**Carroll County**	21758	21160	20877	20782	21668	**Wicomico County**
21027	21221	21155	21762	21161	20901	20783	21670	ALL
21052	21222	21757	21769	**Howard County**	20910	20784	**Somerset County**	**Worcester County**
21071	21224	21787	21776	20763	20912	20785	ALL	ALL
21082	21227	21791	21778	**Kent County**	20913	20787	**St. Mary's County**	
21085	21228	**Cecil County**	21780	21610	20788	20790	20606	
21093	21229	21913	21783	21620	**Prince George's County**	20791	20626	
21111	21234	**Charles County**	21787	21645	20703	20792	20628	
	21236	20640	21791	21650	20710	20799		
	21237	20658		21651	20712	20912		
	21239	20662						


MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Management Administration • Lead Poisoning Prevention Program
1800 Washington Boulevard • Suite 630 • Baltimore, Maryland 21230-1719

Notice of Defect/Notice of Elevated Blood Level

THIS IS TO NOTIFY YOU TO MEET THE MODIFIED RISK REDUCTION STANDARD AS REQUIRED BY § 6-810 OF THE ENVIRONMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND BECAUSE:

PROPERTY OWNER / MANAGER SIGNATURE

A Notice of Defect is a written notice that tells the landlord that there is chipping, flaking or peeling paint or structural defect in the home that is in need of repair. A Notice of Defect may also tell the landlord that a 'Person at Risk' (a child under the age of six or a pregnant woman) has a lead level of 10 or above and that repairs need to be made in the home.

The Notice of Defect must be sent by certified mail, return receipt (be certain to retain a copy of the return receipt) and the rental property owner has 30 days to repair the listed defects. It is illegal for a property owner to evict a tenant or raise the rent for reporting problems and/or defects in the home or that a child has been poisoned by lead. A rental property owner CAN evict a tenant if they fail to make timely rental payments. To download a copy of the Notice of Defect form, visit: *http://www.mde.state.md.us/programs/Land/Documents/LeadPamphlets/LeadPamphletMDENoticeOfTenantsRights.pdf*

For more information or assistance with filing a Notice of Defect, contact the Maryland Department of the Environment, Lead Poisoning Prevention Program or the Green & Healthy Homes Initiative.

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter?

Clinical Resources

Mid-Atlantic Center for Children's Health & the Environment
Pediatric Environmental Health Specialty Unit
866-622-2431
kidsandenvironment@georgetown.edu
www.pehsu.net/region3.html

Mt. Washington Pediatric Hospital Lead Treatment Program
410-367-2222
www.mwph.org

Maryland Poison Control
800-222-1222

Regulatory Programs and Resources

Maryland Department of Health and Mental Hygiene
866-703-3266
dhmh.envhealth@maryland.gov
http://phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx

Maryland Department of the Environment
Lead Poisoning Prevention Program
410-537-3825/800-776-2706
http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/index.aspx

Local Health Departments
http://dhmh.maryland.gov/PAGES/DEPARTMENTS.ASPX

Centers for Disease Control and Prevention
www.cdc.gov/nceh/lead/

Green & Healthy Homes Initiative
410-534-6447
800-370-5223
www.greenandhealthyhomes.org/