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

2017 ANNUAL REPORT

MARYLAND DEPARTMENT OF THE ENVIRONMENT
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Lawrence J. Hogan, Jr., Governor | Boyd K. Rutherford, Lt. Governor | Ben Grumbles, Secretary

LEAD POISONING PREVENTION COMMISSION

March 1, 2018

The Honorable Lawrence J. Hogan, Jr.
Governor of Maryland
Executive Department
State House
Annapolis MD 21401

Dear Governor Hogan:

On behalf of the Maryland Lead Poisoning Prevention Commission, I am submitting the Lead Poisoning Prevention Commission's Annual Report for Calendar Year 2017 as required by the annotated Code of Maryland, Environmental Article §6-810.

Sincerely,

Patricia McLaine

Patricia McLaine, DrPH, MPH, RN
Chairman
Lead Poisoning Prevention Commission

PM:pgl

Enclosures

2017
ANNUAL REPORT
LEAD POISONING PREVENTION COMMISSION

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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
Anna L. Davis, JD MPH	Child Advocate
Shana G. Boscak	Parent of a Lead Poisoned Child
Mary Beth Haller	Local Government
Susan DiGaetano-Kleinhammer	Lead Hazard Identification Professional
Patricia McLaine, RN, MPH	Representative of Child Health/Youth Advocate Group
Clifford Mitchell, M.D.	Designee for the Secretary of the Maryland Department of Health
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
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	Designee for the Secretary of the Department of Housing and Community Development
VACANT	The Maryland Insurance Commissioner or the Commissioner's designee
VACANT	A representative of a financial institution that makes loans secured by a rental property

LEGISLATIVE REPRESENTATIVES	
Sen. Nathaniel Oaks	Senate of Maryland
VACANT	Delegate of Maryland
DEPARTMENT OF THE ENVIRONMENT STAFF	
Pet Grant-Lloyd, Administrative Aide Maryland Department of the Environment Land and Materials Administration Lead Poisoning Prevention Program 1800 Washington Boulevard Baltimore, MD 21230-1719	Tel: (410) 537-3825 , 410-537-3847 Fax: (410) 537-3156 email: pet.grant-lloyd@maryland.gov

LEAD COMMISSION ROSTER CY 2017

Please check one:

[X] **YES** – 50% COMPLIANCE MET NO – 50% NOT MET [ ]

50% compliance met for commissioners except John Scott. A waiver will be Submitted for Commissioner Scott.

BOARD NAME: GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

CALENDAR YEAR 2017

MEMBER NAME	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	% OF ATTENDANCE
BOSCAK										✓	✓	✓	100%
DAVIS			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
EGAN	✓		✓										75%
HALLER	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	90%
KLEINHAMMER	✓	✓		✓	✓		✓	✓		✓		✓	66%
LANDON	✓	✓											66%
MCLAINE	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	90%
MITCHELL	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	80%
MONTGOMERY		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	90%
NEWTON	✓	✓	✓	✓	✓			✓	✓		✓	✓	75%
DEL. OAKS	✓												100%
SEN. OAKS				✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
PAUL		✓	✓	✓	✓		✓	✓	✓		✓	✓	75%

PEUSCH		✓	✓				✓		✓	✓	✓		50%
SCOTT		✓			✓								16%
SKOLNIK	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	83%

The Commission held __12__ meetings in **2017**, January, February, March, April, May, June, July, August, September, October, November and December.

After consultation with member(s) not meeting 50% attendance, we recommend the following actions:

Name 1__John Scott_____ Waiver request attached: Yes___ No___
Waiver request pending

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

JANUARY 5, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

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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	
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	
NEWTON, Leonidas	Property Owner Post 1949	443-691-9836
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	4108413283
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	
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	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

January 5, 2017

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
Loai Dorsey, JR	LEGAL AID	MD LEGAL AID UPPER EASTERN SHORE OFFICE 106 N. WASHINGTON ST. STE 101 EASTON MD 21601
RON WINEHOLT	AOBS	
TOMMY TOMPSETT	MMHA	
Dawn Joy	AMA Training	
Remington Nevin	DHMH/SHA	rnevin@jhu.edu
JOE WELCH	REGION 3	X3392
DAVID FIELDER	LSTB	DFIELDER@BALTIMORECOUNTYMD.GOV
JOHN KENDRICK	MDE	
Chris White	Arc	cwhite@arcenvironmental.com
Chris Cairns	AG	
Kirsten Held	MDE	kirsten.held@maryland.gov
Jack Daniels	DNR	jack.daniels2@maryland.gov
Marché Templeton	G+HI	MTaylor@ghi.org
PJ Connor	—	pconnor@connorsolutions.com
LISA HORNE	DHMH HK	lisa.horne2@maryland.gov

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, January 5, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Follow up – Key issues for Report to Governor
Other

III. New Business
Update on Governor Hogan's Plans for Baltimore City – DHCD

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, February 2, 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
January 5, 2017

APPROVED Minutes

Members in Attendance
Nancy Egan (by phone), Mary Beth Haller, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Leonidas Newton, Del. Nathaniel Oaks, Adam Skolnik

Members not in Attendance
Barbara Moore, Manjula Paul, Paula Montgomery, Christina Peusch, John Scott

Guests in Attendance
Camille Burke (BCHD [via phone]), Patrick Connor (CONNOR), Christopher Corzine (OAG), Jack Daniels (DHCD), Louis Dorsey, Jr. (Legal Aid), David Fielder (LSBC), Kirsten Held (MDE), Lisa Horne (DHMH HK), Dawn Joy (AMA), John Krupinsky (MDE), Remington Nevin (DHMH/JHU), Marché Templeton (GHHI), Tommy Tompsett (MMHA), Chris White (ARC Environmental), Ron Wineholt (AOBA), Joseph Wright (MDE)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:30 with welcome and introductions.

Approval of Minutes
A motion was made by Ed Landon to accept the December meeting minutes, seconded by Nancy Egan. All present Commissioners were in favor.

Old Business
Key Issues for Report to the Governor
Mary Beth Haller noted how complicated it is to get data and recommended we include providing sufficient funding to develop proper databases with a uniform system to be used by all agencies. Ed Landon agreed and suggested that DoIT could be asked to take a look at this. Pat McLaine suggested that this should be a priority, although the Commission can't say how this would be done. John Krupinsky stated that MDE was now in a testing phase for HHLPSS (CDC database for the CLRR) and is now in the process of learning and testing the program and working on how to get imports from labs. Mary Beth Haller asked if the software would be able to track different sources. John Krupinsky noted that the software may have some restrictions. He indicated that HHLPSS will allow use of tablets (which Baltimore City wants to use) and will enable all counties and Baltimore City to connect directly to MDE. Cliff Mitchell stated that HHLPSS is one aspect of data management but will not address the issue of Point Of Care tests entered manually. It also will not provide epidemiology resources. In order for MDE to continue to do what they have done for years, the agency will need on-going support from the State of Maryland. These funds have dwindled and may decrease in the future. John Krupinsky noted there is a 3-4 month timeline for HHLPSS, contingent on other priorities.

Of concern, is that positions at MDE have decreased from 9 to 4. Pat McLaine asked if resources were an issue. Cliff Mitchell suggested that we call out favorably the work of DHCD to better integrate services, housing improvements with the work of MDE and DHMH. Adam Skolnik asked if there was need for additional staff or reallocation of staff; do we really know how the programs are staffed? Are people fully utilized? Ed Landon noted that state agencies are losing many staff and computers are seen as a "panacea" for fixing things. Systems are getting more complicated and it is hard to get data to match. Although agencies are working together, data is not being shared. John Krupinsky stated that support is needed for local health department public health nurses – the quality of services available at the local jurisdiction has been affected as has the quality of care that children and families get. He agreed that there is a lot of data and linkages across agencies aren't clear. Adam Skolnik stated that the clear identification of sources of exposure for lead poisoned kids will be more and more important as we look at other sources. Pat McLaine suggested the need to focus on primary prevention: to release regulations for RRP, increase resources for local health departments, intervene proactively using the permit process, and to increase surveillance of drinking water. John Krupinsky stated that we should look at how to expedite the loan and grant process to more quickly move at-risk children and families into safe environments. Jack Daniel said that it was complicated because owner occupants often did not have homeowner's insurance. DHCD has made strides to find ways to do this, but there are a lot of barriers. John Krupinsky stated that outside Baltimore City and Baltimore County, we don't have the housing resources needed. Ed Landon noted that some of the restrictions are in statute. Pat McLaine noted that there is a gap in availability of funding to make housing lead-safe and continues to be a gap in the availability of low income, lead-safe housing. Adam Skolnik asked if families of children with higher BLLs were receiving education about alternative sources of lead. John Krupinsky stated that this is done with the family. Kristen Held stated that since MDE expanded to pre-1978, MDE is required to test every surface inside and outside. This isn't feasible on 20-story condos, many in Montgomery County and limited lead-free certificates are being issued rather than a one-time only "lead free" certificate. The 2 year limited lead free provision is taking a lot of MDE enforcement time, dealing with buildings with lead-free units. And MDE has been spending an inordinate amount of time on buildings where there is no lead. Adam Skolnik noted legislation that passed the house last year that would have extended lead free inspections to every 5 year. Patrick Connor stated that the City of Annapolis wants to take action against his company because they won't issue lead free certificates for condos there.

PLAN: Adam Skolnik and Marybeth Haller will meet with Pat McLaine to develop a list of key points for the letter to the Governor.

Pat McLaine announced that Jason Hessler will attend the February 2nd Commission meeting to provide an update on permits in Baltimore City.

Pat McLaine stated that an email had been sent to MDE with the Commission's recommendations for the Childhood Blood Lead Surveillance Report.

New Business

Update on Governor Hogan's Plans for Baltimore City – Ed Landon provided an update for Project C.O.R.E. Between January and September 2016, MSA, Baltimore City and DHCD removed a total of 644 units of blight through demolition or stabilization. DHCD awarded 30 projects to receive funding under a Request for Applications for FY2017. The total state funding for these projects is $15.86 million, and will leverage $284.722 million for redevelopment. The projects will remove 537 units of blight: 352 by demolition and 185 by stabilization. All projects are located in the City's most blighted neighborhoods.

MDE Rental Registry Report – Joe Wright reported that MDE mailed out 155,187 notices to owners of non-owner occupied properties built before 1978 that were not registered or listed as "lead free". So far, MDE has received responses from owners of 36,657 properties (24%). Of the 36,657 properties with information, 21,121 (58%) were not being rented, 4,570 (12%) were no longer owned, 2,760 (8%) were certified lead free and 830 (2%) were owner occupied. Information on individual local jurisdictions is available.

David Fielder stated that he attended a community meeting where a "rat problem" was identified, but it turned out being a problem of poorly maintained rental properties where the previous owner had died and the properties were now being rented out by the son and daughter. He was asked what Baltimore County could do about this, noting that getting properties registered properly is a big issue. Joe Wright that MDE had met with jurisdictions with rental registries including Baltimore City, Montgomery, Annapolis, Cambridge, Dorchester and Hagerstown. Additional meetings with other jurisdictions are being planned. Susan Kleinhammer asked if local registries have to have evidence of compliance with the lead law from property owners, noting that interfaces between state and local level databases would be optimal. Adam Skolnik stated there was really no such thing as a state wide rental registry. We are pulling non-owner occupied properties from SDAT. Ed Landon suggested that MDE might tie up with the vacant housing registry, noting that the DLLR data base could be tracked and that this registry was required by statute. Adam Skolnik noted that this was morphed into the foreclosure registry. Tommy Tompsett asked how many units are currently in the registry. Joe Wright said about 200,000 pre-1978, adding that MDE does the totals quarterly and can provide quarterly reports.

Agency updates

Maryland Department of Environment – nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell stated that he had met with Kim Robinson from the League of Health Insurers to find out if there are any issues with blood lead testing in the private sector. She is doing follow-up with members regarding any testing issues. She pointed out that Maryland as a high number of self-insured entities. About 40% of children are covered by Medicaid but we are not sure what percentage of children is covered by self-insurance. Kim Robinson will be able to provide a report on experience in the commercial insurance market. Cliff Mitchell reported that DHMH will also be doing some evaluation with MDE to identify areas where we need to improve testing of children.

DHMH is continuing to work with MDE on case management issues; the next case management conference will be February 2017.

Maryland Department of Housing and Community Development – Jack Daniel reported that DHCD is meeting with DHMH to fine tune the procedural questions for money set aside to get lead work done in affected properties.

Baltimore City Health Department – Camille Burke reported that BCHD is closer to being able to offer point of care testing. BCHD is working on a procurement process with Cliff Mitchell for DHMH and Medicaid. Referrals from OCC have decreased by half because of successful outreach efforts. BCHD has trained all regional licensing specialists and they are doing much better. BCHD is also working with larger entities such as FQHC and larger health care providers to increase blood lead testing rates.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – no representative present

Maryland Insurance Administration – Nancy Egan requested that information she heard from the Governor's Office about state agencies taking positions on bills sent to Pat McLaine and all Commissioners on December 5, 2016 be added to the minutes. The email states:

> At this month's meeting a question was raised regarding state agency appointees taking positions on proposed legislation. I forwarded this question to the Governor's office for clarification for all appointed members representing state agencies on the Lead Commission.
>
> The Governor's legislative office was very clear that for executive branch agencies who report to the Governor, the Governor is the only policymaker in the executive branch. No executive branch agency (that reports to the Governor) should ever take a position on legislation unless and until its been approved by the Governor via either the Deputy Chiefs of Staff or the Legislative Office. There is a process in the legislative office for taking a position on bills and that should be followed by all agencies.
>
> Operationalizing this, it is suggested that agencies to not take any votes or positions on legislation until it has been approved by the legislative office. Clearly that will mean recusing ourselves on taking positions on any proposed legislation and after session starts, not taking positions unless approved as stated above.

Susan Kleinhammer asked what effect that could have if the Commission could not take a position on bills. Cliff Mitchell stated that if members are present, they do not have to vote – they can abstain. The Commission can take action as long as there is a quorum. Ed Landon noted that only five members represent state agencies. Nancy Egan stated she cannot approve bills unless the Governor approves.

Public Comment

David Fielder noted that Councilwoman Clark had held a meeting in Baltimore City last year on lead and asked if any actions had resulted from that meeting. Camille Burke stated that the Health Department had testified extensively and that it was her understanding that this was informational.

Ed Landon stated that DHCD has a great new loan program for college graduates who want to buy their first house. The loan program allows them to roll existing student loans into their house loan. The loans are available from the Smart Buy Program at DHCD.

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 10:45 AM.

FEBRUARY 2, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

February 2, 2017

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.	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	Paula T. M
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	443-691-9836
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PAUL, Manjula	Office of Child Care/MSDE	410-767-1853
PEUSCH, Christina	Child Care Providers	410 820 9196 mscca
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950	
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

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

February 2, 2017

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
Louis Dorsey, JR.	MD LEGAL AID	106 N. Washington St. Ste 101. Easton, MD 21601 Ldorsey@mdlab.org
Victor Powell	HUD	HUD Director Pub & Ind Aff. Coop
Shenecka Frasier-Kyer	LHRP-DHCD	417 E. Fayette St
[illegible]	[illegible]	
DAVID FIELDER	LSTC	DFIELDER@BALTIMORECOUNTYMD.GOV
Jason Hessler	HCD	jason.hessler@baltimorecity.gov.
Remington Nevin	DHMH	remington.nevin@maryland.gov.
Chris White	Arc	cwhite@arcenvironmental.com
Zac Schlein	Bodie	zschlein@Bodie-Law.com
DawnJon	AHA	
PTEGNDX	[illegible] VOR	
Rachel Mutinda	DHMH	
CEBJ	BCHD	
LISA Horne	DHMH	
Syeeda Hampton-Ec	GNHI	
Jack Daniels	DHCD	jack.daniels2@maryland.gov

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, February 2, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Follow up – Jason Hessler, Baltimore City Housing, Lead Permitting Process
Follow up – Key issues for Report to Governor
Other

III. New Business
Baltimore City HUD Grant Program – quarterly update - Sheneka Fraisier-Kyer
Update on HUD's New Rule on Elevated Blood Lead Levels – Warren Friedman, HUD
Lead Legislation

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, March 2, 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
February 2, 2017

APPROVED Minutes

Members in Attendance
Mary Beth Haller, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Leonidas Newton, Manjula Paul, Christina Peusch, John Scott, Adam Skolnik

Members not in Attendance
Nancy Egan

Guests in Attendance
Camille Burke (BCHD), Patrick Connor (CONNOR), Christopher Corzine (OAG), Jack Daniels (DHCD), Louis Dorsey, Jr. (MD Legal Aid), David Fielder (LSBC), Sheneka Frasier-Kyer (HCD), Warren Friedman (HUD), Syeetah Hampton-El (GHHI), Jason Hessler (BC HCD), Lisa Horne (DHMH), Dawn Joy (AMA), Myra Knowlton (BCHD), Rachel Mutinda (DHMH), Remington Nevin (DHMH), Victor Powell (HUD), Zach Schlein (Bodie Law), Chris White (Arc Environmental)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:30 with welcome and introductions.

Approval of Minutes
A motion was made by Ed Landon, seconded by Adam Skolnik to accept the January minutes as amended. All present Commissioners were in favor.

Old Business
Lead in Baltimore City Permitting Process
Jason Hessler, Baltimore City Housing, stated that Baltimore City is about to go live with their on-line permitting process. The Mayor will announce on February 10th and the process will be fully live on March 1st. Users will be able to complete the application on-line or walk into the office with a paper application. The new system will allow homeowners and contractors to apply for permits on-line. The system contains a lead safety advisement and information about RRP on the first screen; the user cannot get into the system to register without reading and acknowledging that they have read and understood the statement. This is a change since the last presentation. Jason Hessler said that contractors will get a secret code to protect their license number. Paula Montgomery said MDE will send language to amend the draft to reflect Maryland law. Pre-1978 housing is key and it is important to warn all owners. A major change is that the final draft does not include the RRP training number anywhere in the application, of concern to many Commissioners. Motion was made by Susan Kleinhammer, seconded by John Scott, to send a letter to the Mayor urging that the contractor's RRP number be included in the on-line system as part of the application process. Nine Commissioners were in favor, 2

abstained. Susan Kleinhammer agreed to help draft a letter. Patrick Connor noted that the RRP states that the disturbance of paint is a problem, not lead based paint; there is an exclusion if the paint is known to be lead-free. Jason Hessler said the City does collect other licensing information. Jason Hessler indicated that even though the contractor has acknowledged reading the statement and has not been trained, Baltimore City Housing is not empowered to issue a stop work order and has no enforcement authority, so nothing will change. Paula Montgomery noted that if the property was a rental, MDE could be involved in enforcement. But if the property was owner-occupied, EPA must enforce.

Key Issues for Report to the Governor

The draft Commission priorities for the Commission's letter to the Governor, developed by Mary Beth Haller, Adam Skolnik and Pat McLaine, were presented and briefly discussed. They are: data and data systems; testing more children; additional focus on owner occupants; other sources of lead; primary prevention; staffing and resources. A motion was made by Ed Landon to accept these priorities, seconded by Barbara Moore. Nine Commissioners were in favor, two abstained.

Thank you to Ed Landon

Pat McLaine thanked Ed Landon for his 12 years of service to the Commission, representing the Maryland Department of Housing and Community Development. Ed Landon stated that it has been a pleasure working with everyone and that he admires the work the Commission has been doing. His last day of work is February 14, 2017. He noted that he has 30 years of experience with the City and State and offered that Commissioners could still contact him if they need to make use of his expertise or any assistance he could provide.

New Business

Baltimore City HUD Lead Hazard Reduction Grant Program – Quarterly Update

Sheneka Frasier-Kyer provided a quarterly report for the period October-December 2016. The program exceeded most of their deliverables and benchmarks: 39 units received hazard evaluations and all had hazards identified; 25 units were completed and cleared; 23 units remain in-progress; 23 units are under contract; 3 training efforts were held with 7 people trained; 48 events were completed with 1,041 attendees; 63 home visits were completed by HD staff; post-remediation education was provided to 25 families by GHHI.

Update on HUD's New Rule on Elevated Blood Lead Levels

Warren Friedman, Senior Advisor to the Director of the HUD Office of Lead Hazard Control and Healthy Homes in DC, made the presentation; handouts were passed out. Warren Friedman indicated that safe and sanitary buildings have been in HUD's focus since 1937. The office was first created in 1991. The Residential Lead-Based Paint Hazard Reduction Act of 1992, known as Title X, is the primary legislative basis for their work. Lead Hazard Control Grant programs have been operating since 1993 and HUD is now working on the FY2017 grant opportunity. The Lead Disclosure Rule applies to rental and owner occupied properties at time of sale. The Lead-Safe Housing Rule is an approach to ensure that HUD housing and subsidized housing has a higher standard than private housing. Lead-safe work practices have been integrated into training, maintenance, finance and rehabilitation. All HUD offices use the same criteria and are interested in effectiveness and evaluation. The American Healthy Homes Survey (2011), using

data collected in 2005-2006, found that government-assisted housing has fewer lead hazards than unassisted housing; kids are better off too, with 30% lower BLL than their counterparts in unassisted housing, as shown in a CDC/HUD article. The prevalence of BLLs greater than 3µg/dL among children living in assisted housing was one half of the prevalence among children living in unassisted housing. So, these rules work.

Warren Friedman indicated that for elevated BLLs, HUD will follow CDC's guidance. Until recently, HUD used CDC's environmental intervention BLL; this was once a BLL of 20µg/dL or two BLLs of 15µg/dL at least 3 months apart. In 2012, CDC accepted the ACLPP recommendation to recommend environmental investigation at 5µg/dL. This level was based on the highest 2.5% of BLLs in the US, based on NHANES. HUD asked for comment and information about changing the environmental intervention BLL to 5µg/dL; would there be any problems in including children with BLLs 5-9 µg/dL? Feedback HUD received was that this was doable although harder. The Proposed Rule was published 9/1/2016 in the Federal Register with a 60-day comment period and would do the following: reduce the BLL triggering environmental investigation to the level at which CDC recommends environmental investigation, currently 5 µg/dL (trigger would change if CDC changes guidance); enhance evaluation of the child's unit from a risk assessment to environmental investigation (per HUD Guidelines Chapter 16); maintain 15 day period for evaluation and 30 day period for control of any identified LBP hazards; would require reassessment of other assisted units in a multi-family property with children under age 6 using a lead risk assessment; would expand reporting of cases to HUD . The HUD organized, reviewed and prepared justification. On January 13, the review process ended and HUD published an amendment to the LSH Rule. The Rule is under review by the new Administration.

Warren Friedman indicated that the new rules would ensure effectiveness with minimum burden on the housing owner. For Project Based Section 8 – owner informs the HUD field office and main office and would conduct an Environmental Investigation in property of child with a BLL of 5 or higher. If 20 or fewer units, owner has 30 days to complete risk assessment of other assisted units with children; if more than 20 units, owner has 90 days to complete the risk assessment. Owner controls hazards and sends documentation of completion of each step to HUD Field Office. Public Housing also has to do these things. Project Voucher – PHA does Environmental Investigation and conducts risk assessments, owner controls LBP hazards. With regards to the BLL for action, Warren noted it was based on CDC guidance, now 5 µg/dL. However, the top 2.5percentile has dropped from 5µg/dL to 3.5µg/dL now.

Patrick Connor asked if an Environmental Investigation identified problems, would that housing need to be reviewed more often? Warren Friedman said that HUD can only require action on housing hazards as its authority is limited to housing. If lead-based paint hazards are identified in the housing, after correcting them, owner would need to repeat the risk assessment evaluation in 2 years. Barbara Moore asked if it was the owner's responsibility to notify HUD if a child living there has a higher BLL. Warren Friedman replied yes. Barbara Moore indicated that Mount Washington has heard from parents that the owner hasn't done anything; how will HUD coordinate? Warren Friedman said that HUD datashares and encourages health departments to convey BLLs to HUD directly; HUD is a public health agency. Cliff Mitchell asked if counsel

has determined how information would be treated under a FOIA request; Warren Friedman said yes, HUD and CDC have two letters to Health Departments on this. HUD has systems of records including confidentiality and use of records. HUD needs to know addresses, not names of the child or family. HUD does keep information close and secure. A question was asked if there was a problem with the Health Departments and MDE knowing that property is HUD-associated. Camille Burke, BCHD, indicated that they had good cooperation with Baltimore Housing. Paula Montgomery stated that MDE asked the parent if a home is HUD-assisted but they do not record this. Housing ownership records show HUD-owned properties, but cannot help identify project-based or Section 8. Victor Powell of HUD indicated that the assisted units are safer than non-assisted units. Baltimore City Public Housing keeps everything, all files, even on units that have been destroyed. Ed Landon stated that the problem has been that HUD housing has been sued, even if they have done everything correctly. Paula Montgomery stated that Housing Quality Standards do not require dust testing. Warren Friedman stated that Congress did not want restrictions for the Housing Choice Voucher Program so they did not require lead dust testing. HUD is looking at a new system for evaluation but also does not include lead dust testing. Pat McLaine noted there had been a case recently in DC of a child with a BLL of 120µg/dL living in Section 8 housing. Paula Montgomery asks who oversees Public Housing Authorities in Maryland outside Baltimore City. Victor Powell said most were overseen by the HUD Field Office, but in Southern Maryland by the DC field Office.

Warren Friedman said that HUD has been using EPA levels for dust testing for hazard identification and clearance. Starting April 1, 2017, HUD lead hazard control grantees are to use lower levels: 10µg/ft^2 for floors; 100µg/ft^2 for window sills; 100µg/ft^2 for troughs; 40µg/ft^2 for porch floors (will try to get to 10µg/ft^2). Dust lead levels on porches are not regulated by EPA. HUD is setting 40µg/ft^2 for porch floors and urging 10µg/ft^2. This has been posted to grantees and Leadnet. Warren Friedman said that HUD had looked at compliance for floors at 10µg/ft^2 and that the vast majority (about 90%) achieved 10µg/ft^2, with same findings for new trough and sill standards. EPA has discussed 10µg/ft^2 for floors and 100µg/ft^2 for sills but has not proceeded to rule making. These action levels for the lead hazard control grantees are not health-based standards; that is determined by EPA. Warren Friedman confirmed that troughs are not part of the requirements for risk assessment testing and not health-based linked per EPA 2001 Health Standards. EPA requires testing both sills and trough for abatement clearance. Ed Landon thanked Warren Friedman for his work in trying to get lead into the International Property Maintenance Code. Warren has been very active in advocating for these changes and this would do a lot to protect citizens. Warren Friedman noted that these standards are very important in adoption by reference. HUD is also making recommendations based on radon, mold and other healthy homes issues. Syeettah Hampton-El noted that there was still no funding or certification for mold inspection and no money for staffing.

Lead Legislation

Ed Landon led review of lead legislation currently before the Maryland General Assembly.
SB 542 – re-issue from last year

HB-7 – Christina Peusch asked if this would apply to child care facilities. Adam Skolnik stated that the Commission has requested redacted Environmental Investigation forms from MDE and

BCHD. He is concerned about how the questionnaire is used and whether testing of all environmental media are being done per the HUD Guidelines Chapter 16. He would like to see samples of both pre-1978 and post-1978 investigations. Mary Beth Haller indicated that this questions the integrity of the individual inspector. It raises a presumption that programs are not doing what they should be doing. Does the Commission want to challenge the integrity of program staff? It should be enough to know what the programs do. Leon Newton noted that if the issue is what has been done, seeing the form won't answer that question. John Scott stated that is the argument: if testing stops at paint, you never know if other hazards are present. Ed Landon noted if the house was near an industrial area, that could have an effect; if the form requires information, it requires information. Barb Moore stated she had seen completed forms and results and the City and the State have done a fantastic job looking at other sources but there have been inconsistencies with testing water and soil. The inspectors look at car, toys, and spices. If Mount Washington comes up with another identified source, MDE or BCHD will test other items. It would be optimal if Mount Washington could see the results of forms to see if better outcomes would be feasible. However, Barb Moore indicated we should not further burden the programs. Syeetah Hampton-El noted that the topic of other sources beyond paint was discussed at a legislative meeting last year. But no one from MDE came and said this is what MDE does. GHHI is supporting this bill. Paula Montgomery indicated that MDE is looking at sources outside of paint. Adam Skolnik stated that there have been discrepancies. Paula Montgomery stated that an owner can request a copy of the record if they have concerns or questions. John Scott noted that we all come from different backgrounds and need to all be respectful of these different approaches; Adam Skolnik is raising a legitimate issue. Mary Beth Haller stated that she has a lot of inspectors who work under her. If there are discrepancies, people bring it to her attention and she figures out what is right and what is wrong. If a mistake was made, it is corrected.

HB 133 – this allows MDE in addition to the local health department to notify the owner of an elevated BLL, lowers the BLL for intervention from 15 to 10μg/dL. This will allow MDE to get to the regulated community and affected children in a more effective manner and to make sure it triggers a modified risk reduction. It is expected to reduce time, reduce notice and improve monitoring and oversight. Susan Kleinhammer made a motion that the Commission testify on behalf of this bill, the motion was seconded by John Scott, 6 commissioners were in favor, 4 abstained, the motion passed. Pat McLaine will testify on behalf of the Commission at the bill hearing in Annapolis.

HB 270 – drinking Water – GHHI is supporting this bill. Concerns were raised that there wasn't enough information. In particular, there was no fiscal note and no indication of cost. Ed Landon asked if a decision had been made to not do plumbing changes. Mary Beth Haller stated that Baltimore City made a decision to install a filtration system when schools were doing major demolition but that retrofitting was extremely costly.

HB 1358 – Market Share Bill - Adam Skolnik stated that this sets a bad precedent with Maryland law. It goes after the pigment manufacturers. In the real world, the pigment manufacturers will sue property owners to recover their findings. Syeetah Hampton-El stated that GHHI has typically supported this type of legislation but will look at changes made this year. Market share

idea was tried in Wisconsin, California and Rhode Island. It was successful only in California but now on appeal. She recommended Commissioners watch the bill hearing from last year if they have questions; paint manufacturers and property owners both testified last year.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, March 2, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30-11:30 AM.

Agency updates

Maryland Department of Environment – nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell reported that February 28 is the second quarterly Case Management meeting with all local health departments. DHMH is inviting housing agencies to participate in that. He has been working with Dr. Kavon (MDE) to look at data for testing rates since March 2015 to get a more rapid update on testing outcomes. DHMH would like to use local health departments and Medicaid to communicate with providers, especially through MCOs. Cliff Mitchell also reported that the Maryland Insurance Administration has helped to set up meetings with private insurers to determine if testing coverage policies are appropriate.

Maryland Department of Housing and Community Development – Jack Daniels stated that DHCD has finalized a proposal for DHMH that has been sent to CMS; the state should hear back by April 12. This requests $4.3 million: $500K for the state, set aside through DHMH and DHCD and 3.8 million for lead remediation and temporary housing relocation for Medicaid children less than 19 years of age identified with a BLL of 10μg/dL or higher.

Baltimore City Health Department - BCHD is working with partners on protocols.

Baltimore City Housing and Community Development – nothing further to report

Office of Child Care –Liz Kelly met with Christina Peusch. Providers have concerns about BLL testing at 12 and 24 months; the form is very vague and there is confusion. Specialists need to be trained better. A meeting is scheduled with DHMH and Liz Kelly to follow-up.

Maryland Insurance Administration – no representative present

Public Comment
David Fielder, Lead Safe Baltimore County, reported that the County has reached out to MSDE and is on the agenda for their next staff meeting to build a relationship and talk up the program within the county. They expect to be part of the Round Table next month.

Barbara Moore reported that DHMH, GHHI and Mount Washington are doing videos for providers featuring both Barbara Moore and Camille Burke. One video is for providers, one for parents and both will be in English and Spanish. The videos focus on the importance of lead

testing and the idea that all children should be tested. It will be available as a link to u-tube on DHMH's webpage.

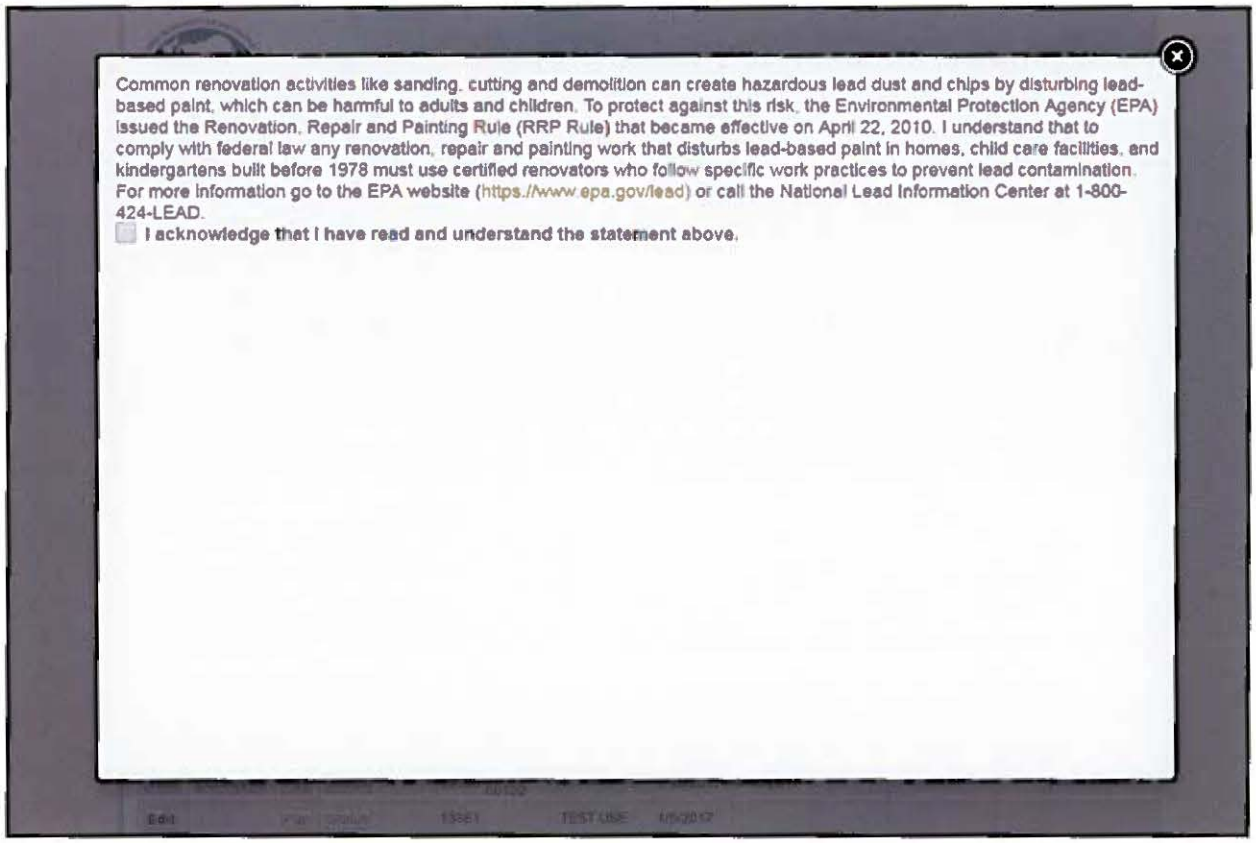
Barbara Moore noted that Mount Washington recently ran into a problem where an OB doctor refused to test a pregnant mother living in a home with a poisoned child. The doctor's argument was that since this did not affect the Mom, they would not test. Neither GHHI nor BCHD were able to help.

Cliff Mitchell noted that a bill has been filed by Senator Rubio to prohibit HUD from keeping geospatial data. Pat McLaine will send the link for that information to Commissioners.

Adjournment

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


BALTIMORE HOUSI
Home > Code Enforcement > My Permit Application List
Account: CHIa@habc.org
My Permit Application List
Logout
Add Application
License Management
Current
Archived
Deleted
ID App
PermitNum
Project Name
Date Create


Common renovation activities like sanding, cutting and demolition can create hazardous lead dust and chips by disturbing lead-based paint, which can be harmful to adults and children. To protect against this risk, the Environmental Protection Agency (EPA) issued the Renovation, Repair and Painting Rule (RRP Rule) that became effective on April 22, 2010. I understand that to comply with federal law any renovation, repair and painting work that disturbs lead-based paint in homes, child care facilities, and kindergartens built before 1978 must use certified renovators who follow specific work practices to prevent lead contamination. For more information go to the EPA website (https://www.epa.gov/lead) or call the National Lead Information Center at 1-800-424-LEAD.
I acknowledge that I have read and understand the statement above.

HUD's New Rule on Elevated Blood Lead Levels

Warren Friedman, PhD, CIH, FAIHA
Senior Advisor to the Director
HUD Office of Lead Hazard Control and Healthy Homes
(202-402-7574; Warren.Friedman@HUD.gov)

Maryland Lead Poisoning Prevention Commission
Held at the Maryland Department of the Environment
1800 Washington Blvd., Baltimore, MD
February 2, 2017

HUD as a health promotion agency

- **United States Housing Act of 1937**

Sec. 2, as originally enacted: It is the policy of the United States to promote the general welfare of the Nation by employing its funds and credit, as provided in this Act, to assist the several States and their political subdivisions to **remedy the unsafe and unsanitary housing conditions and the acute shortage of decent, safe, and sanitary dwellings for families of lower income** ....

HUD Office of Lead-Based Paint Abatement and Poisoning Prevention (1991)

- Created by FY 1991 HUD appropriations act
- Responsible for all HUD lead-based paint abatement and poisoning prevention activities (including, but not limited to, research, abatement, training regulations and policy development)
- Office has been renamed 3 times, including to reflect its 1999 expansion to "healthy homes," i.e., identifying and controlling residential health and safety hazards broadly

Residential Lead-Based Paint Hazard Reduction Act of 1992

- Known as "**Title X**" because the act was issued as that title of the larger Housing and Community Development Act of 1992
- The main current legislation covering lead paint, dust and soil in housing (and, for EPA, child-occupied facilities)
  - Has provisions for HUD, EPA, OSHA, NIOSH, GAO
  - Among HUD provisions, the major ones are:
    - Lead Hazard Control Grant Programs
    - Lead Disclosure Rule
    - Lead Safe Housing Rule

Lead Safe Housing Rule Approach

- HUD issued the **LSHR** (1999) on evaluation and reduction of lead-based paint hazards in federally owned and assisted housing
  - Holds federal housing agencies (HUD, USDA, VA, DoD, etc.) to a higher standard than for private housing owners and subsidizers
  - Agencies must require looking for LBP and/or LBP hazards (deteriorated LBP, high $[Pb]_{dust}$, $[Pb]_{soil}$); reduce hazards using lead-safe work practices, and notify occupants of results of hazard evaluation and hazard control

Lead Safe Housing Rule Implementation

- Integrate lead-safe work practices into training, ongoing housing maintenance, finance, and rehabilitation in target housing funded by HUD assistance programs
- Require practices based on type of assistance, not specific housing programs
- LSHR incorporated by reference into assistance program regulations

Lead Safe Housing Rule Effectiveness

- LSHR and other HUD rules and monitoring have been effective in reducing children's lead exposure per prevalence of LBP hazards:
  - While the national prevalence of housing units with LBP hazards for which lead-safe work practices are required by the LSHR, called "significant lead-based paint hazards" is 21.9%, the prevalence is 12.3% among Government-assisted housing units [95% CI = 3.0 - 21.6%; P < .05]. (HUD. American Healthy Homes Survey (2011), tbl. 5-1; see also Dewalt F, Cox, D, et al. *J. Env. H.* 78(5):22-29 (2015).)

Lead Safe Housing Rule Outcome

- LSHR and other HUD rules and monitoring similarly effective per blood lead levels:
  - "[C]hildren living in assisted housing had a significantly lower geometric mean BLL [blood lead level] (1.44 µg/dL; 95% confidence interval [CI] = 1.31, 1.57) than comparable children who did not receive housing assistance (1.79 µg/dL; 95% CI = 1.59, 2.01; P < .01). The prevalence ratio for BLLs of 3 micrograms per deciliter or higher was 0.51 (95% CI = 0.33, 0.81; P < .01)." (Ahrens K, Haley B, et al. *AJPH* 106(11):2049-2056 (2016).)

LSHR and Children's Blood Lead Levels [1]

- 1999: While not mandated by Title X, in issuing the LSHR, HUD required prompt response when a child < 6 y living in most HUD-assisted housing had a BLL ≥ 20 µg/dL, which CDC had called, in 1997, "the level requiring medical and environmental intervention" (Screening Young Children for Lead Poisoning); HUD called this BLL its "environmental intervention blood lead level."
  - HUD required lead risk assessment in 15 days, controlling LBP hazards found ≤30 days after risk assessment report, at ≥ 20 µg/dL, or at ≥15 µg/dL if persistent for ≥ 3 mo.

LSHR and Children's Blood Lead Levels [2]

- 2012: CDC accepted the recommendations of its Advisory Committee on Childhood Lead Poisoning Prevention, to, among other items:
  - Eliminate concept and use of "blood lead level of concern" because of absence of no known no-effects threshold
  - Use a "reference range value," based on BLL of top 2.5th percentile of U.S. children ages 1–5 per 4 years of NHANES, to identify children who have been exposed to lead and require case management

LSHR and Children's Blood Lead Levels [3]

- HUD began considering amending the LSHR, including assessing whether CDC guidance was being implemented and, if so, if significant problems had arisen and how to overcome them.
- September 1, 2016: HUD proposed its LSHR EBL amendment:
  - Would reduce BLL triggering environmental investigation to the level at which CDC recommends environmental investigation, currently 5 µg/dL; would change the trigger if CDC changes its guidance

LSHR and Children's Blood Lead Levels [4]

- Proposed LSHR EBL amendment:
  - Would enhance evaluation of child's unit from risk assessment to environmental investigation (adding inquiry into other potential sources), per CDC guide and HUD Guidelines' chapter 16 on EBLs
  - Would keep 15 day period for evaluation, and 30 day period for control of LBP hazards identified

LSHR and Children's Blood Lead Levels [5]

- Proposed LSHR EBL amendment:
  - If LBP hazards found in child's unit, would require reassessing other assisted units in the property with children under age 6, using a lead risk assessment
    - Other tenant-based rental assistance (housing choice voucher) units excepted; based on Congress' 1991 intent for that program; these would have visual assessments for deteriorated paint
  - Would expand reporting of cases to HUD

LSHR and Children's Blood Lead Levels [6]

- January 13, 2017: After considering 68 public comments with 378 recommendations, HUD issues final rule of EBL amendment to LSHR
  - Retains main measures in proposed rule
  - Makes refinements per public comments
  - Adds requirement for risk assessments (vs. visual assessments for deteriorated paint) in tenant-based rental assistance (voucher) units to protect these children further
  - Compliance required starting July 13, 2016

Categories of Assisted Target Housing Covered by EBL Amendment

- Project-based assistance: HUD contracts with housing owner to provide housing to low-income or certain other families
- Public housing: HUD contracts with Public Housing Agency for it to provide PHA-owned housing to low-income or certain other families
- Tenant-based rental assistance: HUD provides a housing choice voucher to a low-income family to use for obtaining a reduced rent (difference paid by HUD) from an owner
- Owners agree to meet requirements, which, for target housing, includes lead safety provisions

EBL Response for Project-Based Assisted Housing

Owner informs HUD Field Office & OLHCHH of EBL case (5 days)

Owner conducts environmental investigation of child's unit (15 days)

If LBP hazards found, owner conducts risk assessment of other assisted units w/child<age 6 in property (30/90 days, re #units)

Owner controls LBP hazards (30/90 days)

Owner sends documentation of completion of each step to HUD Field Office (10 days)

<u>OLHCHH is a public health entity for data sharing under HIPAA</u>

EBL Response for Public Housing

- PHA informs HUD Field Office & OLHCHH of EBL case (5 days)
- PHA conducts environmental investigation of child's unit (15 days)
- PHA conducts risk assessment of other assisted units w/child<age 6 in property (30/90 days)
- PHA controls LBP hazards (30/90 days)
- PHA sends documentation of completion of each step to Field Office (10 days)

EBL Response for Tenant-Based Assisted Housing

- Owner informs PHA of EBL case (5 days)
- PHA informs HUD Field Office & OLHCHH (5 days)
- PHA conducts environmental investigation of child's unit (15 days)
- PHA conducts risk assessment of other assisted units w/child<age 6 in property (30/90 days)
- Owner controls LBP hazards (30/90 days)
- Owner sends documentation of completion of LBP hazard control re child's unit to PHA (5 days)
- PHA sends documentation of completion of each step to Field Office (10 days)

LSHR and Children's Blood Lead Levels [7]

- HUD's regulatory definition of EBL:

Elevated blood lead level means a confirmed concentration of lead in whole blood of a child under age 6 equal to or greater than the concentration in the most recent guidance published by the U.S. Department of Health and Human Services (HHS) on recommending that an environmental intervention be conducted.

(When HHS changes the value, HUD will publish a notice in the Federal Register, with the opportunity for public comment, on its intent to apply the changed value to this part, and, after considering comments, publish a notice on its applying the changed value to this part.)

LSHR and Children's Blood Lead Levels [8]

- Effect of potential CDC recommendations change:
  - Note that the statistically-based reference range value BLL can be used for a variety of responses, clinical as well as environmental, but need not apply to all responses. See, e.g., chelation threshold recommendation, not changed by the 2012 CDC guidance
  - The BLL for recommending environmental intervention can be based on the known effectiveness of measures to control lead exposures from the residential environment

Lead Safe Housing Rule Outcome

- LSHR and other HUD rules and monitoring similarly effective per blood lead levels:
  - "[C]hildren living in assisted housing had a significantly lower geometric mean BLL [blood lead level] (1.44 µg/dL; 95% confidence interval [CI] = 1.31, 1.57) than comparable children who did not receive housing assistance (1.79 µg/dL; 95% CI = 1.59, 2.01; P < .01). The prevalence ratio for BLLs of 3 micrograms per deciliter or higher was 0.51 (95% CI = 0.33, 0.81; P < .01)." (Ahrens K, Haley B, et al. *AJPH* 106(11):2049-2056 (2016).)

Questions? Comments?

MARCH 2, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

March 2, 2017

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
DawnJoy	AMA Training	
Anna Davis	Child Advocate	
Chris White	Arc	cwhite@arcenvironmental.com
DAVID FIELDER	LSBC	DFIELDER@BALTIMORECOUNTYMD.GOV
Jack Daniels	DHCD	jack.daniels2@maryland.gov
Marche Templeton	CHHI	MTempleton@chhi.org
Raghel Hess Mutinda	DHMH	
[illegible]	BCHD	
Robin Jacobs	OAG	robin.jacobs@maryland.gov
Chris Corum	OAG	chris.corum@maryland.gov
LISA HORNE	DHMH	lisa.horne@maryland.gov
Maryula Paul	MSDE	Maryula-Paul1@Maryland.gov
Louis Dorsey	MD. LEGAL AID	106 N. Washington St. ste 101 Easton MD 21601 ldorsey@mdlab.org
Aji Golshiri	PG HD	
Wendy Boone	PG HD	

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

March 2, 2017

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Name/Signature	Representing	Telephone/Email
DAVIS, Anna L.	Child Advocate	
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	
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, March 2, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Lead Legislation

III. New Business
DHMH Update on Lead Screening – Cliff Mitchell
Lead-Safe Baltimore County – HUD Grant Program Bi-Annual Report - David Fielder
Ruling on Naval Housing – Chris Corzine

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, March 2, 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
March 2, 2017

APPROVED Minutes

Members in Attendance
Anna L. Davis, Mary Beth Haller, Patricia McLaine, Barbara Moore (via phone), Paula Montgomery, Leonidas Newton, Manjula Paul, Christina Peusch, John Scott, Adam Skolnik

Members not in Attendance
Nancy Egan, Susan Kleinhammer, Cliff Mitchell

Guests in Attendance
Wendy Boone (Prince Georges County HD), Camille Burke ([via phone] BCHD), Christopher Corzine (OAG), Jack Daniels (DHCD), Louis Dorsey, Jr. (MD Legal Aid), David Fielder (LSBC), Ali Golshiri (Prince Georges County HD), Lisa Horne (DHMH), Robin Jacobs (OAG), Dawn Joy (AMA), Myra Knowlton (BCHD), Rachel Hess-Mutinda (DHMH), Marché Templeton (GHHI) Chris White (Arc Environmental)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions.

Approval of Minutes
Two changes were identified on page six. A quorum was not present at this time so approval was deferred.

Old Business
Lead Legislation
Update on current legislation was provided. Hearings on lead bills were held in the House Environment and Transportation Committee on 2/24/2017. Pat McLaine testified on behalf of the Lead Commission in support of HB-133. New bill HB1625 lowers BLL for moderate risk reduction from 10 to 5µg/dL and is now in the Rules Committee. HB 1358 may be changed to reflect Baltimore City only. Efforts are being made to try to exclude the pigment manufacturers from being able to countersue.

New Business
DHMH Update on Lead Screening – Rachael Hess-Mutinda reported that DHMH held a meeting with all local health department case management nurses last week; Paula Montgomery and David Fielder were also in attendance. DHMH and MDE are looking at preliminary data for 2016. There has been an uptake in testing across the state, particularly in jurisdictions that had lower rates of testing earlier. The state is hoping to see changes starting March 2016. DHMH is meeting with the Office of Childcare and will change the school form to make it more helpful. David Fielder stated that the meeting with local health and housing departments was very good.

Paula reported that MDE is transitioning out of Stellar and is now working with Towson State University to bring CDC's Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) to the Department. The Principal servers are to be housed at DoIT, Maryland's Department of Information Technology. Once the servers get there, Towson will take the application and be in a testing mode for up to 6 months. Because of the web-based application, MDE hopes that local health departments can do case management from the application. There are also plans to link the lead testing data with Immunet.

Lead Safe Baltimore County – David Fielder showed a promotional video, available on the website at http://www.baltimorecountymd.gov/Agencies/planning/housingopportunities/leadsafedetail.html and will send a link to Pet Grant to be forwarded to Commissioners. David reviewed the statistics from 2015 through 2017:

- 2015: 64 applications, 34 completed (53%); 18 dropped out – 11 had no lead paint; 12 said no (19%). 3 were scattered-site rental units, 1 was childcare.
- 2016: 99 applications, 47 completed (48%); 31 dropped out – 26 had no lead; 9 no responses. 12 of these projects are in progress and will be completed (will be 60% complete). 29 of units were rental units. When completed, 50% of units will be rental, 4 have in-home daycare, 10 were referred by housing rehab.
- 2017: 14 applications so far, all in progress, one referral from housing rehab.

For these three years (2015, 2016, 2017), five rental property owners received funding to address 16 units. At this time, one large multi-family property with 100 units is under construction, Lions Homes-CT Group. The project has other state and federal funding and some of the units are occupied. .

Prior to 2015, the program had a lot of turnover. The previous grant was completed before 2013. A total of 326 units were completed, 304 from multi-family property Bay Village in Dundalk and 22 single family homes.

David Fielder stated that Baltimore County is looking for any units they can get. In response to a question, he stated that Baltimore County does not track long term compliance/oversight of owner-occupied or scattered site properties. Some compliance is done with larger multi-family properties. The number of units treated with combined funding from the rehab program was 11. ARC Environmental does the HUD inspections, a surface by surface LBP inspection. Paula Montgomery asked if Baltimore County addressed areas with lead that are not hazards, for example, if all windows have lead but only one window is deteriorated, would the program treat all windows. David Fielder stated that the County identified items that were deteriorated. He also makes a visual inspection and documents any areas of disagreement and may address other areas. For friction/impact surfaces, if the trough dust levels are high, the program would usually replace the windows. David Fielder will send the program outcome numbers to Pet Grant to be provided to Commissioners.

Ruling on Naval Housing – Chris Corzine, MDE stated that Maryland law applies to homes owned and operated as naval housing. EH 6-803 has an exception for properties owned and operated by quaesi-public operations that are applicable to the same or a more stringent rule. The military has privatized housing, which is now a public/private venture to manage, own or build military housing. During a poisoned child investigation at Patuxent Naval base, no lead hazards were identified but the inspector discovered that none of the 450 properties were registered or had inspection certificates. The Navy claimed the properties were exempt from the law.

They said the Navy was more stringent, doing an annual inspection, having RRP-certified contractor, doing cleaning and hepavaccum at change of occupancy. However, the Navy does not do dust testing unless they do an abatement project.

At a hearing at OAH, an expert from the Navy testified that their oversight was more stringent. MDE testified that no dust testing was done. The judge ruled that the owner, a limited liability company, was not exempt and must do dust testing per state law. Furthermore, this applies to all naval housing in the state. The naval housing was not owned by quasi-governmental agency. The companies had identified LBP though XRF and had done housing quality inspection but did not test dust. The judge's ruling on February 13, 2017 ordered the company to register these properties, to do dust testing, and to pay an $8,000 penalty. It applies to five facilities in Patuxent, Indian Head and Annapolis owned by MDEUS, Mid Atlantic Military Family Common LLC, and Mid-Atlantic SD LLC. The order may still be appealed. MDE plans to follow up to determine if there is any other military housing in Maryland that is not in compliance with Maryland law, possibly housing for active-duty Air Force or Coast Guard. The Army has been in compliance since 2005. Paula Montgomery noted that a lot of Housing Authorities are doing joint ventures with management companies now.

Approval of Minutes
A quorum being present, a motion was made by Adam Skolnik, seconded by Leon Newton, to accept the minutes with amendments on page 6. All present Commissioners were in favor.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, April 6, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency updates

Maryland Department of Environment – Paula Montgomery reported that MDE was on-hold with the development of new data bases and is still not able to ensure accurate data and improved reporting functionality for Maryland citizens. The Rental Registry staff has been meeting with large jurisdictions to share information. Montgomery County has an Excel database for their rental registry. In answer to how the Commission can support the Department on issues related to databases, Paula Montgomery stated that requests for funds have been in the budgets for 2015, 2016 and 2017 but no money has yet been allocated. DoIT was supposed to cover half the costs. Paula Montgomery noted that MDE recently had problems with a large landlord who was in compliance but due to a glitch in MDE's data system, MDE was not able to provide proper documentation.

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

Maryland Department of Housing and Community Development – Jack Daniels stated DHCD was waiting on a response from CMS regarding their proposal and hopes to hear by April 12.

Baltimore City Health Department - Camille Burke stated that BCHD has purchased two point of care machines and is working hard on point of care testing initiative, formulating a plan for follow-up of positive lead tests.

Baltimore City Housing and Community Development – no representative present.

Office of Child Care – Manjula Paul reported that OCC had met with their software company to update the system so that they can capture data related to the year built, whether the property is owner-owned or rental, and source of drinking water. Once completed, OCC will have data the Commission wants, perhaps in 3 months. Lead testing form 4620 has been updated and the health information form has been updated to require lead testing at 12 and 24 months for all children.

Maryland Insurance Administration – no representative present at this time

Other Agencies – Ali Golshiri spoke about case follow-up in Prince Georges County. MDE reports cases to the County. There are many issues with refugees, many Afghanis, who are new to the country and need a lot of help. Prince Georges County helps them with many things. These refugees have come into the country with high lead levels. They have been difficult to contact because they have no phones and finding them at home has proven to be very challenging. It may take the County 5-10 trips just to gain entrance. Many of the families include pregnant women. Although many of the fathers were translators, most do not know what lead is. Many of the wives can't read or write and County staffs communicate by drawing pictures. Many of the exposures are due to cultural items such as Surma, a cultural remedy used for red, inflamed eyes. Education of families poses big challenges – Ali Golshiri estimates that it may take ten times the average amount of time to educate refugee than non-refugee families. The County staffs feel they are finally getting over. But after the County removes the surma, the families sometimes borrow a similar product from their neighbor. The County has lately been purchasing and providing a non-leaded replacement. Ali Golshiri stated that the County sees their job as finding out where the source is. Children arrive with high le4vels of lead. Properties have been certified, most with lead-free or limited lead-free certificates. Recently a new family was found at an address where another family lived 6 months ago. Many families are doubling, tripling up in the same house. The County's primary goal is to identify lead sources contributing to the child's exposure. In one home, the County found 1200µg/ft2 lead on the floor, near old mini-blinds. In another home, a child was chewing on a red shaker from the dollar store, which was found to contain lead (shaker was exhibited). In another home, the family had a coaster made of 100% lead that a family member had brought to the US (coaster was exhibited). The county has found spices and make-up (both exhibited).

In addition to lead hazards, the County has found other public health problems, such as families living in basements without egress, a real problem in the case of fire. Al Golshiri stated that the majority of refugee families were responsive and compliant with recommendations; as soon as the sources were removed, the BLLs went down. Families appear to have accepted this follow-up. Wendy Boone, Public Health Nurse from Prince Georges County, stated that most of clients being followed for high BLLs are not Americans; people are afraid and there is a lot of pushback. The County has to explain that they aren't immigration officials and have to establish a trusting relationship; it is very difficult. The county has to be sure that the families trust the County and understand their focus is on health. If the family disappears, the child is lost. Ali speaks Farsi and can talk with the mothers. Fathers do understand English and Wendy can talk to them. Prince Georges County recently held lead testing in an elementary school for more than 100 children who had not been previously tested; they did not find any poisoned children. The County does a lot of training for the child resource center and other organizations in Prince Georges County. The County receives no funding for lead; Ali said he has to fight to get the county's XRF re-sourced when needed. There is no funding to replace make-up that they get from families. HD staff wear many hats. Wendy Boone stated that the public health nurses provide clothing and other resources to the families and notes that the children's BLLs are going down. Wendy Boone noted that use of make-up (Surma) on babies begins at 1-2 days after birth. BLLs have been seen as high as 41 and 51.

Manjula Paul noted that children who were born here must have received many health care services; did somebody miss identifying high risk factors at an earlier time? Is there a better way to approach this upstream, for example in clinic where children are receiving primary care? Some of earlier touch points include refugee clinic, where refugees receive physicals; TB clinic, which tests children up to age 12. DHMH is trying to work more actively with refugee populations and has developed a pamphlet for Afghani families. The recommendation is to meet with families as soon as they arrive. Manjula Paul suggested maybe we can do something to catch these children earlier. Ali notes that whenever he gets calls for other issues (like bed bugs), he also talks about lead.

Public Comment

David Fielder asked if the Commission would sign a letter of support for Baltimore County's HUD application. A motion was made by Christina Peusch to send a letter of support, seconded by Manjula Paul. All present Commissioners were in favor. Pat McLaine will sign a letter of support and send to David Fielder to include with Baltimore County's HUD application.

Adjournment

A motion was made by Mary Beth Haller to adjourn the meeting, seconded by Leonidas Newton. The motion was approved unanimously and the meeting was adjourned at 11:20 AM.

BILL NO.	TITLE	SUMMARY	LEGISLATOR	HEARING INFO	HISTORY
HB-7	**Environment - Children With Elevated Blood Lead Levels - Environmental Investigation**	Requiring the Department of the Environment, on or before October 1, 2018, to adopt regulations to establish procedures for conducting environmental investigations to determine the source of lead exposure for children with elevated blood lead levels greater than or equal to 10 micrograms per deciliter.	Delegate Holmes	In the House - First Reading Environment and Transportation	fiscal note available; no fiscal impact
HB-66	**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 State to ensure that no vehicle in the State fleet is equipped with an externally attached lead wheel weight that is composed of greater than 0.1% lead by weight or greater than 0.1% mercury by weight after January 1, 2019; and providing for the enforcement of the Act, including the required issuance of a warning for an initial violation.	Delegate Lam	Hearing in the House - 1/25/17 at 1:00 p.m.	Introduced in 2016 as: HB1328 Received favorable report from House 2/27/17; fiscal note available
HB-133	**Environment - Reduction of Lead Risk in Housing - Notification of Elevated Blood Lead Level**	Requiring the Department of the Environment or a local health department to notify the person at risk, or in the case of a minor, the parent or legal guardian of the person at risk, and the owner of the affected property on receipt of specified blood lead tests under specified circumstances.	Chair, Environment and Transportation Committee	Hearing in Environment and Transportation on 2/24/17	fiscal note available; no fiscal impact
HB-270	**Environment - Testing for Lead in Drinking Water - Public and Nonpublic Schools**	Requiring the Department of the Environment, in consultation with the State Department of Education, to adopt specified regulations, on or before October 1, 2017, to require periodic testing for the presence of lead in each drinking water outlet located in an occupied public or nonpublic school building; authorizing the Department of the Environemnt, in consultation with the State Department of Education, to provide a waiver from specified testing requirements under speified circumstances; etc.	Delegate Lafferty	In the House - Hearing in Environment & Transportation 2/24/17; first reading in Ways and Means	fiscal note available; program costs $442.8K in 2nd year plus testing costs
SB-542 HB1358	**Maryland Lead Poisoning Recovery Act**	Establishing that the Act applies only to an action brought by a unit of State or local government or by an owner of a residential building against a specified manufacturer of lead pigment for specified damages allegedly caused by the presence of lead-based paint in a residential building; providing that the Act does not apply to specified actions for specified damages arising from personal injury or death or to specified actions against a person other than a manufacturer; etc.	Senator Conway Delegate Mosby	In the Senate - Hearing 3/9 at 1:00 p.m.; House Hearing Env. & Transp 2/24/17; Judiciary 3/8/17 at 1:00 PM	Fiscal note available

APRIL 6, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

April 6, 2017

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Name	Representing	Address/Telephone/Email
P T Connor	Connor	—
Kirsten Held	MDE	
Maximilian Jeremenko	MDE	
Anna Davis	ACY	
Chris Denstedter	MDE	
Jordan Sellers	MDE	
Rachel Hess Mufinda	DHMH	
Dawn Fey	AMA	
Jon Mackey	LMA	
Chris Lehr	ARC	
Syeeda Hampton Ex	GHHI	
Lisa Horne	DHMHK	

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

April 6, 2017

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Name/Signature	Representing	Telephone/Email
DAVIS, Anna L.	Child Advocate	
EGAN, Nancy	Maryland Insurance Administration	443 604 9599
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	7-7438
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	443-691-9836
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, April 6, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Lead Legislation

III. New Business
MDE Rental Registry Quarterly Update
New lead research findings

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, May 4, 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
April 6, 2017

APPROVED Minutes

Members in Attendance
Anna L. Davis, Nancy Egan, Mary Beth Haller, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore (via phone), Paula Montgomery, Leonidas Newton, Manjula Paul, Adam Skolnik

Members not in Attendance
Christina Peusch, John Scott

Guests in Attendance
Camille Burke ([via phone] BCHD), Patrick Connor (CONNOR), Christopher DenBleyker (MDE), Syeetah Hampton-El (GHHI), Lisa Horne (DHMH), Maximilian Jeremenko (MDE), Dawn Joy (AMA), Kirsten Held (MDE), Rachel Hess Mutinda (DHMH), Jordan Stoleru (MDE), Chris White (Arc Environmental), Joseph Wright (MDE)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:37 AM with welcome and introductions.

Approval of Minutes
A motion was made by Adam Skolnik, seconded by Cliff Mitchell to accept the March 2017 minutes as amended. All present Commissioners were in favor.

Old Business
Lead Legislation – Anna Davis provided an update on lead legislation. HB-7 passed in the House on March 12th . The bill was heard in Senate EHEA Committee on March 16th but reassigned to Judicial Proceedings Committee for a hearing on March 29th. The bill proposes to change the modified risk reduction standard; if the owner has completed a modified risk reduction, a full investigation would be done to identify if lead hazards are present. Why would property owners have to do another modified risk reduction if the problem was lead in water? Syetta Hampton-El noted concerns about residents having to wait for MDE to do an investigation. EBL level was also lowered from 10 to 5µg/dL. It is unclear if Senator Zirkin will have Committee vote this bill. HB-66 – Passed the House on March 2nd, had it's first hearing in Senate on March 21st. Second reading in Senate has been special ordered. This bill addresses another non-paint source (vehicle lead wheel weights) and another route of exposure with large number of pounds of lead put into the environment each year. HB-133 – Passed in the House on March 12th , referred to Judicial Proceedings in the Senate for a hearing on March 29th. It had not yet been voted out of Committee. HB-270 – Testing for lead in school drinking water – bill has passed in the House on March 17th, hearing was scheduled for April 5th in Senate Education, Health and Environmental Affairs Committee. Delegate Lafferty made a lot of amendments to the bill. SB-452/HB1358 – Senate and House Committee hearings have been held, was referred to Judiciary. Bills are dead for this session but this may go to Summer Study.

HB-1487 – Rent Court bill (from Summer Study) – landlord tenant bill requires landlord of affected property to state whether property has been registered with MDE. Information collected on failure to pay rent and registration would be issues for trial. Would also create statute of limitations for failing to pay rent. Bill passed in the House on March 17th. Hearing in Senate JP Committee was March 29th. HB1625/SB1195 – Bill reduces action level from 10 to 5µg/dL. The bill is stuck in Rules Committee in the House. Senate bill came out of Rules Committee and was heard in Judicial Proceedings Committee on March 29, 2017. Adam Skolnik stated that the issue of reducing the action level from 10 to 5µg/dL should have further discussion with the Department and interested parties.

New Business

MDE Update - Joseph Wright, MDE, provided updated information on the number of units built before 1950 and 1950-1978 by county and at 6 discrete points in time starting with 7/7/14. The number of units on the pre-1950 side seems to be short and Joseph Wright suggested that the report may not have pulled units without build dates in SDAT. In addition, 360 pre-50 and 858 50-78 properties were not listed in the County display. Joseph Wright will check on current figures again. Paula Montgomery noted that MDE relies on SDAT data. Some properties are tax-exempt and do not have a current account number, for instance, about 500 naval properties. The decrease in 50-78 properties is not surprising; 70,000 units were certified in lead-free in post-1949 and these are exempt from registration by law. Adam Skolnik asked if we should be comparing this information on the number of registered properties and the information on lead free properties to the estimated number of properties in each age category. Pat McLaine noted that oversight of affected properties is the responsibility of the Commission. Patrick Connor noted that Baltimore County number of 6,098 post-1949 seemed low. The Department of Assessment and Taxation data can identify apartment complexes but does not identify the number of units. MDE used the 2010 census data identifying 250,000-300,000 rentals built 1950-1978. Pat McLaine requested further breakdown of this information so the Commission can better understand how Maryland is making progress to protect children. Paula Montgomery stated that she has an estimate of the number of units and the number of lead-free certificates but does not know the age of properties with lead-free certificates. Adam Skolnik offered to help identify age of units and number of units by the size of the complex. Paula Montgomery stated that MDE would provide a better framed table at MDE's next Rental Registry Quarterly Update (July 2017).

Lead Studies – Pat McLaine reviewed importance of two recently published studies, distributed to Commissioners. Case Studies and Evidence-based Approaches to Addressing Urban Soil Lead Contamination (*Applied Geochemistry* (2017) summarized what is known about lead contamination of urban soil and about the success of interventions to address this problem. Soil does represent a major exposure source and it is important that primary prevention efforts address all major environmental exposures including water, air and soil. A second article, Association of Childhood Blood Lead Levels with Cognitive Function and Socioeconomic Status at age 38 years with IQ Change and Socioeconomic Mobility between Childhood and Adulthood (*JAMA*. 2017;317(12):1244-1251) looked at outcomes at age 38 for a cohort of 565 individuals living in New Zealand and tested for PbB initially at 11 years of age. This population was exposed to lead in air, associated with motor vehicle emissions with about half having blood lead levels equal to or above 10µg/dL. Each 5µg/dL increase in blood lead level was associated with a 1.61 point drop in IQ, similar to the effect of very low birth weight. This cognitive decline was accompanied by changed trajectory in SES, measured by a "small but

detectable downward social mobility by midlife". The authors suggest the need for early intervention with lead-exposed children and raise questions about how reasonable the duration and magnitude of public response has been, stating "Short-lived public responses to community lead exposure may not be enough."

EPA Cuts – Washington Post article (April 5, 2017 – Trump's EPA moves to dismantle programs that protect kids from lead paint) was discussed. Paula Montgomery stated that MDE gets $250-280K from EPA to run an enforcement, accreditation and oversight program for abatement (not risk reduction). EPA asked MDE what impact eliminating this funding would have on the Department; if this happened, MDE would need to raise fees. Paula Montgomery stated that PPG grant funding comes to MDE in a lump sum and is allocated to programs as prescribed. Paula Montgomery stated that MDE is understaff and $400K behind in running the program. MDE will respond to Region 3 about the impact, significant from the issue of burden.

Paula Montgomery noted that CDC appears to be moving forward with a new grant opportunity focused on surveillance and increased testing with awards to states in the $150-400K range. Paula requested that the Commission send a letter of support for this grant proposal. A motion was made by Adam Skolnik, seconded by Anna Davis to send a letter of support for MDE's Grant Application to CDC; all present commissioners were in support. Pat McLaine will work with Paula Montgomery to prepare and submit a signed letter to CDC.

With regards to HUD, Pat McLaine noted that HUD appears to have maintained funding but CDBG funds will be eliminated. Adam Skolnik stated that the housing community was not sure what to do about this. Cliff Mitchell stated that if the Commission has a clearly articulated position to make, it is probably a good idea to make that idea known sooner and earlier in the process. The Commission can talk from the public health perspective about the protection of children. Kristen Held (MDE) noted that the article stated that programs are mature and no longer need federal help, but this is incorrect. Patrick Connor asked if EPA's association with RRP ended, what would be the effect on Maryland. Paula Montgomery stated that Maryland does not regulate RRP, we regulate the pre-1978 rentals. MDE investigates owner occupied properties if a child is poisoned but we don't regulate RRP for these properties. Patrick Connor noted that the loss of this federal program (RRP) and push to the states will force contractors to all have a license for every state. This will adversely impact contractors; it will cost contractors millions of dollars to comply with individual state requirements rather than Federal requirements. Paula Montgomery suggested that the focus needs to be more on primary prevention if we are going to write a letter; RRP has not "matured". Patrick Connor suggested that the 14 million in savings will be spent by contractors 3, 4 or 5 times over. This would also encourage firms to take the risk and get caught. Adam Skolnik noted that if the RRP training was tied to contractor license, enforcement would be higher. Paula Montgomery noted that MDE so far has been unsuccessful in getting buy-in from other state agencies about this.

A motion was made by Adam Skolnik, seconded by Leon Newton that the Commission send a letter to Maryland's Federal Delegation and EPA opposing these cuts on the basis of protection of child health and impact on business; all present Commissioners were in favor. Pat McLaine and Adam Skolnik will draft a letter and circulate by email.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, May 4, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell noted that DHMH is working with Green and Healthy Homes Initiative and two videos are almost ready for release. Commissioners will be invited to the release and videos will also be available on YouTube. One video encourages parents to test children and was done with a pediatrician, BCHD and parents. The video highlights the ease of testing and what happens if a child is identified. The second shorter video is for providers, with assistance from the American Academy of Pediatrics, encouraging providers to test, talking about reimbursement and the importance of testing.

DHMH Medicaid has reimbursed Baltimore City Health Department for $322 for an environmental investigation. The investigation must be performed for a lead-poisoned child, be completed by a person with enforcement authority, and is billed as a clinical service. Only Baltimore City and Prince Georges County Health Departments know about this. Camille Burke noted that this is an arduous process; one health department employee spent many hours learning how to bill Medicaid successfully. Cliff Mitchell will bring a copy of official language allowing reimbursement by Maryland Medicaid.

Cliff Mitchell stated that DHMH is reviewing Form 4620 with the Office of Childcare.

Maryland Department of Housing and Community Development – no representative present

Baltimore City Health Department - Camille Burke stated that new Neighborhood Profiles were released this week by Dr. Wen; issues and concerns can be examined by neighborhood.

Baltimore City's Infant Mortality Review Committee is now including lead in their review; Baltimore City may be able to share findings.

Camille Burke reported that Baltimore City held a Community Conversation about Chronic Disease on March 29 2017 with 122 people in the room. Health Commissioner Lena Wen talked about lead and recognized leaders in the Baltimore community including commissioners Cliff Mitchell, Barbara Moore and Pat McLaine with Baltimore City Health Equity Leadership Awards.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – nothing more to report

Maryland Insurance Administration – nothing more to report

Public Comment – no additional comments from the public

Adjournment
A motion was made by Leon Newton to adjourn the meeting, seconded by Nancy Egan. The motion was approved unanimously and the meeting was adjourned at 11:17 AM.

County	Construct Status	StatusC TrackingID
Allegany	360	
Anne Arundel	594	
Baltimore	3,438	
Baltimore City	5	
Baltimore County	4,312	
Calvert	6,098	
Caroline	181	
Carroll	163	
Cecil	554	
Charles	374	
Dorchester	403	
Frederick	241	
Garrett	653	
Harford	146	
Howard	780	
Kent	918	
Montgomery	113	
Prince George s	13,520	
Queen Anne s	12,396	
Somerset	141	
St. Mary s	128	
Talbot	253	
Washington	305	
Wicomico	1,092	
Worcester	786	
	253	
	48,207	
	1	

Post 49

County	ConstructionYear	Status	StatusCode	TrackingID
Allegany	858			
Anne Arundel	3,791			
Baltimore	2,639			
Baltimore City	88			
Baltimore County	48,399			
Calvert	6,914			
Caroline	141			
Carroll	556			
Cecil	2,001			
Charles	866			
Dorchester	119			
Frederick	925			
Garrett	2,219			
Harford	310			
Howard	1,141			
Kent	330			
Montgomery	314			
Prince George s	4,279			
Queen Anne s	3,757			
Somerset	372			
St. Mary s	354			
Talbot	180			
Washington	789			
Wicomico	5,256			
Worcester	2,140			
	406			
	89,144			
	1			

Pre 50

Report Date	Pre50	Post 49	Total
7/7/2014	92834	9384	102218
11/3/2014	92792	11321	104113
1/5/2015	92696	18298	110994
6/19/2015	92844	48902	141746
11/9/2015	92590	54485	147075
7/11/2016	92995	56725	149720

BILL NO.	TITLE	SUMMARY	LEGISLATOR	HEARING INFO	HISTORY
HB-7	Environment - Children With Elevated Blood Lead Levels - Environmental Investigation	Requiring the Department of the Environment, on or before October 1, 2018, to adopt regulations to establish procedures for conducting environmental investigations to determine the source of lead exposure for children with elevated blood lead levels greater than or equal to 10 micrograms per deciliter.	Delegate Holmes	Passed in the House 3/12/17 (139-0); 1st Reading in Senate EHEA Committee 3/16/17, Reassigned to JP, Hearing 3/29/17	fiscal note available; no fiscal impact
HB-66	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 State to ensure that no vehicle in the State fleet is equipped with an externally attached lead wheel weight that is composed of greater than 0.1% lead by weight or greater than 0.1% mercury by weight after January 1, 2019; and providing for the enforcement of the Act, including the required issuance of a warning for an initial violation.	Delegate Lam	Passed in the House 3/2/17 (88-47); 1st Reading in Senate EE 3/3/17, Hearing 3/21/17.	Introduced in 2016 as: HB1328 Received favorable report from House 2/27/17; fiscal note available
HB-133	Environment - Reduction of Lead Risk in Housing - Notification of Elevated Blood Lead Level	Requiring the Department of the Environment or a local health department to notify the person at risk, or in the case of a minor, the parent or legal guardian of the person at risk, and the owner of the affected property on receipt of specified blood lead tests under specified circumstances.	Chair, Environment and Transportation Committee	Passed in House 3/12/17 (137-1); Referred to JP, Hearing in Senate 3/29/17.	fiscal note available; no fiscal impact
HB-270	Environment - Testing for Lead in Drinking Water - Public and Nonpublic Schools	Requiring the Department of the Environment, in consultation with the State Department of Education, to adopt specified regulations, on or before October 1, 2017, to require periodic testing for the presence of lead in each drinking water outlet located in an occupied public or nonpublic school building; authorizing the Department of the Environemnt, in consultation with the State Department of Education, to provide a waiver from specified testing requirements under speified circumstances; etc.	Delegate Lafferty	Hearing in ET 2/24/17, Favorable with Amendments; Passed 3rd Reader in House 3/17/17 (117-23); 1st Reading in EE	fiscal note available; program costs $442.8K in 2nd year plus testing costs
SB-542 HB1358	Maryland Lead Poisoning Recovery Act	Establishing that the Act applies only to an action brought by a unit of State or local government or by an owner of a residential building against a specified manufacturer of lead pigment for specified damages allegedly caused by the presence of lead-based paint in a residential building; providing that the Act does not apply to specified actions for specified damages arising from personal injury or death or to specified actions against a person other than a manufacturer; etc.	Senator Conway Delegate Mosby	In the Senate - Hearing 3/9 at 1:00 p.m.; House Hearing Env. & Transp 2/24/17; Judiciary 3/8/17	Fiscal note available
HB 1487	Landlord and Tenant -- Repossession for Failure to Pay Rent -- Proedures	Expands the required contents of a complaint to repossess residential property by requiring the landlord to state whether the property to be possessed is at risk for lead paint contamination, i.e. an affected property as defined by §6-801 of the Environment Article. If it is an affected property, the complaint is required to state that the landlord has registered the affected property and kept registration current. Requires court to dismiss an action for repossession for FTPR that does not include specified information; alters time frames for scheduling a trial date and serving summons; authorizes court to adjourn trial to obtain documents or other proof of a claim or defense	Delegate Rosenberg	Passed in the House on 3rd Reader (97-42) 3/17/17; Hearing in Judicial Proceedings 3/29/17. (No crossfile)	fiscal note available: not anticipated to materially affect State or local finances or operations.

MAY 4, 2017

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 4 , 2017

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
DAVIS, Anna L.	Child Advocate	
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
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	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT NAT BAKS	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

May 4, 2017

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
TOMMY TOMPSETT	MHHA	ttompsett@mmhaonline.org
Tim Whitehouse	CPSR	twhitehouse@psr.org
[redacted]		
Dawn Jay	AMH	
Heather Barthel	MDE/WMA	
Sherelle Frasier-Kyer	DHCD	Sherelle.Frasier-Kyer@baltimorecity.gov
Chris White	Arc	cwhite@arcenvironmental.com
Speaker Hampton-CL	GHHI	
Kathy Hanna	BMI/MMHA	
Ron Winebrake	HOBA	
Chris Cozine	AG	chris.cozine@maryland.gov
CEO	RCIZO	
LISA HORNE	DHMH HK	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, May 4, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business
Lead Legislation Recap — Anna Davis
Other

III. New Business
Quarterly Update on Baltimore City HUD Grant Program — Sheneka Fraiser-Kyer
MDE Annual Enforcement and Compliance Report for 2016 — Paula Montgomery
Patterns of Lead Risks in Baltimore — Tim Whitehouse, Executive Director
Gwen Dubois, MD, MPH, President
Chesapeake Physicians for Social Responsibility

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, May 4, 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
May 4, 2017

APPROVED Minutes

Members in Attendance
Anna L. Davis, Mary Beth Haller (via phone), Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Leonidas Newton (via phone), Manjula Paul, Sen. Nathaniel Oaks, John Scott, Adam Skolnik

Members not in Attendance
Nancy Egan, Christina Peusch

Guests in Attendance
Heather Barthel (MDE), Camille Burke (BCHD), Chris Corzine (OAG), Gwen Dubois (CPSR), David Fielder (LSBC), Sheneka Frasier-Kyer (DHCD), Syeetah Hampton-El (GHHI), Lisa Horne (DHMH), Kathy Howard (RMI/MMHA), Dawn Joy (AMA), Kirsten Held (MDE), Tommy Tompsett (MMHA), Chris White (Arc Environmental), Tim Whitehouse (CPSR), Ron Wineholt (AOBA)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions.

Approval of Minutes
A motion was made by Adam Skolnik, seconded by Susan Kleinhammer to accept the April minutes as amended. All present Commissioners were in favor.

Old Business
Lead Legislation Recap - Anna Davis led the discussion of lead legislation during the 2017 Legislative Session. HB7 did not receive a vote in Senate Committee and died at the end of session. HB66, HB133, and HB270 all passed and the bills will be signed today. The Maryland Lead Poisoning Recovery Act did not receive a vote in the house. The Landlord Tenant Protection Act received an unfavorable report in Senate Committee.

Lead in Drinking Water – Heather Barthel, MDE Water Management Administration, provided an update on the school drinking water bill (HB270). The law takes effect June 1, 2017. No money was budgeted although the bill had a $0.5million fiscal note. Although two pins were approved for staff to manage this program, 2 more people are retiring so there will be no net gain in positions. The deadline for testing 3,000 Maryland schools is July 1, 2018 (1,1447 public schools and 1,397 non-public schools). The priority for testing is schools built before 1988 when the plumbing code changed, pre-schools and elementary K-5, and schools that have not yet been tested. MDE plans to have regulations drafted and submitted for review by October 2017, to AELR by November, with final publication planned for June 2018. A workgroup was identified in the bill.

cost of $100-200 each. Large owners already go through these inspectors and this does not cost the City a dime. Baltimore City works with SDAT to identify rentals, then issues notices and fines, if necessary, which can end up with a lien on the property.

MDE Annual Enforcement and Compliance Report – Paula Montgomery reviewed a written report provided to the Commission for fiscal year ending 6/30/2016. A total of five staff provide oversight, three do field investigations. One staff serves as the compliance specialist, reviewing accreditations. Penalty and Notice represents notice of noncompliance, any action before a case is moved to the Attorney General. Supplemental Environmental Projects (SEPS) are properties where the owner agrees to go above and beyond the regulation (limited lead free or lead free units). With regards to penalties (total $1,825,753), the majority are associated with property owners who have failed to register. The Rental Registry program sent out thousands of letters and did a lot of work focusing on registration. Paula Montgomery noted that the minimum standard of full risk reduction was good for one tenancy and must be updated with every change in tenancy. Owners must meet a higher standard if a child has an EBL. Asked why penalties are low, Paula Montgomery stated that MDE had probably collected $1.5 million for registration issues alone. MDE is focusing on Department priorities – poisoned children – and not finding a lot of non-compliance when kids are poisoned. She suggested that the only way that MDE could increase penalties is if they had more staff. Paula Montgomery said that MDE's ultimate goal is prevention of lead poisoning, not collecting penalties. Poisoned child cases are more difficult to follow-up. In addition, MDE is following up on 5-9s in Baltimore City. John Scott stated that insurance companies had a similar issue: when there is an injured child, there is never just one location. Chris Corzine stated that the problem has shifted from large property owners with money to many mom and pop operations that don't have money and can't pay penalties. The amount proposed could be ten times more than the amount recovered. Pat McLaine suggested that perhaps we can learn more from the review of case management records in terms of where to focus prevention efforts. Barb Moore stated that Mount Washington just saw a family with an EBL child looking for safe housing who had visited four homes that were registered but all four had major lead problems. Paula Montgomery noted that another issue was inspectors who are passing properties and antiquated data bases at MDE. MDE is starting to look at inspectors who have been identified with problems. MDE can deny application for accreditation based on past performance and the burden of proof is on the inspector. The burden of proof is on MDE to suspend or revoke the accreditation of an inspector.

Patterns of Lead Risks in Baltimore – Tim Whitehouse and Gwen Dubois, Chesapeake Physicians for Social Responsibility (PSR), discussed their work to evaluate patterns of lead risk in Maryland. PSR has been long concerned about lead exposures due to incineration and thinking about lead levels in fall out zones from these facilities. They looked a little more broadly at available data, mapping data for percent of tests greater than 5µg/dL by census tract, for Baltimore City, Prince Georges County and Montgomery County. They looked at the 10 census tracts in Baltimore City with the highest proportion of results over 5µg/dL, for the period 2010-2015; the percent decrease over time for these 10 census tracts was less than the change for all census tracts in Baltimore City. PSR supports the policy goal of intervening at BLLs of 5µ/dL. John Scott asked if PSR had reached any conclusions about why; Tim Whitehouse replied no, they had just mapped the data. Cliff Mitchell asked if PSR had used 2000 or 2010 census tracts; Tim Whitehouse said they would check on that. Cliff Mitchell said that DHMH

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, June 1, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates
In the interest of time, report was provided only by one agency.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell reported that DHMH and GHHI will roll-out two videos focused on blood lead testing, one for providers and one for parents. Screening is 4-5 PM tomorrow, May 5th at GHHI. Video links will be sent to providers and families and links will be available on websites.

Public Comment
Barbara Moore stated that an insurance company had recently denied an in-patient stay for two children with blood lead levels of 50µg/dL+. This is unprecedented. Mount Washington has negotiated a seven-day stay so the children could begin their 19-day course of treatment. The insurance company claims this is a "social" problem, not a "medical" problem and that treatment can be handled in the person's home. Barbara Moore reported that discussions were heated and that a concern has been raised about malpractice if providers are not meeting the standard of care for treatment. Many local agencies are involved with this case.

Adjournment
A motion was made by John Scott to adjourn the meeting, seconded by Paula Montgomery. The motion was approved unanimously and the meeting was adjourned at 11:35 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 the Department, 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 LPPP 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. LPPP 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 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 2015 a total of 110,217 (20.6%) children were tested from a universe of 535,094 children 0-72 months of age. There was a slight percentage decrease in testing compared to 20.7% in 2014. The population of children 0-72 months of age increased from CY14 to CY15 by 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). 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 during CY15 totaled 280 (0.3%). This was also an increase of 18 children with a new incidence case compared to in CY14. It should be noted that the incidence and prevalence percentages remained the same in CY15 and the increase

in numbers of blood lead levels ≥ 10 micrograms per deciliter (µg/dL are attributed to the increase in the population tested.

In 2015 a revised Targeting Plan (Plan) for children recommended a revised strategy for testing Maryland children for lead exposure. It was the first comprehensive reassessment of lead testing strategies in the State since 2004 and incorporates new recommendations from the U.S. Centers for Disease Control and Prevention (CDC) regarding blood lead levels that will require follow up action from clinicians, government agencies, and other stakeholders. As a result of the Plan, all health care providers are now required to test all 1 and 2 year olds in Maryland.

The number of compliance inspections performed by LPPP inspectors increased from 2,650 in FY 2015 to 3,719 in FY 2016. The increase was a direct result of the program having hired two new inspectors during the last quarter of FY 2016. 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 decreased from 64% in FY 2015 to 38% in FY 2016. The decrease in the coverage rate resulted from a significant decrease in the number of third party inspections as the number of property owners attempting to meet the lead-free exemption of the law has slowed. 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 LPPP.

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 renew registration in 2013, 2014 and 2015. If the property registration was not renewed the Section issued a Notice of Violation (NOV). This resulted in over 11,000 NOVs issued and over $1,400,000 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.

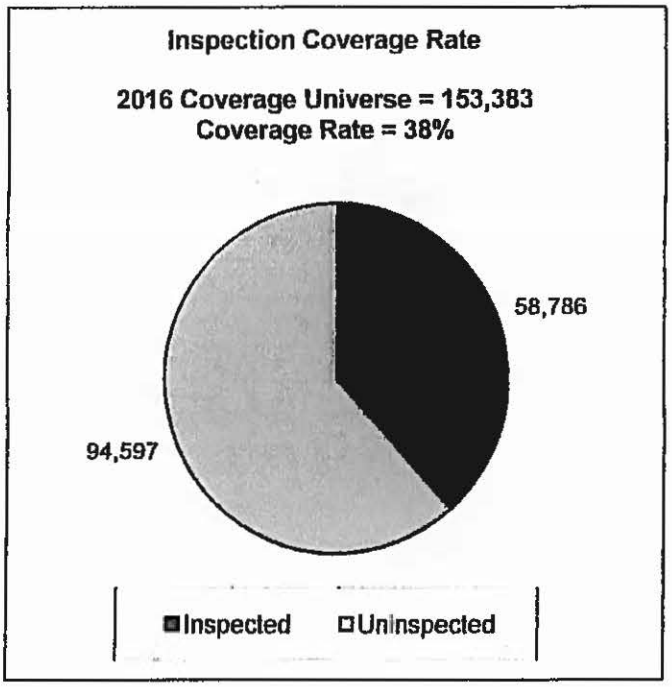
During FY 2016, TSOP took on a project in an effort to address an audit suggestion to find and correct the Universe of Rental Properties that should be registered with the Department. The Rental Registry Section mailed out over 100,000 letters to potential rental property owners who were never registered with the Department. This has resulted in over 2,000 new registrations. Due to the quantity of the mail out, TSOP faced an increase in phone calls to the Lead Hot Line and emails, resulting in slower response times.

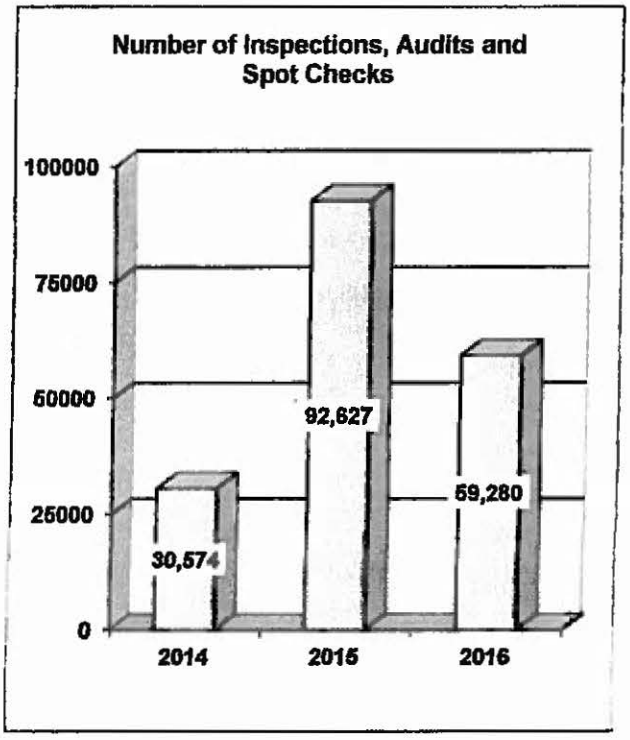
Lead Poisoning Prevention

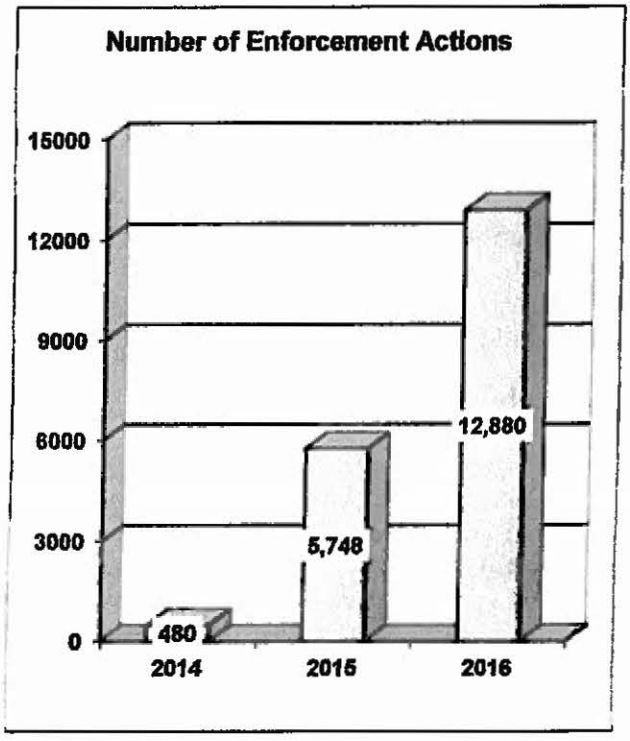
Performance Measure			TOTAL
PERMITTED SITES/FACILITIES			
Number of permits/registrations issued (accreditations)			1,416
Number of permits/registrations (accreditations) in effect at fiscal year end			2,858
OTHER REGULATED SITES/FACILITIES			
Number of registrations processed			38,511
Number of units registered as of end of FY			153,383
INSPECTIONS			
Number of sites inspected ("inspected" defined as at the site)			
By accredited lead paint service providers			55,067
By MDE			3,719
Number of sites audited but not inspected (places where MDE reviewed submittals but did not go to the site)			13
Number of sites evaluated for compliance (sum of the three measures above)			58,799
Number of inspections, spot checks (captures number of compliance activities at sites)			
By accredited lead paint service providers			55,067
By MDE			4,199
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)			59,280
COMPLIANCE PROFILE			
Number of inspected sites/facilities with significant violations			287
Percentage of inspected sites/facilities with significant violations **			8%
Inspection coverage rate (number of sites inspected/coverage universe) ***			38%
SIGNIFICANT VIOLATIONS			
Number of significant violations involving environmental or health impact			566
Number of significant violations based on technical/preventative deficiencies			6
Number of significant violations carried over awaiting disposition from previous fiscal year			393
Total number of significant violations (sum of the three measures above)			965
DISPOSITION OF SIGNIFICANT VIOLATIONS			
Resolved			477
Ongoing			488
ENFORCEMENT ACTIONS**			
Number of compliance assistance rendered			62
	Administrative	Civil/Judicial	Total
Number of show cause, remedial, corrective actions issued	155	0	155
Number of stop work orders	0	0	0
Number of injunctions obtained	0	0	0
Number of penalty and other enforcement actions	12,725	0	12,725
Number of referrals to Attorney General for possible criminal action			1
Number of SEPs entered into / units affected			3/241
PENALTIES			
Amount of administrative or civil penalties obtained ($ collected in FY)			$1,825,753

* 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

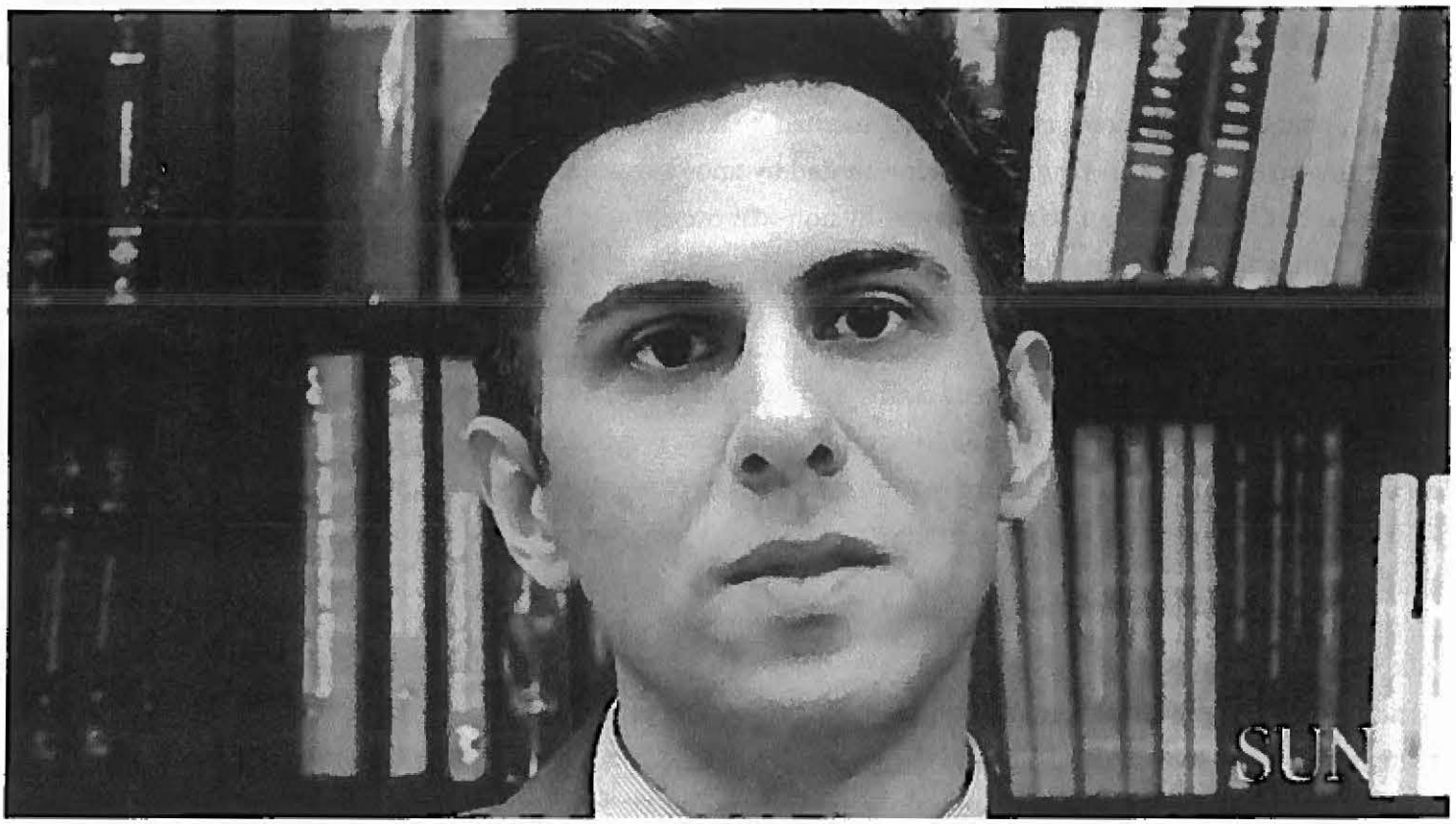
Lead Poisoning Prevention







Leveling the playing field in rent court



Baltimore leaders created the nation's first housing court seventy years ago in response to the slum conditions spreading in the city. Rent court was supposed to foster safer, cleaner and better housing in Baltimore. However, a yearlong investigation by The Baltimore Sun found that the system routinely works against tenants, while in many cases failing to hold landlords accountable for not meeting minimum housing standards.

APRIL 30, 2017

We have no doubt that Baltimore has its share of good landlords and slumlords, along with model tenants and those who shirk rent and damage their apartments and rental homes. The judges involved in hearing disputes between landlords and tenants are no doubt right that every case is different and extenuating circumstances in each one matter.

But when you've got a system in which landlords win about 90 percent of the time, it's clear there's something wrong.

A year-long investigation by The Sun's Doug Donovan and Jean Marbella, aided by a first-ever comprehensive review of rent court records data, found that a system initially designed to protect tenants from unsafe living conditions instead is heavily tilted in favor of the landlords.

The main tool tenants have to enforce landlords' legal requirement to provide a habitable abode is to convince a judge to set up an escrow account to collect their rent until repairs are made. Not only did judges do that in

fewer than half the cases in which they could have, but at the end of the day, landlords got back 89 percent of the money. Rent was reduced or waived in just 6 percent of cases.

As stark as that disparity is, there are ways to ameliorate it. Officials in the courts and legislature have taken some steps, but much more needs to be done.

Tenants, who tend to be poor, are rarely represented by lawyers, whereas landlords frequently are. Moreover, court rules prohibit tenants from being represented by knowledgeable non-attorney (or non-law student) advocates, but landlords can be represented by non-attorney property managers. Consequently, one side in these hearings typically knows the process and the law a lot better than the other. That clearly has to change.

Renters frequently withhold rent on their own in an effort to pressure landlords into repairing sub-standard conditions, but when they do go to rent court, that can put them in a disadvantageous position with the judge. Typically, judges require renters to pay back rent before they will hear a complaint about housing conditions, but the reverse is not true; they do not require landlords to prove they have been providing a habitable home before hearing a complaint about overdue rent. The state's judiciary needs to make clear that such a double standard is unacceptable.

Following a study spearheaded by Mayor Catherine Pugh when she was in the state Senate, Del. Samuel I. "Sandy" Rosenberg of Baltimore introduced a bill this year to protect tenants from eviction when landlords fail to meet certain safety standards. Under the legislation, a landlord would have to demonstrate that he or she had followed laws related to lead-contaminated property (or made a good faith effort to do so). The bill lengthens the amount of time between a landlord's filing of a complaint and the tenant's court date from a minimum of five days to 14, it expands the ability of either party to adjourn court proceedings to procure evidence, and makes other reforms. It passed the House of Delegates 97-42 but was killed in the Senate Judicial Proceedings Committee. It needs to be resurrected next year.

As a matter separate from the rent court process, Baltimore needs to step up its code inspections of rental properties. It needs to make sure properties that inspectors deem uninhabitable are not, in fact, being rented, and it needs to be aggressive in fining landlords who do not comply. Complicating the issue is the fact that the largest recipient of complaints is the Housing Authority of Baltimore City. The inherent conflict that poses has for years been exacerbated by the combination of the Housing Authority and the city agency that manages inspections under a single director. Mayor Pugh has wisely committed to splitting those functions apart.

Information asymmetry is a major problem for tenants. Court forms are often written in language that is difficult to understand, and renters' knowledge of the process is often limited to a video played on a continuous loop in the courthouse. Maryland should develop and distribute plain-English materials that clearly outline the rights and responsibilities of both parties in a rental contract and the avenues for resolving disputes. Mr. Donovan, Ms. Marbella and The Sun's interactive design staff managed to create an easy-to-follow explanation of the process for the web version of their article; surely the state can do the same in a brochure.

Finally, the judiciary needs to analyze its own practices and open the doors for the public to do so as well. Mr. Donovan and Ms. Marbella were only able to provide a quantitative look at rent court because the Maryland Volunteer Lawyers Service has rebuilt the information in the state's case records website into a usable database, and the paper, with the support of a grant from the Solutions Journalism Network, was able to hire an expert to analyze the 5,511 rent escrow cases filed in city District Court from 2010-2016. They had to go to so much trouble because the courts don't keep their data in a format that allows it to be analyzed, even by the judiciary. That has to change.

Officials want to end Baltimore rent court disparities

Baltimore leaders created the nation's first housing court seventy years ago in response to the slum conditions spreading in the city. Rent court was supposed to foster safer, cleaner and better housing in Baltimore. However, a yearlong investigation by The Baltimore Sun found that the system routinely works against tenants, while in many cases failing to hold landlords accountable for not meeting minimum housing standards.

By **Doug Donovan and Jean Marbella**
The Baltimore Sun

MAY 1, 2017, 8:49 PM

City and state officials say tenants in Baltimore's rent court must have better access to lawyers, and that more needs to be done to reduce evictions and improve rental housing.

Mayor Catherine E. Pugh said she is exploring ways to support legal services for low-income tenants, who typically fend for themselves against well-represented landlords in rent court. She also wants to increase funding for eviction prevention programs, and is looking at expanding licensing and inspections to cover all rental properties.

Maryland Attorney General Brian Frosh said a Baltimore Sun investigation of rent court shows that low-income tenants "are at a disadvantage" and that the General Assembly should consider making access to an attorney a civil right.

The Maryland Access to Justice Commission has recommended for years that state lawmakers study the issue, but costs consistently derail the proposal.

"You're talking about hundreds of millions of dollars," Frosh said. "There's never been a time when there's been a spare hundred million dollars.

"It's a very difficult problem to solve," he added.

The Sun found that the court, which was set up to give tenants a voice in disputes over housing conditions and evictions, tends to favor landlords, who typically are better funded, organized and represented.

As a state senator last year, Pugh sponsored the creation of a panel to recommend reforms.

After months of discussion, the landlords, tenant advocates, judges and government agencies — including Frosh's office — agreed to more than a dozen recommendations, including more legal help to "level the playing field" for tenants, members reported.

A bill introduced by Del. Samuel Rosenberg would have given judges more ways to examine questionable complaints from landlords about unpaid rent. It had the support of both advocates for tenants and of landlords. But it died in a Senate committee.

Rosenberg, a Baltimore Democrat, said The Sun's findings show an imbalance between landlords and tenants in rent court, particularly in legal representation. He said it needs to be rectified.

"The investigation makes it extremely clear that one side has representation in the vast majority of cases — that's the landlord — and the tenants do not," he said. "And that is an injustice ... That's just dead wrong. It exacerbates and worsens the inequity in the system."

Rosenberg said he plans to bring the bill back next session.

Maryland Legal Aid provides free representation for low-income residents in civil cases, and last year released a study in which it concluded some landlords won cases in rent court despite errors in documenting claims. Officials with the nonprofit said the scrutiny of rent court is necessary.

"The issues are so important, so consequential," said Greg Countess, who directs advocacy for housing and community economic development for Legal Aid. "It's the difference between a person keeping their home or becoming homeless. It determines whether children can continue their education or whether that is disrupted."

Joe Rohr, chief attorney for Legal Aid's housing and consumer unit, said representation for tenants is clearly the most pressing need.

"The problems that were documented [by The Sun] are consistent with what we have seen in our practice in the District Court — especially with unrepresented tenants," he said. "That's really the most critical problem. Unrepresented tenants have a much harder time in rent court."

The consumer protection division under Frosh supported Rosenberg's bill. In a letter to the legislature, the division said it "provides important protections for tenants without overly burdening landlords."

Rosenberg and some advocates for tenants have also called for a change in the state law on representation in rent court.

Under current law, tenants may be represented by attorneys or may represent themselves. They may not be represented by anyone who isn't an attorney, or supervised by one.

Landlords may be represented by agents who are not attorneys. It's a common role for property managers, who learn the system.

"If landlords don't need practicing lawyers to represent them, then it's certainly feasible to have someone comparable for tenants," Rosenberg said.

Frosh doubted that such a fix could benefit tenants. They would still need someone familiar with the legal process, he said.

"It's probably not fair, but even if you made it bilateral it might not help," he said. "It probably wouldn't make much of a difference."

Pugh, Frosh and Rosenberg all spoke of a navigator program administered by the University of Baltimore to start this fall. Specialists will be available at the courthouse on Fayette Street to help tenants understand the system. They will not be allowed to give legal advice.

The Maryland Judiciary plans to open a self-help center for tenants and landlords in July. It has awarded $88,500 to the Pro Bono Resource Center of Maryland to train volunteer attorneys, who are scheduled to begin offering help to tenants in rent court later this month.

The program will supplement efforts by the Public Justice Center, which published a report that started the reform process last year. Baltimore's Department of Housing and Community Development pays the center $35,000 per year to provide legal services to hundreds of tenants facing eviction for nonpayment of rent and loss of housing due to substandard conditions or foreclosure.

Such volunteers can "make a big difference," Frosh said. But "getting enough volunteers is a challenge."

He said the group that worked on recommending those programs made "progress," despite the defeat of Rosenberg's bill.

"It's obviously very important. We're talking about people's houses and losing them. Tenants are at a huge disadvantage economically and legally," he said.

And any fixes have to maintain the rights of landlords who have legitimate cases against tenants, Frosh said.

Pugh said housing has become her top priority now that police reforms are underway and school budget woes have been addressed.

She said helping tenants on the brink of eviction stay in their homes is critical.

Funding for eviction prevention has been declining for years, as evictions have grown.

In the Census Bureau's most recent American Housing Survey, in 2013, Baltimore's renters received more court-ordered eviction notices per capita than any other city. More than 67,000 notices that year led to more than 6,600 evictions.

Last year, rent court judges approved nearly 70,000 eviction orders that led to nearly 7,500 evictions.

"We have to make sure that people are not evicted," Pugh said. "We have to reform our eviction policies in the city."

Pugh said The Sun's investigation highlights a need for reforms not just in rent court but for city oversight of rental housing. Nearly 53 percent of homes in Baltimore are rentals.

"Baltimore needs help," Pugh said. "It needs help in housing. It needs help in infrastructure."

Pugh is searching for new leadership at the Department of Housing and Community Development. She said she wants to split the department into two separate agencies. The Housing Authority of Baltimore City would focus exclusively on public and affordable rental housing for low-income city residents. Community development would foster and manage growth.

Pugh is hopeful that President Donald Trump might be willing to work with the city to help.

"What has been said is that cities need help," Pugh said. "I'm focused on how do we get that help."

She said the process of helping tenants avoid evictions also demands consideration of landlords' needs.

"What are we going to do to accommodate landlords but that doesn't disadvantage those who are underrepresented in the court system?" she asked.

The mayor said she has instructed housing officials to explore licensing all rental properties in Baltimore, not just multi-family buildings with three or more rental units. Research indicates that licensing can help to improve the quality of housing.

She said she has directed the officials to report back to her by the end of the year.

The mayor said all branches of government must work together to tackle housing issues.

"It's not one simple solution," she added. "It's how we collaborate."

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jmarbella@baltsun

This article is related to: Catherine E. Pugh, Brian Frosh, Poverty, Baltimore Housing, Maryland General Assembly

How Renters Are Processed in the Baltimore City Rent Court

December 2015

A report by the Public Justice Center
in collaboration with the Right to Housing Alliance,
Dan Pasciuti, Ph.D., of Johns Hopkins University,
and Michele Cotton, J.D., Ph.D., of the University of Baltimore

Right to Housing Alliance

Public Justice Center

ub UNIVERSITY OF BALTIMORE

Executive Summary

Every year in Baltimore City, 6,000 to 7,000 renter households are judicially evicted for not paying the rent. These evictions result from a court system – known colloquially as "the Rent Court" – that is overwhelmed by landlord litigation, to the tune of 150,000 rent cases annually. The scale of this enduring crisis sets Baltimore apart from most rental housing markets in the nation. In fact, among metro areas studied in the 2013 American Housing Survey, Baltimore ranked second only to Detroit, Michigan, in the percentage of renters experiencing the threat of rent eviction.[1]

Many of these struggling renters feel that the public has tuned out their stories or flipped those stories against them. They face complex legal challenges on their own, without an attorney or even legal information to know their rights. At the same time, city leaders show little interest in understanding the cause of these evictions and their effects on community, family, employment, health, and education. There is a prevailing sense that rent evictions on this scale, year after year, just happen, as a logical consequence of poverty.

Baltimore ranked second only to Detroit, Michigan, in the percentage of renters experiencing the threat of rent eviction.... At the same time, city leaders show little interest in understanding the cause of these evictions and their effects on community, family, employment, health, and education.

This report tells a different story.

From July 2014 through July 2015, the Public Justice Center partnered with the Right to Housing Alliance to study the experiences and outcomes of renters who appeared at Rent Court to defend against rent eviction cases. This report is based on a survey of nearly 300 Rent Court renter-defendants, extended interviews, reviews of court records and data from Baltimore Housing and the Maryland Department of the Environment, and the Public Justice Center's experience in defending tenants in rent cases.

Our study shows that the court system prioritizes efficiencies which privilege the landlord's bottom line, and as a result, it decidedly ignores two predominating realities of poor renters and their housing.

First, renters lack access to timely legal advice and have insufficient knowledge to navigate the process.

Once inside the Rent Court, renters operate from undeniable knowledge deficits – 50 percent of surveyed renter-defendants knew virtually nothing about how to defend their cases. Worse, they encounter systemic obstacles that minimize their voices and participation. While most landlords are represented by an attorney or debt management agent, renters typically appear at court alone, so that the cards are stacked against them. Then, institutionalized customs of the court steer renters away from

[1] See table of American Housing Survey 2013 data on reported notice of eviction due to non-payment of rent on p. 58.

defending themselves, instead pushing them into agreements that have no effect on the considerable problems renters face at home – namely, overspending on insecure, unsafe, unhealthy housing.

Second, renters are poor, have few rental options other than Baltimore's crumbling housing stock, and look to the court to enforce housing standards.

Our data show that Rent Court defendants are among the most vulnerable people in the city. Most are Black women, living on $2,000 or less per month, without public housing assistance. To lower their housing costs, they resort to living in poorly maintained units. Shockingly, our study reveals that nearly 80 percent of surveyed renters were living amidst serious housing defects at the time they appeared at Rent Court. Over 70 percent of that group had notified the landlord about those defects. Startling, too, is that our study shows about half of landlords submitted invalid registration and licensing credentials to the court in order to get their law suit docketed. Worse, four of five landlords provided the court information about their mandatory lead risk reduction compliance that was incorrect, outdated, or otherwise unsupported by data from the state regulatory agency.

Even though these factors would form a legal defense for non-payment of rent, not even a third of respondents with a defense ended up contesting their cases before a judge. And even when they tried, in half of cases, judges failed to recognize or permit the renters' habitability-based defenses.

This report first answers the questions of who comes to Rent Court to defend themselves, and what are the circumstances in their lives, beyond the four corners of the landlord's rent complaint? Next, we present critical new information about tenants' pre-trial knowledge of their rights and defenses to eviction. In Part II, we detail how current law welcomes frequent, repetitive litigation that overwhelms all aspects of fairness in the Rent Court. Part III details the systemic roadblocks that renters face in the legal system. The report shows how renters, many of whom have legitimate defenses to nonpayment of rent, are diverted away from raising their defensive claims or simply are not fully heard when they stand before a judge. In Part IV, we turn to what many consider the more effective forum for renters to remedy substandard housing conditions: the affirmative rent escrow process. From new research conducted by the University of Baltimore, we present the significant barriers to justice that renters faced in 59 case studies of rent escrow cases.

Finally, our report concludes with five major recommendations for reforming the Rent Court system and protecting the rights of some of Baltimore's most vulnerable residents:

1. Cut Rent Court dockets in half and strengthen overall fairness of the process by requiring a pre-filing notice and waiting period that would ensure that renters receive documentation of the landlord's claims, time to remedy the dispute before litigation begins, and time to prepare a defense if necessary.

2. Level the playing field at court by expanding legal help for renters – increasing renters' access to legal information, assistance at court, and legal representation. This report demonstrates the dire need for expanding access to legal assistance for renters, as their fate in housing court depends less on the merits of the case and more on whether renters know how to navigate the court system and the law. For Rent Court defendants, who are among the poorest residents of Baltimore, expanding access to free civil legal services would help level the playing field and

reduce the number of renters who are wrongfully evicted because they did not understand their rights.

3. Demand that landlords and agents document their rent claims, as well as their alleged compliance with licensing and lead-risk legal requirements, and hold them accountable through a consistent application of existing legal standards and tenant protections.

4. Expand landlord licensing requirements that ensure annual health and safety inspections to all rental housing in Baltimore – not just multi-family dwellings and rooming houses.

5. Fund eviction prevention programs to meet the scale of the eviction crisis.

Baltimore's rent eviction crisis has serious ramifications for the human right to housing in our city. At the core of this right, recognized in more than one hundred national constitutions throughout the world and by the United States through its adoption of the Universal Declaration of Human Rights,[2] lies the notion of security of tenure: for all persons, the government must ensure adequate legal remedies to any attempted deprivation of housing, and moreover that no household is evicted without other shelter in place.[3]

Baltimore City Rent Court operates from an opposite concept. The data in this report illustrate that this broken system puts long-standing tenant protections and basic housing standards second to landlords' bottom line. Without intervention, it will only continue to function as a housed-to-homeless pipeline, a core disruptor of Baltimore's efforts to foster community, family health, childhood education, and neighborhood stabilization.

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[2] *See* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc. A/RES/217(III), at art. 25 (Dec. 10, 1948) ("Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including ... housing."); *accord* International Covenant on Civil and Political Rights, Dec. 16, 1966, S.Exec. Rep. 102-23, 999 U.N.T.S. 171, at art. 17 ("[n]o one shall be subjected to arbitrary or unlawful interference with his ... home[.]")

[3] *See* U.N. OFF. OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS, BASIC PRINCIPLES AND GUIDELINES ON DEVELOPMENT-BASED EVICTIONS AND DISPLACEMENT: ANNEX 1 OF THE REPORT OF THE SPECIAL RAPPORTEUR ON ADEQUATE HOUSING AS A COMPONENT OF THE RIGHT TO AN ADEQUATE STANDARD OF LIVING, at paras. 17 and 43, A/HRC/4/18, http://www.ohchr.org/Documents/Issues/Housing/Guidelines_en.pdf.

Methodologies

Tenant Survey

The Baltimore Rent Court Study was an in-person and by-phone survey of tenants appearing at the District Court of Maryland for Baltimore City at 501 E. Fayette Street between July 8, 2014, and August 2, 2015. During this period, 725 tenants who appeared in court were approached; of those, 297 were interviewed, resulting in a response rate of 41 percent. Eligibility to participate was limited to tenants appearing in court whose name appeared on a Failure to Pay Rent complaint and summons issued by the court.

Volunteers of the Right to Housing Alliance administered surveys to tenants who had appeared at the court to defend against a rent case. The volunteers were instructed to engage with any tenants before they entered the courtroom or after they exited the room from their hearing. In the initial encounter, tenants were asked, "Would you be interested in expressing your experience in rent court through a brief survey?" Volunteers were trained to speak neutrally about the court process, to avoid motivational engagement, and to inform tenants that participation in the survey would not impact the outcome of their court case. In the pilot phase of the survey, volunteers conducted surveys on-site in private meeting rooms located upstairs from the courtroom.

Tenants were asked about their current residence (i.e., rent, number of bedrooms), conditions of their case (i.e., responses to questions by the judge, their understanding of court statements), and their demographic information. Respondents were also asked about their household size (i.e., number of children living in the home, number of adults living in the home), as well as tenants' name and phone number to be contacted further. Although this survey encompasses a small fraction of the population facing eviction in Baltimore, it is a sample that is large enough for meaningful insights to be drawn from it.

Beginning in October 2014, the survey method changed so that tenants provided their names and contact information to allow volunteers to conduct the survey in a follow-up phone call. Volunteers attempted three calls within four days after the tenant's trial date. After the fourth day the tenant were ineligible to participate in the survey. High numbers of tenants were recruited by this method, but successful response rates were low. A large percentage cases timed-out within the four-day period. In addition, some tenants were given a flyer about the study at the court building while others were not. After February 23, 2015, tenants were offered an incentive – a McDonald's gift card of $5.00 value – for completion of the survey. Not every tenant-defendant at the court building was approached; volunteers engagement with tenants varied by their location in the building, opportunity to interact, and discretion to interact.

There were four waves of survey data collection:

Pilot Wave: 7/8/14 to 8/22/14
Wave 1: 9/29/14 to 11/22/14
Wave 2: 12/10/14 to 2/23/15
Wave 3: 02/24/15 to 08/03/15

MARYLAND LEAD POISONING PREVENTION COMMISSION

April 28, 2017

Mayor Catherine E. Pugh
City of Baltimore
250 City Hall, 100 N. Holliday Street
Baltimore, MD 21202

Dear Mayor Pugh,

As you are aware, Maryland has been a national leader in childhood lead poisoning prevention. With the implementation of the Reduction of Lead Risk in Housing Maryland Department of the Environment regulations in the mid-1990s, the incidence of childhood lead poisoning in rental properties has dropped precipitously.

In the interest of continuing this downward trend, the Governor's Lead Poisoning Prevention Commission (Lead Commission) is asking for your help.

Over the course of the last year, the Lead Commission has been working with personnel from Baltimore City Housing (Housing) in the development of Baltimore's on-line permitting application as it relates to lead poisoning prevention. Because of the age of most of the city housing stock and the fact that children can be lead-poisoned during the renovation of older homes, we have hoped that the new on-line process can help to prevent unnecessary lead exposure and lead poisoning in Baltimore. Last summer, a representative from Housing provided an update to the online permitting portal to members of the Lead Commission. At that time, the Lead Commission strongly urged that Housing require that anyone performing maintenance or renovation work on pre-1978 residential properties provide documentation that the contractor performing the work provide documentation that they are a certified firm under EPA's "Renovation, Repair and Painting Rule" (RRP).

Furthermore, when renovation or maintenance work is performed on a residential rental property in order to comply with Maryland risk reduction requirements, all workers must be trained and the contractor must be accredited by the Maryland Department of the Environment.

At our February 2017 meeting, Housing personnel returned to the Lead Commission to share the final update on the new permitting system. We were delighted to see that Housing has now added a cover page for the application with verbiage regarding lead hazards during renovation. However, the Commission believes that it is essential that the permit also includes a place to document that the contractor performing the renovations is certified by the EPA to perform work as an RRP Contractor. Furthermore, if the work is taking place in a pre-1978 residential <u>rental</u> property the application should also include a place to document that the contractor is also accredited in Maryland.

Mayor Pugh, the Lead Commission feels very strongly that this documentation is a very important part of efforts going forward to prevent childhood lead poisoning. The current design of the permitting system is insufficient to do this. We feel this is a lost opportunity to err on the side of prevention and to protect Baltimore's young children and families from unnecessary exposure to lead, a toxic neurotoxin that is still having devastating repercussions on the health and educational potential of Baltimore's children. We urge you to consider a more proactive approach.

Sincerely,

Pat McLaine

Pat McLaine, DrPH, MPH, RN
Chair, Maryland Lead Poisoning Prevention Commission

DRAFT LETTER re RRP FUNDING

May 1, 2017

The Honorable Jane or John Doe
2222 Rayburn House Office Building
United States House of Representatives/Senate
Washington, D.C. 20515

EPA Funding Cuts

Dear Representative/Senator John Doe:

I am writing this letter on behalf of the Maryland Lead Poisoning Prevention Commission (the Commission), which is comprised of stakeholders from the areas of housing, government, health care, insurance, childcare, child advocacy, and education, who are collectively interested in preventing lead exposure in Maryland's children. As such, the Commission collects and studies information on the effectiveness of Maryland's Lead Poisoning Prevention Program, laws, and regulations aimed at ending childhood lead poisoning and exposure to lead.

The Commission is writing to you because the President's proposed funding cuts to the EPA will have meaningful and detrimental impacts on both the State of Maryland and on business owners who are trying to work in a safe and healthy manner to prevent environmental lead exposures. The EPA's Lead Renovation, Repair, and Painting Rule (RRP Rule) requires firms that are performing renovation, repair, and painting projects that could potentially disturb lead-based paint in homes, child care facilities, and pre-schools built before 1978 to be certified by EPA, or an EPA authorized state; to use certified renovators who are trained by EPA-approved training providers; and to follow lead-safe work practices.

According to the EPA's website (https://www.epa.gov/lead/lead-outreach-partnerships-and-grants), in 2010, EPA initiated a large outreach campaign to inform contractors, workers and families about the RRP rule. The EPA developed a variety of outreach materials (such as ads, web materials, articles, postcards, brochures and fact sheets) targeting contractors, media, large and small hardware stores, trade associations, and other parties. EPA has also partnered with community organizations to provide consumers with information about the importance of using lead-safe work practices and RRP-certified contractors. Nevertheless, less than ZZ% of the estimated repair, remodeling and painting companies in the US (and AA% in Maryland) have trained their staff to do this work safely.

Creating and maintaining national standards for lead exposure and building awareness of those standards is costly. This landmark federal program is simply not mature enough and not sufficiently well known among the repair, remodeling and painting industries to sustain a funding cut. In Maryland, XX% of the owner-occupied housing stock was built before 1978 and is likely to contain lead-based paint. In 2015, 38% of Baltimore City children and 45% of children living in Maryland Counties who were

poisoned at a blood lead level of 10µg/dL and higher lived in **owner-occupied** properties.[1] These properties will very likely be inhabited for many years to come, making it critical that future activities that disturb painted surfaces be done safely to prevent exposure of children and workers to hazardous lead based-paint.

The Commission believes that having a national standard helps both children and business owners. Children are protected by RRP because contractors working in pre-1978 housing are required to be trained to properly prepare properties so as to avoid potential lead dust contamination. Because the RRP is a federal standard and because the EPA has been conducting outreach, mindful small contractors and large companies such as Home Depot and Lowes which employ subcontractors for renovations, know that RRP is the law of the land. If the states are forced to take over administration of the RRP, laws will be very different from state to state. This will make it harder and more expensive for affected companies to comply and ultimately to operate.

Ending federal oversight and enforcement of this program would increase end user costs for Certified Firms, Certified Renovators, Accredited Training Providers, and others, and decrease lead safety and prevention for Maryland children and their families, without any increase in benefit to any party.

The Maryland Lead Poisoning Prevention Commission urges you to fight any proposed funding cuts for lead poisoning prevention efforts and programs at the EPA, including the RRP. If you need further information about the impact of Federal cuts on our efforts to prevent lead poisoning and lead exposure in Maryland, please let me know.

Sincerely,

Pat McLaine, DrPH, MPH, RN
Commission Chair

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[1] Maryland Department of the Environment, Lead Poisoning Prevention Program, Childhood Blood Lead Surveillance in Maryland, Annual Report 2015, available at http://www.mde.maryland.gov/programs/Land/Documents/LeadReports/LeadReportsAnnualChildhoodLeadRegistry/LeadReportCLR2015.pdf

GHHI SIGN ON LETTER

Dear Members of Congress:

The dangers lead poses to our children are well established, and support for efforts to combat lead exposure have long held bipartisan support. Yet, the Administration's proposed budget on childhood lead poisoning drastically reduces funding for key programs at EPA, HUD, and CDC. In the wake of the tragedies in Flint, East Chicago, and elsewhere, this is not the time to reduce lead poisoning prevention funding-it is the time to meet the need. In its FY18 budget deliberations, we urge Congress to fund lead poisoning prevention programs for each of these three agencies:

- HUD's lead hazard control and healthy homes program should be funded at $230 million.
- CDC's program for lead surveillance should be funded at $50 million.
- EPA's programs for lead hazard reduction and categorical grants for renovation, repair, and painting should be funded at a total of $25 million.

We represent thousands of parents, business leaders, professionals and organizations working to end childhood lead poisoning, advance educational outcomes, and reduce long-term public and private costs. Lead causes neurological damage, behavior problems, and undermines children's long-term learning, earnings, and health.

The nation's efforts to address childhood lead poisoning are led by HUD, CDC, and EPA, each with their own strengths and coordinated duties. This three-legged stool has worked well, and childhood blood lead levels have declined by over 90% since the 1990s. In brief, HUD funds abatement, CDC funds surveillance and case management, and EPA funds programs aimed at ensuring safe renovation, repair, painting, and abatement.

However, with over half a million children who still have high blood lead levels, with 6-10 million families relying on lead water pipes, and with 23 million homes with deteriorated lead paint, lead dust, or lead-contaminated soil, there is much more to be done. Without providing adequate resources, we as a nation will simply be forced to react to each new lead crisis, continuing to pay over $50 billion annually in avoidable lead poisoning costs. Instead of drastic cuts to and even elimination of these programs, Congress should deliver on the nation's promise to end lead poisoning.

HUD

At HUD, Secretary Ben Carson promised at his confirmation hearings to "enhance" the Lead Poisoning Prevention and Healthy Homes program, and the President's budget has proposed to increase the budget for that program from $110 million to $130 million; but because of proposed cuts elsewhere, HUD will actually have fewer dollars for lead hazard control, not more. For example, the President's proposed HUD budget eliminates the Community Development Block Grant (CDBG) program, cuts public housing maintenance and capital improvements, and eliminates or cuts other home repair programs, all of which will increase lead hazards due to fewer resources. Many local jurisdictions use CDBG to provide their local "match" funding, anywhere from 10% - 25%, for lead hazard control grants. Eliminating CDBG means that fewer jurisdictions will be able to apply for lead hazard control grants. Furthermore, public housing funds are used to address lead hazards in both the near term and the long-term; and the HOME Investment Partnerships Program (HOME), another source of lead hazard control funding, is also slated for elimination. In short, the Administration's overall proposed HUD budget will decrease funding for lead poisoning prevention, putting children at needless risk.

Instead of increasing lead poisoning prevention funding with one hand but taking away much more with the other, we urge Congress to increase funding for the HUD lead poisoning program to $230 million; we also urge Congress to ensure that lead abatement is part of the budget for infrastructure improvements; and we urge Congress to fully fund CDBG, HOME, and public housing.

CDC

The Administration's proposed budget would cut CDC's Healthy Homes and Lead Poisoning Prevention Program, which is currently funded at $17 million. It appears this would be eliminated as part of the Administration's proposal to allocate these and other funds to state block grant programs, but CDC's duties are not exclusively a state matter. CDC's lead and healthy homes program conducts needed surveillance of children exposed to lead, provides national data on childhood lead poisoning, ensures that children receive necessary case management; and enables local jurisdictions to take action before children are exposed to lead, instead of reacting only after they have been harmed. Screening and surveillance data currently provide the foundation for targeting community prevention activities to areas where the risk is highest. However, many states and local jurisdictions have antiquated data systems due to inadequate funding. These systems must be modernized and standardized, not broken apart by an ill-defined block grant program. Screening and surveillance data are also essential for carrying out needed follow-up services for children affected by lead. These services include identification and removal of lead sources, adequate nutrition, and education and behavioral services to support the development of those affected by lead.
We urge Congress to fund CDC's lead poisoning prevention and healthy homes program at $50 million.

EPA

At EPA, an internal detailed budget memorandum calls for the elimination of the Lead Risk Reduction Program and the Lead Categorical Grants program to states, which are currently funded at $2.6 million and $14 million, respectively. These programs are critical to protecting the nation's children from lead poisoning. This contradicts the very goal stated by the President to repair crumbling communities and lift the trajectory of America's families. These programs support science-based standards used to define what lead hazards are in order to protect pregnant women and vulnerable children; they require lead-safe work practices during renovation, repair, and painting work; and they ensure that consumers seeking lead inspection, abatement, and risk assessment services can find qualified, trained individuals to perform the work properly.

We urge Congress to fund these two programs at a total of $25 million.

Investment in Lead Poisoning Prevention Saves Taxpayer Money

Taxpayers already absorb the economic costs of childhood lead poisoning, estimated at $50.9 billion per year. And families, children, property owners and managers, schools, local governments, and communities across the country bear the social, educational, and medical costs of children with learning disabilities, brain damage, aggressive behavior, and long-term health problems. For every dollar spent on controlling lead hazards, taxpayers see a return of at least $17. Countless studies have demonstrated this high return on investment. One needs to look no further than the Flint tragedy-a tragedy caused by a shortsighted scheme to supposedly save money that will in fact cost millions more to clean up-to see that programs at HUD, CDC, and EPA that protect our children should be among the nation's top priorities. It makes good business sense; it makes good housing, public health, and environmental policy; and it's the right thing to do.

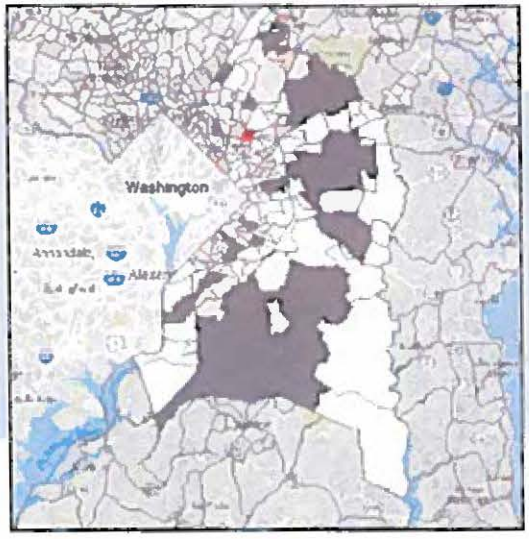
We urge you to enable the critical contribution each of these three agencies makes to the children of the United States to continue by ensuring that HUD, CDC, and EPA receive the necessary funding to carry out their duties. Our children deserve no less.

Thank you for your consideration.

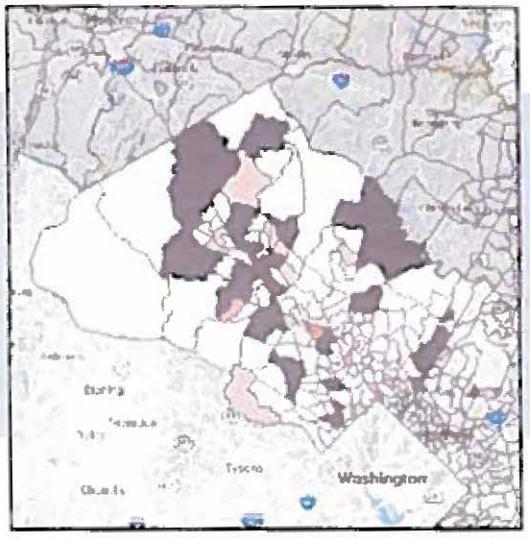
Lead (Pb) Exposure is a **Public Health Crisis** in Baltimore

Comparing **2015** blood lead levels in Children 0–72 Months in Baltimore City, Prince Georges County and Montgomery County

Baltimore City and Surrounding Areas of Baltimore County



Prince George's County



Montgomery County

KEY

Percent above 5 µg/dL

- 0
- 5
- 10
- 15
- no data available

What does 5µg/dL mean?

5 micrograms per deciliter (5µg/dL) is used by the Centers for Disease Control to identify children with blood lead levels that are much higher than most children's level.

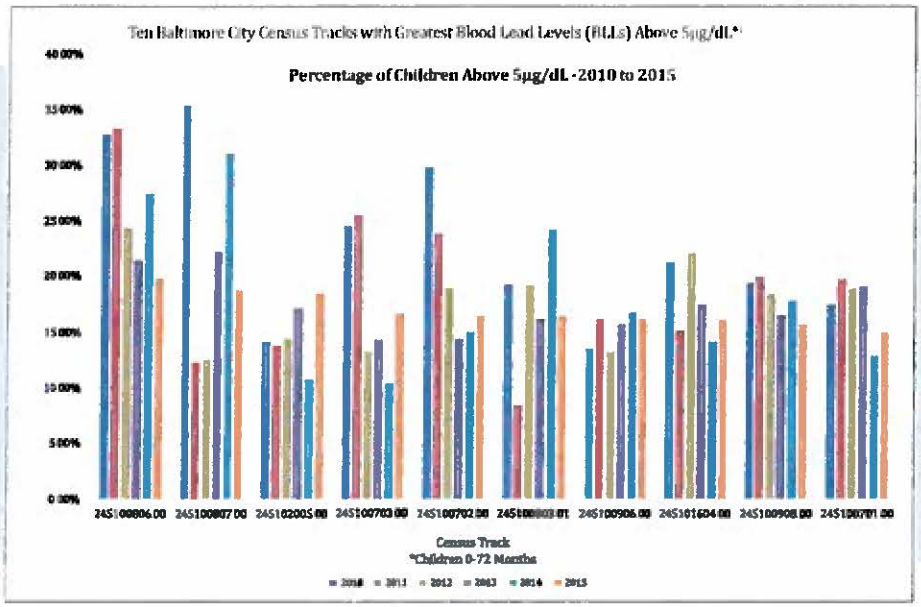
The effects of blood lead levels higher than 5µg/dL include:

- **Decreased academic achievement**
- **Lower IQ scores**
- **Attention-related problems**
- **Anti-social behaviors**

Chesapeake PSR supports legislation to improve state and local efforts to address elevate blood lead levels in children, to broaden the authority of the state to intervene and notify parents and landlords when elevated blood lead levels in a child are detected, to test school drinking water for lead levels, and to hold manufacturers of lead-based paint liable for harm caused by their products in residential buildings.

Compiled by Chesapeake PSR from data provided by the Maryland Department of the Environment

Lead (Pb) Exposure is a **Public Health Crisis** in Baltimore City Neighborhoods



What does 5µg/dL mean?

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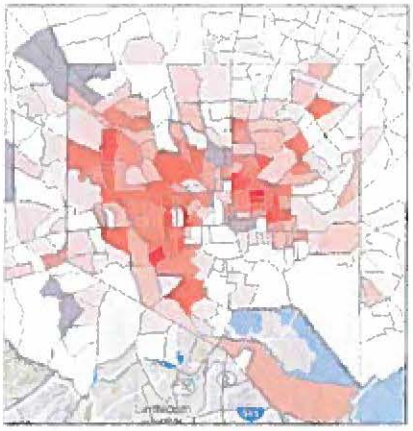
The effects of blood lead levels higher than 5µg/dL include:

- Decreased academic achievement
- Lower IQ scores
- Attention-related problems
- Anti-social behaviors

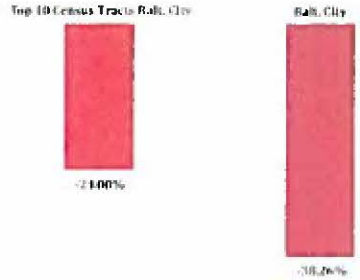
Top 10 Census Tracts in Baltimore with BLLs above 5 µg/dL in 2015



Percent above 5 ug/dL

- 0
- 5
- 10
- 15
- no data available

% change in BLL above 5 µg/dL 2010-2015



All information compiled by Chesapeake PSR from data provided by the Maryland Department of the Environment

CHESAPEAKE PSR
PHYSICIANS FOR SOCIAL RESPONSIBILITY

CHESAPEAKE PSR
PHYSICIANS FOR SOCIAL RESPONSIBILITY

Blood Lead Level Testing in Maryland

Information Compiled by Chesapeake PSR from Data Provided by the Maryland Department of the Environment

Lead (Pb) Exposure is a Public Health Crisis in Baltimore City: Comparing Blood Lead Levels (BLL) in children 0-72 months in Baltimore City, Prince Georges County and Montgomery County (Graphic), March 8, 2017.

Lead (Pb) Exposure is a Public Health Crisis in Baltimore City Neighborhoods (Graphic), March 8, 2017

Blood Lead Levels in Selected Jurisdictions in Maryland (Baltimore City, Baltimore County, Prince George's County, Montgomery County), 2015, March 8, 2017

Maryland Department of the Environment's, Childhood Blood Lead Surveillance in Maryland, Annual Report, 2015, may be found here.

JUNE 1, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

NOTICE

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

June 1, 2017

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
DAVIS, Anna L.	Child Advocate	
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
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 (Senator)	Maryland Senate	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

June 1, 2017

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
PATRICK T. CONNOR	N/A	—
Rachel Hess Mutinda	DHMH	
LISA HORNE	DH	410 767-5700
Uyo Ewa	BCHD	
Mark Burnett	DHMH	
Ruth Ann Norton	CCHHI	410-534-6477

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, June 1, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

I. Welcome and Introductions

II. Old Business

III. New Business
DHMH Update on Lead Screening – Cliff Mitchell

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, July 6, 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
June 1, 2017

APPROVED Minutes

Members in Attendance
Anna L. Davis, Nancy Egan (via phone), Mary Beth Haller, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Sen. Nathaniel Oaks, Adam Skolnik

Members not in Attendance
Susan Kleinhammer, Barbara Moore, Manjula Paul, Leonidas Newton, Christina Peusch, John Scott

Guests in Attendance
Patrick Connor, Malik Burnett (DHMH), Lisa Horne (DHMH), Myra Knowlton (BCHD), Rachel Hess Mutinda (DHMH), Ruth Ann Norton (GHHI),

Welcome and Introductions
Pat McLaine called the meeting to order at 9:38 AM with welcome and introductions.

Approval of Minutes
A motion was made by Cliff Mitchell, seconded by Adam Skolnik to accept the minutes as corrected. All present commissioners were in favor.

Old Business
Hospital Insurance Issues – Nancy Egan will reach out to Barbara Moore regarding filing a complaint about insurance issues raised at the May meeting. The Insurance Administration can provide follow-up as needed to investigate the concerns.

Comments on RRP to EPA – Pat McLaine reported that the Commission's comments to EPA on the RRP Rule had been submitted in accordance with the wishes of the Commission.

Letter to the Maryland Delegation on funding for lead initiatives at CDC, HUD and EPA – letters will be sent out next week.

New Business
DHMH Update on Lead Screening – Cliff Mitchell noted that universal blood lead testing at one and two has now been in place for over one year. DHMH is working with community partners and MDE to increase testing. Official numbers are not yet available from MDE, but there appears to be an increase in the number of tests being done, particularly in areas with newer housing that had lower testing rates before 2016 (e.g. Howard, Carroll, counties along I-95 corridor). DHMH plans to look closely at testing done with the LeadCare II instrument. DHMH is doing outreach to providers – new videos are now available. Cliff Mitchell stated that DHMH is meeting quarterly with case managers from local health departments regarding lead testing. There has been a significant increase in the number of children with a 5-9µg/dL blood lead level (BLL), resulting in higher workloads in Baltimore City, many of the counties and MDE. There has also been an increase in referrals for children with BLLs of 10+µg/dL. It is not possible to know

how much of the increase is due to the new regulations or to the increased use of point of care testing instruments. Cliff Mitchell said he did not know if increases in higher BLLs in the NE part of the state were associated with BRAC families moving into Aberdeen/Edgewood; these areas are high growth areas in our state.

Regarding the Magellan Lead Care II instrument, FDA and CDC released an advisory on May 17, 2017 related to the use of LeadCare II which has a CLIA waiver to be used outside the regulated laboratory environment. The FDA and CDC recommend that only capillary blood (e.g. from a heelstick or fingerstick) be used with LeadCare II. CDC recommends that children younger than 6 years of age as of May 17 2017 who had been tested with blood drawn from a vein and analyzed using any of the Magellan Diagnostic Lead Care instruments and who had been found to have a BLL less than 10µg/dL be re-tested now. In 2014, a number of states had concerns about tests where venous blood was analyzed with this system. For reasons not clear, use with venous blood resulted in lower level of results than would be seen normally using laboratory methods. The company was aware of this in 2014 as was FDA but the public was not notified. CDC and FDA recommend discontinuing use of venous blood with this instrument.

Cliff Mitchell stated that DHMH sent a Health Officer memo to local health departments, issued a press release, and spoke with MDE to ensure that Magellan communicated with all owners/users of LeadCare II in Maryland. CDC also recommends that if a provider is not sure if blood used in a prior test was venous or capillary, they should assume venous and re-test. If a test used a capillary blood sample, that test is considered valid. Tests with results of 5µg/dL or higher must be confirmed by a valid laboratory lead test. If the test used a venous specimen and the results were low, the child must be retested. A re-test done using any other laboratory technology is OK. Pat McLaine reviewed the Lead Commission's prior work and letter sent to the Laboratory Advisory Committee on April 6, 2014, recommending that Maryland increase opportunities for Point of Care testing in Maryland and adopt policies to address quality assurance/quality control, proficiency testing and the use of standard operating procedures. A similar problem was identified in 2006 for capillary testing, related to defective sensors, and a letter was published in *Clinical Chemistry* in May of 2007. Cliff Mitchell said that Maryland users must participate in proficiency testing. Ruth Ann Norton stated that the plaintiff's bar may further investigate this, saying that children's lead poisoning was understated. Cliff Mitchell noted that up until 2016, Maryland had less than 20 LeadCare II instruments in the state, a relatively small group of providers. Most do capillary testing and confirm with a commercial lab. Paula Montgomery stated that some providers wee requesting standard laboratory analysis to validate elevated capillary reading.

Patrick Connor stated that MDE knows who has instruments, but when data comes in, how does MDE track if a result was analyzed using a LeadCare instrument? Are we clearly tracking capillary vs venous results for these tests? We should have information about this for the Annual Report. Suggestion was made to talk with the providers using LeadCare II directly about whether they were doing capillary, venous, or both kinds of draws.

Patrick Connor asked if MDE had audited the proficiency testing done by LeadCare II users and suggested that Maryland has an opportunity to evaluate this now. Maryland mandated proficiency testing and required users to perform proficiency testing with Wisconsin. Does Wisconsin have an obligation to report to Maryland that any of the providers failed PT? Cliff Mitchell stated that he has been following up with Wisconsin and will follow-up on this matter.

Cliff Mitchell showed the provider and parent videos, noting that Rachael Hess Mutinda had done a lot of work on this project and that Ruth Ann Norton and GHHI had been very helpful. The videos are now posted on DHMH, MDE and GHHI wesites. Links to the videos are available on DHMH's web page: https://phpa.health.maryland.gov/OEhfp/eh/Pages/Lead.aspx . The parent video is available at: https://youtu.be/B1ycx4DtPfY . The provider video is available at: https://youtu.be/aJ6QGcBB0Nc The videos were released just before the news about LeadCare II but the video states the need to do a venous confirmation at a laboratory. Ruth Ann Norton said that EPA has asked to have the video.

Other New Business – Ruth Ann Norton stated that Dr. Carson, HUD Secretary, is coming to Baltimore on June 29 2017. The Healthy Homes event will include applications, testing, etc. at UnderArmour Center. GHHI is developing an additional video on lead hazard control. HUD budgets for lead went up to $130 million; Congressional budget included $145 million. CDC will get additional funding for state Health Departments and for Flint. Ruth Ann Norton reported that many participants at the Regulatory hearing held at EPA were against rolling back EPA regulations and stated that Secretary Pruitt is looking to incorporate some of the recommendations received. Ruth Ann Norton noted that Secretary Carson has provided a lot of support for lead poisoning prevention work at HUD and she hopes to have a meaningful discussion with the Secretary on CDBG and Housing Choice Vouchers during his visit to Baltimore.

Regarding the May 16 article in the Daily Record, Nancy Egan stated that Maryland Insurance Administration did review this or a similar case several months ago, and upheld the position of the insurance company. Nancy Egan will verify if this is the same case and send out a blast email.

Pat McLaine stated she had received an email from David Fielder, formerly with Lead-Safe Baltimore County, who has taken a new position in the Community Development Office at Baltimore City.

Future meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, August 3, 2017 at MDE in the AERIS Conference Room - Front Lobby, 9:30 - 11:30 AM.

Agency Updates
Maryland Department of the Environment – Paula Montgomery indicated there was nothing more to report. A question was raised about when MDE will be publishing the RRP regulations. Paula Montgomery stated that there is no funding to enforce the regulations and the Secretary has made the decision not to pursue this. Ruth Ann Norton said she met with Secretary Grumbles and Horacio Tablada on April 19, 2017 and was told that they would pursue this. She stated that it appears the Department has funding to do this. The bill was passed in 2012. Regulations have floundered. Given the large number of children with elevated BLLs who come from owner-occupied homes, this is a real concern. Ruth Ann Norton stated that one Maryland child getting poisoned costs our state $1 million.

Paula Montgomery stated that MDE is working actively on rental property issues and is not in a position to take on additional regulatory responsibility without additional resources. Ruth Ann Norton stated that given EPA's move to push back environmental regulations, Maryland needs to move this forward. Paula Montgomery stated that when MDE gets a complaint about a contractor, MDE responds to that complaint regardless of whether the property is regulated or not. But MDE does not regulate pre-1978 owner-occupied property.

Paula Montgomery noted that instances of complaints about contractor performance on work done on owner occupied properties are very rare. Often these are neighbor disputes. MDE does go out on complaints and does make referrals to EPA. Ruth Ann Norton stated that the legislation passed included a requirement for dust testing on major renovation and repair, the only tool to know if a contractor was leaving a clean space. After additional discussion, a motion was made by Senator Nathaniel Oaks, seconded by Adam Skolnik, to set up a meeting with Secretary Grumbles to discuss the status of RRP regulations prior to the July meeting with invitation to Commissioners to attend. The motion passed: 6 votes in favor, 2 abstentions. Pat McLaine will contact Secretary Grumbles to set up the meeting and inform Commissioners of time and place.

Department of Health and Mental Hygiene – nothing more to report

Department of Housing and Community Development – no representative present

Baltimore City Health Department – nothing to report

Baltimore City Housing and Community Development – no representative present

Office of Childcare – no representative present

Maryland Insurance Administration – Nancy Egan reported that she had transferred to a new position as Director of Producer Outreach and will now be able to attend Commission meetings during session.

Public Comment – none

Adjournment
A motion was made by Senator Nathaniel Oaks to adjourn the meeting, seconded by Adam Skolnik. The motion was approved unanimously and the meeting was adjourned at 11:13 AM.

JULY 6, 2017

LEAD POISONING PREVENTION COMMISSION MEETING

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

July 6, 2017

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Name/Signature	Representing	Telephone/Email
DAVIS, Anna L.	Child Advocate	
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	4105373317
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	
OAKS, Nathaniel (Senator)	Maryland Senate	4108413697
PAUL, Manjula	Office of Child Care/MSDE	
PEUSCH, Christina	Child Care Providers	4108209196
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

July 6, 2017

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
Sanni Adonaiye (Int.)	DHMH	Maryland DHMH
Dawn Jay	AMA	
RON WINELHOLT	MOBA	
Sheetah Hampton-EL	MMHA	SHAMPTONEL@MMHAOnline.org
Max Jeremenko	MDE	
Darion Madison	MDE	darion.madison@maryland.gov / 410-537-3154
Chris DeBlaster	MDE	chris.deblaster@maryland.gov
Kirsten Held	MDE	Kirsten.held@maryland.gov
Meyer Fawal	BCHD	
Jack Daniels	DHCD	jack.daniels2@maryland.gov
Ella Carroll-price	DHCD	ella.carroll-price@Maryland.gov
Marche Taylor	GOHHI	mtaylor@ghhi.org
Wes Stewart	GOHI	wstewart@ghhi.org

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, July 6, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
DRAFT AGENDA

I. Welcome and Introductions

II. Old Business
Lead Screening – LeadCare II follow-up – Cliff Mitchell

III. New Business
Office of Child Care Annual Update – Manjula Paul

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, August 3, 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
July 6, 2017

APPROVED Minutes

Members in Attendance

Anna L. Davis, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Paula Montgomery Barbara Moore, Sen. Nathaniel Oaks, Manjula Paul, Christina Peusch

Members not in Attendance

Nancy Egan, Leonidas Newton, John Scott, Adam Skolnik, Mary Beth Haller

Guests in Attendance

Sanmi Adenaiye (Intern, DHMH), Camille Burke (BCHD [via phone]), Ella Carroll-Price (DHCD), Jack Daniels (DHCD) Christopher DenBleyker (MDE), Syeetah Hampton-El (MMHA), Kirsten Held (MDE), Max Jerememko (MDE), Dawn Joy (AMA), Myra Knowlton (BCHD), Darion Madison (MDE) Wes Stewart (GHHI), Marché Templeton (GHHI), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine called the meeting to order at 10:08 AM with welcome and introductions.

Approval of Minutes

A motion was made by Christina Peusch, seconded by Senator Nathaniel Oaks to accept the June minutes as written. All present Commissioners were in favor.

Old Business

Lead Screening – Leadcare II – Cliff Mitchell reported that the Magellan instruments are OK for capillary screening tests but are not to be used with a venous blood draw; venous draws have been associated with false negative results. The Department of Health (new name) wanted to follow up with providers who were using Lead Care II. Dr. Keyvon retrieved a list of tests done in the last 6 years where negative test results were from a venous draws or "not determined" as either capillary or venous and according to Stellar, did not have follow-up venous test analyzed in a laboratory. The Department of Health is following up with providers with these kinds of tests, starting with the most recent tests. Of approximately 4,300 tests analyzed with LeadCare II, about 1000 were done with venous tests and the others were "unknown. There are about 50 providers using this technology. Wisconsin sends spike samples to the labs, which are returned to the lab with results sent to providers only. Cliff Mitchell will follow up with Wisconsin Laboratory regarding generating a report for Maryland about testing result for all Leadcare II instruments being used to test Maryland children.

Federal Funds for non-clinical services – Cliff Mitchell reported that the Department of Health had applied to CMS to use federal dollars for non-clinical services to conduct lead and asthma prevention work. Legislation in 2016 created $500,000 fund for lead abatement using Medicaid dollars. Maryland will use this $500,000 as a state match for $3.2 million Federal dollars to fund Health Department programs to address lead hazards in homes where repairs and renovations have been put on hold. In addition, lead case management funds going to GHHI will be used as a match for federal dollars (Medicaid) to fund CHWs to do environmental assessments, provide durable goods and education to reduce environmental triggers. The program will target Medicaid-eligible or Medicaid enrolled children, including those assigned to MCOs. The Department of Health will be working with Medicaid, Local Health Departments and DHCD and will fund local health departments

New Business

RRP Regulations - Pat McLaine reported that a subcommittee met with Secretary Grumbles and Horacio Tablada regarding the status of the RRP regulations, the Commission's concerns about risks in older owner occupied housing and the importance of enforcement to protect children. Secretary Grumbles agreed to review this matter and to meet with the full Commission in September or October to discuss these concerns.

Office of Child Care Annual Report – Manjula Paul provided handouts summarizing lead violations from 2012 through 2012 in licensed child care (Family Child Care and Child Care Center), broken down by local jurisdiction, and COMAR requirements for a lead safe environment in Centers (COMAR 13A.16.05) and Family Child Care (COMAR 13A.15.05). The Office of Childcare has 13 regions and 100 licensing specialists who do unannounced annual inspections. Centers and homes operating in rental properties must have a lead certificate. If there is a problem, the program contacts the AGs office for a legal determination. Owner-occupied centers with risks identified must have a risk assessment done, must have any identified hazards addressed and must pass clearance lead dust testing. Of 9,111 total facilities in Maryland, only 35 had lead violations last year, 19 Family Child Care Homes and 16 Child Care Centers. Five (5) facilities were closed for lead violations: 1 center and 4 family child care homes. These centers all had peeling/chipping paint and had not complied with testing or abatement guidelines.

Older rental childcare centers must have a lead risk reduction certificate or be lead free. Family child care in older rental properties must also have a lead certificate or be lead free. In owner-occupied properties, family child care facilities must have a risk assessment only if defective paint is identified. If a hazard is found, it must be abated and cleared using lead dust testing. In owner occupied child care centers, a new Center must have a risk assessment only if defective paint is identified. In this case, the Center must address lead hazards and conduct a dust test at clearance. Annual inspections are used to assess paint integrity. Complaints are followed up within 24 hours.

In Maryland, kids aren't typically getting poisoned in licensed child care facilities. The Office of Child Care now has authority to take action against Centers who do not meet minimal standards.

Compliance has been excellent with the Baltimore City Health Department and the City HD staff has provided numerous trainings to Child Care and Center staff.

Manjula Paul explained that if new child care center is being opened and was built 1950-1978 and peeling and chipping paint is not observed, no dust testing is done. A lot of churches are older and there is potential for track in and lead dust due to age. If a center is in a church basement, and paint on the walls are intact, the Office of Child Care would not require it to be tested. A question was raised about the feasibility of doing a small pilot in child care centers, taking dust tests in centers that passed visual testing. However, work done in older occupied housing has consistently shown that a large percent of older houses that pass visual inspection do not meet lead dust standards, hence the need for dust testing to assess risk. A question was asked: have child care facilities been checked for all children who were found to have elevated blood lead levels? Baltimore City Health Department and MDE both do inspections in the City and counties respectively if an identified child receives care in a center for 20 or more hours per week and the center was built before 1978. Kirsten Held stated MDE followed a child in the northern part of the state who spent a lot of time in a licensed child care facility located on the grounds of an old church that had very deteriorated windows. The church was on the pathway to the child care and was identified as one of the likely sources for the child.

A question was raised: is there any rationale for having a different standard for testing in older properties used for child care based on their rental or owner-occupied status? Would the Office of Child Care consider having the same protective standard for <u>all</u> childcare facilities? With regards to the number of Maryland child care facilities built before 1978: the data has been collected and is recorded in paper files for each licensed facility but has not yet been put into a central database. Because of this, Office of Child Care does not know how many properties are at risk for lead hazards due to their age.

A motion was made by Barbara Moore seconded by Anna Davis to send a letter to the Office of Child Care about the need to know the age of construction for every child care facility, urging that the same standards for lead be used for all child care facilities (rental, owner occupied and "other" facilities). Six commissioners were in favor, one abstained, the motion passed. Pat McLaine and Anna Davis will draft the language of the letter.

Upon further discussion, it was established that the term "rental" property only pertains to family child care homes, not to child care centers which are commercial entities. Residential rental property consists of a room or group of rooms with provisions for eating, sleeping and sanitation. A child care center is not residential property. A question was asked: do commercial child care centers have to be inspected for lead hazards. Commissioners expressed concern that centers built before 1978 should have a lead-safe environment and a lead certificate and asked that Office of Child Care clarify whether this is the case.

Manjula Paul stated that the licensee gets a notice if a problem is identified. If a Notice of Defect is issued, the licensee must use a certified contractor. COMAR 16.05 defines a residential rental property. This is a problem because many child care centers are not in

residential properties. A suggestion was made to look at the regulations to see if small amendments could be made. Susan Kleinhammer said she did not think this was a loophole; a lead safe environment certificate is required to open a child care center. The provision for annual, unannounced inspections is very protective. Small wording changes would be useful, for example, a change from pre-50 to pre-78.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, August 3, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – Paula Montgomery stated that she has accepted a new position as Lead Poisoning Prevention Outreach Coordinator for MDE and will do outreach for other land management programs including recycling and fracking. She will be based in the Director's office and will not be doing enforcement but will be focusing on coordination. She will remain on the Commission representing MDE. Commissioners offered congratulations. Paula Montgomery thanked GHHI for the Healthy Homes event held last week which was well received. Regarding the investigation of invalid certificates, MDE is planning to file civil enforcement in Circuit Court in Prince Georges County. Paula will provide an update/summary at the meeting on August 3, 2017.

Maryland Department of Health – Nothing more to report.

Maryland Department of Housing and Community Development – Jack Daniels noted that DHCD is fine-tuning their process and hoping the program will be up and running soon. DHCD will be using the existing process and is adding Medicaid to eligibility criteria. DHCD will provide a report at the next meeting on August 3, 2017 including the dollar expenditure for abatements in FY2012 and a snapshot of work completed in the past 5 years. Jack Daniels indicated that DHCD has $15 million in rehab applications in the pipeline with a budget of $7.4 million for the entire agency.

Baltimore City Health Department - Camille Burke reported that BCHD has received many questions from other local jurisdictions about what they do. They are exchanging inspectors for one week: Baltimore City inspectors are in Harford and Harford inspectors are in Baltimore City. Camille Burke will report out about this in September.

Baltimore City Housing and Community Development – No representative present.

Office of Child Care – Nothing more to report.

Maryland Insurance Administration – No representative present.

Public Comment

Wes Stewart from GHHI thanked MDE for data. The event with Secretary Carson (HUD) on Thursday at Henderson-Hopkins School was very successful with vendors providing services to children, food trucks and produce given away. A number of community organizations were also out for the event. GHHI hopes to find common ground working with Secretary Carson and HUD. Efforts with EPA need to be steadfast; cuts would gut lead training, outreach, EJ progress. CDBG funding also represents significant funding for Maryland housing agencies. GHHI is also doing a back-to-school event and a lead week event.

Pat McLaine reported that Baltimore County was not funded in the last round of HUD Lead Grants. The Commission may want to consider encouraging other counties to submit for funding.

Adjournment

A motion was made by Barbara Moore to adjourn the meeting, seconded by Anna Davis. The motion was approved unanimously and the meeting was adjourned at 11:28 AM.

MSDE Office of Child Care Annual Report to Lead Commission: July 2017

The Office of Child Care's (OCC) Licensing Branch is responsible for licensing and registering child care centers and family child care homes in Maryland. All regulatory activity is conducted through 13 regional offices. There are approximately 100 licensing specialists who conduct inspections to monitor and enforce compliance with child care regulations, and provide technical assistance to child care providers as needed. Annual unannounced inspections are conducted, and all complaints are investigated. On lead, and other health related issues, licensing staff receives advice and instruction from the Nurse Consultant. Recommendations for enforcement actions against providers are reviewed and approved the Licensing Branch Chief. The Office of the Attorney General approves enforcement actions for legal sufficiency and represents OCC at the Office of Administrative Hearings. Lead violation inspection report and data is available to the public at http://www.checkccmd.org/PublicReports/LeadSafetyViolationReport.aspx, http://earlychildhood.marylandpublicschools.org/data

MSDE Office of Child Care Lead Regulation Violation Report 2012-2016 (January-December)

year	licensed CC			Cited -Lead reg' violation			Closed for Lead regulation violation			
							Total	Family Child Care (FCC)	Child Care Center(CCC)	Closure Reasons
	Total	FCC	CCC	Total	FCC	CCC				
2016	9111	6394	2717	35	19	16	5	4 BCity 21216, 21229, BCO 21207, 21133	1 BCO 21212	All 5 had Chipping and peeling paint. Did not comply with testing / abatement guidance
2015	9514	6804	2707	30	18	12	12	6 AA21403 BCO 21207, 21207, 21133 Charles 20601, 20650	6 AA21032, BCity 21213,21213, BCO 21212,21228, Charles 20653	10 had Chipping and peeling paint 2 no lead free certificate
2014	9714	7086	2703	44	29	15	24	20 AA :21404 BCity:21213,21217,21215, 21229,21206,21206,21213 BCO:21207,21220,21207 Charles :20695 Montgomery 20853,20853,20902,20902 PG 20747,20747,20772 St.Mary's 20653	4 BCity 21229 B County 21207 Cecil 21901 2	21 Chipping and Peeling paint 3 Failed to produce lead free certificate
2013	10,004	7294	2710	9	6	3	16	11 AA-1 BCity-7 BCO-3	5 BCity 2 Cecil2 Monto-1	12 Chipping and Peeling paint 4 Failed to produce lead free certificate
2012	10,376	7656	2720	9	5	4	7	3 BCity 1 Montg-2	4 BCity 2 Charles-1 PG-1	7 Chipping and Peeling paint

Office of Child Care Lead Regulation Violation Report Details2012-2016 (January-December)

Location	2016			2015			2014			2013			2012		
	# lic	Reg V Cit	Closed	# lic	Reg V Cit	Closed	# lic	Reg V Cit	Closed	# lic	Reg V Cit	Closed	# lic	Reg Viol Citation	Closed
ANNE ARUNDEL	778	1	-	796	1	2	831	-	1	840	-	1	857	-	-
BALTIMORE CITY	940	17	2	998	5	2	1045	16	8	1096	6	9	1181	5	3
BALTIMORE COUNTY	1277	6	3	1334	12	5	1364	11	4	1391	1	3	1431	-	-
CALVERT	167	2	-	181	2	-	200	1	-	207	-	-	214	-	
CHARLES	294	4	-	324	5	1	324	4	1	336	1		343	-	1
CECIL	143	-	-	155	-		158		2	175	-	2	179	-	-
FREDERICK	462	-	-	467	-	-	476		-	483	1		512	-	-
HOWARD	536	-	-	570	-	-	570		-	578	-	-	576	1	-
MONTGOMERY	1408	1	-	1414	2	-	1411	2	4	1426	-	1	1463	1	2
PRINCE GEORGE'S	1288	1	-	1338	-	-	1357	3	3	1349	-	-	1382	1	1
QUEEN ANNE'S	100	1	-	105	-	-	114	-		118	-	-	121	-	-
ST. MARY'S	230	1	-	246	3	2	263	7	1	277	-	-	273	-	-
WASHINGTON	258	-	-	279	-	-	293	-		302	-	-	336	1	-
WICOMICO	147	1	-	155	-	-	163	-		179	-	-	186	-	
Total	9111	35	5	9514	30	12	9789	44	24	10004	9	16	10,376	9	7

- **Reg V Cit-Cited for Regulation violation**

June 20, 2017

Title 13A STATE BOARD OF EDUCATION Subtitle 16 CHILD CARE CENTERS

COMAR 13A.16.05 Physical Plant and Equipment

.05 Lead-Safe Environment. A. A center operator may not use paint with lead content on any: (1) Exterior or interior surface of the facility; or (2) Material or equipment used for child care purposes. B. If the child care center is a residential rental property constructed before 1950, which is an affected property as defined by Environment Article, §6-801(b), Annotated Code of Maryland, the operator shall submit a copy of the current lead risk reduction or lead free certificate. C. If the facility was constructed before 1978 and is not certified lead free pursuant to Environment Article, §6- 804(a)(2)(i), Annotated Code of Maryland, the operator shall: (1) Ensure there is no chipping, peeling, flaking, chalking, or deteriorated paint on any surface of an interior or exterior area of the facility 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 pursuant to COMAR 26.16.02.03B to meet the risk reduction standard, if the facility is an affected property; or (b) Conducted in areas used for child care by an accredited risk assessor pursuant to COMAR 26.16.05.11, if the facility 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 facility constructed before 1978 and not certified lead free under Environment Article, §6-804(a)(2)(i), Annotated Code of Maryland, when performing renovation which disturbs the painted surface of an interior or exterior area used for child care, the operator 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.

Title 13A STATE BOARD OF EDUCATION Subtitle 15 FAMILY CHILD CARE

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.

AUGUST 3, 2017

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

August 3, 2017

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
DAVIS, Anna L.	Child Advocate	
EGAN, Nancy	Maryland Insurance Administration	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
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 (Senator)	Maryland Senate	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

August 3, 2017

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
Dawn Joy	AMA	
Ella Carroll-Price	DHCD	
Leia Miller	Semmes	
Chris Kenworthy	MDE	
Chris White	ARC	cwhite@arcenvironmental.com
Jack Daniels	DHCD	jack.daniels2@Maryland.gov
Ron Winebrenner	AOBA	
Marche Tenyefu	GTHHI	
C Bine	BCHD	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, August 3, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
DRAFT AGENDA

I. Welcome and Introductions

II. Old Business
Follow up, Office of Child Care Annual Update – Manjula Paul
Update on MDE Investigation of Invalid Certificates – Paula Montgomery

III. New Business
Baltimore City HUD Grant Report

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, September 7, 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
August 3, 2017

APPROVED Minutes

Members in Attendance
Anna L. Davis, Nancy Egan (via phone), Mary Beth Haller (via phone),Susan Kleinhammer Patricia McLaine, Cliff Mitchell, Barbara Moore (via phone), Paula Montgomery Leonidas Newton, Sen. Nathaniel Oaks, Manjula Paul, Adam Skolnik

Members not in Attendance
Christina Peusch, John Scott

Guests in Attendance
Camille Burke (BCHD), Ella Carroll-Price (DHCD), Jack Daniels (DHCD) Christopher DenBleyker (MDE), Dawn Joy (AMA), Leia Miller (Semmes), Marché Templeton (GHHI) Chris White (Arc Environmental), Ron Wineholt (AOBA)

Welcome and Introductions
Pat McLaine called the meeting to order at 9:32 AM with welcome and introductions.

Approval of Minutes
A motion was made by Adam Skolnik, seconded by Nathaniel Oaks to accept the July minutes as amended. All present Commissioners were in favor.

Old Business
Invalid Certificates. Paula Montgomery provided an update on invalid certificates, being investigated by MDE. MDE filed a civil complaint in Prince Georges County Circuit Court on 6/20/2017, served on 7/18/2017 to American Homeowner Services inspector Larry Price. Seventy percent, 269 of 384 properties identified as at highest risk were inspected. Of the 269, 117 or 43% of the total inspected contained lead; 152 or 57% did not have lead. Of the other properties identified as at highest risk, the tenant or owner refused to allow the inspection. Owners and tenants living in all properties that had been inspected by Mr. Price before 2009 (1996-2009) were notified that MDE was investigating the validity of these certificates. Paula Montgomery explained that these are properties identified as "lead free" and are exempt from provisions of the law but the designation was based on testing that was flawed. Paula Montgomery explained that the initial property that triggered the case was in Baltimore County where the investigation was part of a real estate transaction, the mother selling to the daughter. MDE did not observe any collusion. That property was very egregious – lead readings of 9.9 were everywhere. Most of the other lead free properties were in Southern Maryland and weren't as egregious as the initial case. Larry Price did not appear to do as much testing as should have been done according to required testing protocols. Manjula Paul asked if any certificates were issued for child care. Paula Montgomery said that MDE will provide a list of addresses of properties that were inspected and those that failed so that the Office of Child Care can check.

Office of Child Care Report. A draft of the letter to go to the Office of Child Care was distributed by Pat McLaine. Cliff Mitchell asked if point 3 (other lead hazards such as soil and water) required a risk assessment or presented a barrier to affordable care. Paula Montgomery stated that older rental properties have to have a certificate. But if defective paint is identified in any older property, the owner must complete a risk assessment which would require identification of all hazards, including bare soil. Susan Kleinhammer stated this was a problem: childcare facilities don't know what to ask for, a risk assessment or a paint test. Paula Montgomery commented that regulations are very complex. Cliff Mitchell said the issues are important but we need to be careful about guidance we give on soil and water. Manjula Paul stated that if a requirement is not in regulation it is not going to be done. Adam Skolnik asked if he was using an older property for child care, did he need to get it dust tested. Paula Montgomery stated that the property needed to be inspected yearly and if defective paint was identified, the owner needed to do a risk assessment. Susan Kleinhammer stated that child care facilities are not getting a risk assessment – they are getting paint tested. Adam Skolnik stated that the Office of Child Care should be doing dust testing initially and periodically (every 3-5 years) on older properties. Doing dust testing will be an important way to educate child care providers who can then explain to parents. Paula Montgomery stated it was unfair to put more on staff. The regulations for the Office of Child Care were written before legislation for 1978 was passed. Maybe the Commission should talk about how the regulations could be more protective without being burdensome. Pat McLaine noted that dust testing is the only way to tell if you have a dust hazard. Adam Skolnik noted that one-time dust testing cost $300 but the basis of the concept of requiring dust testing (or not) should not be cost. If we help them find funding, even better. Manjula Paul said she agreed and that a change in regulations is needed. Paula Montgomery noted that licensing specialists for ICC must know all the regulations for child care; can they interpret these findings? Susan Kleinhammer offered assistance in looking at the child care regulations and making suggestions to fine tune them to meet the needs of children. Manjula Paul noted that any legislative change would need to be supported by MDE. Susan Kleinhammer suggested that the letter focus on the first two points. Leonidas Newton expressed concern that the issue of soil testing was being kicked down the road even though we know there are lead hazards in soil. Nathaniel Oaks stated that the letter should be sent. Consensus of the Commissioners was to send the letter, focusing on the first two points. Anna Davis will review and edit the letter; Pat McLaine will send the letter out and follow up with Liz Kelley, inviting her to come to a future meeting to discuss these issues.

New Business

Baltimore City HUD Grant Quarterly Report – a one-page report from Sheneka Fraiser-Kyer was distributed. During this quarter: 38 units were evaluated for and found to contain lead hazards. 21 units were completed and cleared. Three trainings were held, and 30 people were trained. The program participated in 65 events with 3,359 attendees. Home visits were made to 85 families. There were no questions and Baltimore City was thanked for the information.

The Health Department participates in Healthy Homes parties, health fairs, and the Mayor's summer block parties, some attended by 500-1000 people.

Articles from Evansville, Indiana and Pittsburgh PA – Pat McLaine noted that two articles had been sent out to Commissioners and guests about persistent soil lead problems in Evansville, Indiana and an innovative outreach effort in Pittsburgh, PA being led by high school students and using GIS to map neighborhood housing data and meet with residents who live in the community. The outreach effort is part of a Federally-funded Lead Safe Homes program targeting work in 200 housing units. Links to the articles are:
http://www.post-gazette.com/news/health/2017/08/01/Fighting-lead-exposure-Pittsburgh-education-blood-tests-water-pipes-and-housing-remediation-children-paint-Flint-Allegheny/stories/201708010008

http://www.courierpress.com/story/news/2017/07/29/decade-later-evansvilles-lead-cleanup-half-done/104016760/

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, September 7, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – Paula Montgomery reported that Joe Wright, head of Rental Registration, left MDE 3 weeks ago to accept a position at another state agency; the Rental Registry currently does not have a supervisor and the position has not yet been posted. MDE is getting ready to mail out 2018 renewals. Paula Montgomery's old position is open.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell reported that the Department of Health is following up on the Magellan Lead Care II testing. A total of 57 pediatric offices were identified as using Lead Care II. Thirty nine of the 57 have been contacted; 14 had not heard about the problem prior to the call. 28 practices asked for a list of children identified by the CLR as having a venous screening test without a follow-up test. John Krupinsky has sent those lists to the 28 providers who requested. The other providers each have less than 10 children who were tested with a venous test. Once follow-up with providers and kids is complete, Cliff Mitchell will follow up with Wisconsin regarding the Proficiency Testing results. This effort will need to be coordinated with the Laboratory Administration. John Krupinsky has also looked at specimen types (venous vs capillary) for results reported on paper. An estimated 95% of the "unknown" are thought to be capillary, not venous. Additional education of providers about proper completion of laboratory forms is needed. Cliff Mitchell reported that the Department of Health was developing outreach materials with DHCD. The Healthy Homes for Healthy Kids program will get materials out to local health departments, Medicaid is to identify homes in the pool of Medicaid-enrolled kids and let families know about services. Cliff Mitchell also reported that there is new program funding for local health departments for environmental case management (lead and asthma) using case managers and community health workers (CHWs). The Health Department will meet with local officials to set up the program in early October. Manjula Paul asked if there would be a special training program for CHWs.

Cliff Mitchell replied that BCHD has public health investigator positions for lead and that the Department of Health would work with GHHI on training of new CHWs on an integrated healthy homes approach.

Maryland Department of Housing and Community Development – Jack Daniels provided statistics for DHCD for FY 2017. For $1.78 million in state funding, 114 lead projects were completed across the state, 99 of these in Baltimore City ($1.5 million) and 15 projects in 7 other counties ($0.28 million). Jack Daniels stated that DHCD had used all encumbered funds for Baltimore City last year and will try to set aside more money in the future. Annual funding was less than for FY 2016 because DHCD got a $2.1 million budget cut mid-cycle. But all of the lead allocation was used for the first time ever. The numbers for 2018 will probably stay similar. In addition to the state set-aside of $1.7-2.0 million, Jack Daniels said that DHCD hopes to do another $4.0 million in lead hazard reduction projects. Adam Skolnik asked what a "unit" represented; Jack Daniels said typically a single family home.

Baltimore City Health Department - The Housing Authority of Baltimore City (including Section 8) is bringing 60 inspectors to a day-long educational program focused on lead. BCHD will assist work with homeowners program to frontload applications and move forward.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – nothing more to report.

Maryland Insurance Administration – no representative present

Adjournment

A motion was made by Adam Skolnik to adjourn the meeting, seconded by Leonidas Newton. The motion was approved unanimously and the meeting was adjourned at 11:10 AM.

DRAFT LETTER

Elizabeth A. Kelley
Acting Assistant State Superintendent, Early Childhood Development
Director, Office of Child Care

Dear Director Kelley,
The Lead Poisoning Prevention Commission appreciates the work being done by the Office of Childcare to ensure lead safety in child care facilities regulated by the Maryland State Department of Education as reported to us at our meeting on July 6, 2017. However, three concerns arose about the Office of Childcare's work:

1. No information on properties at highest risk. The Commission remains concerned that the Office of childcare is unable to identify the properties at highest risk due to their age of construction, specifically properties built before 1950 and 1950-1978, and unable to determine how many and what percent of regulated properties may contain lead hazards. We understand that this age of construction information has been obtained for individual centers but has not been entered into the Office of Childcare's information data base. This information would be very helpful as we look to prioritize using available lead abatement funds for older licensed child care facilities that are at risk and serve multiple children.
2. Uniform Lead Dust Standards. The Commission believes that the same standards for lead should be used for all child care facilities based on their age, regardless of whether they are rented, owner occupied or are an "other" type of facility. Child care facilities built before 1978 should all have lead-safe environments, free of peeling, chipping paint and free of lead dust hazards, confirmed by dust testing. We believe that the annual unannounced inspections are very protective from the standpoint of lead safety. But, visual inspection alone has been shown to be insufficient to determine that an older property is safe from the standpoint of lead dust, which can present a hazard even if the paint is not peeling and chipping.
3. Other lead hazards. In the interest of reducing children's exposures to lead, it will be important to evaluate the potential contribution of other lead sources in the environment, including soil and water. Soil lead levels may be a problem in soil near older structures or in properties with a history of heavy metal or lead manufacturing use. From the perspective of protecting Maryland's children, this would be useful to explore once higher risk properties (built before 1978) can be identified.

Please let us know what the Office of Childcare will be able to do to address these concerns. If legislative changes are needed to clarify language regarding lead hazards in child care facilities, the Commission is prepared to support such changes.

We appreciate the opportunity to work with you and thank you for your interest in protecting Maryland's children from lead hazards.

On behalf of the Lead Poisoning Prevention Commission,

Department of Housing and Community Development

Division of Green Healthy and Sustainable Homes

Lead Hazard Reduction Program

Quarterly Report

April– June 2017

Units Receiving Hazard evaluations	38
Units with Hazards Identified	38
Units completed and cleared	21
Units in Progress	21
Units under contract	22
Training efforts	3
People trained	30
Completed Events	65
Event Attendees	3359
Home Visits	85

Special Loan Programs

(as of 07/31/17)

	FY17 Actuals		FY18 Goals		FY18 Actuals		FY19 Goals		FY19 Actuals	
	$$	Units	$$	Units	$$	Units	$$	Units	$$	Units
Program:										
HIDP										
Bond	$1,530,081		$1,500,000		$257,169		$1,500,000		$0	
State	$1,008,411	19	$1,000,000	15	$91,304	2	$1,000,000	15	$0	0
Totals	$2,538,492		$2,500,000		$348,473		$2,500,000		$0	
Average Loan	$133,605		$166,667		$174,237		$166,667		#DIV/0!	
MHFP (spot loans) see assumptions										
Group Homes (units = beds)										
Federal (HOME/SHOP)	$0		$0		$0		$0		$0	
State	$1,240,694	33	$1,000,000	12	$0	0	$1,000,000	15	$0	0
Totals	$1,240,694		$1,000,000		$0		$1,000,000		$0	
Loan Size per Bed - Total	$37,597		$83,333		#DIV/0!		$66,667		#DIV/0!	
Loan Size per Bed - State	$37,597		$83,333		#DIV/0!		$66,667		#DIV/0!	
MHRP	$3,109,397	67	$3,100,000	75	$1,043,461.44	28	$4,200,000	90	$0.00	0
Average Loan	$46,409		$41,333		$37,266		$46,667		#DIV/0!	
IPP	$174,989	12	$200,000	10	$110,171	4	$300,000	10	$0	0
Average Loan	$14,582		$20,000		$27,543		$30,000		#DIV/0!	
STAR	$256,991	2	$1,000,000	7	$175,149	1	$1,000,000	8	$0	0
Average Loan	$128,496		$142,857		$175,149		$125,000		#DIV/0!	
MHRP Category Reporting	$4,267,573	129	$4,500,000	135	$1,554,313	51	$4,500,000	160	$0	0
Average Loan	$33,082		$33,333		$30,477		$28,125		#DIV/0!	
Accessible Homes for Seniors	$983,187	50	$1,200,000	50	$400,681	19	$1,500,000	60	$0	0
Average Loan	$19,664		$24,000		$21,088		$25,000		#DIV/0!	
Lead - State	$1,152,726	65	$1,400,000	75	$221,014	6	$1,400,000	75	$0.00	0
Average Loan	$17,734		$18,667		$36,836		$18,667		#DIV/0!	
Lead - Baltimore City	$623,413	49	$500,000	35	$120,191	12	$600,000	35	$0	0
Average Loan	$12,723		$14,286		$10,016		$17,143		#DIV/0!	
STATE FUNDS	$7,284,406	276	$7,400,000	257	$1,986,822	71	$9,000,000	285	$0	0
FED (HOME) FUNDS	$256,991	2	$1,000,000	8	$175,149	1	$1,000,000	8	$0	0
MHRP + IPP + AHSP TOTAL	$4,267,573	129	$4,500,000	135	$1,554,313	51	$4,500,000	135	$0	0
LEAD TOTAL	$1,776,139.00	114	$1,900,000	110	$341,205	18	$1,900,000	110	$0	0
SPECIAL LOAN PROGRAMS	$6,043,712	243	$6,400,000	245	$1,895,518	69	$6,400,000	245	$0	0
GROUP HOME - STATE	$1,240,694	33	$1,000,000	12	$0	0	$1,000,000	12	$0	0
ALL SPECIAL LOANS PROGRAMS	$7,284,406	276	$7,400,000	257	$1,895,518	69	$7,400,000	257	$0	0
HIDP CLOSINGS - STAT	$1,008,411	19	$1,000,000	15	$91,304	2	$1,000,000	15	$0	0
ALL SPECIAL NEEDS ALLOC - STATE	$8,292,817	295	$8,400,000	272	$1,986,822	71	$8,400,000	272	$0	0
HOME/STAR TOTAL	$256,991	2	$1,000,000	8	$175,149	1	$1,000,000	8	$0	0
ALL SPECIAL NEEDS FUNDINGS	$8,549,808	297	$9,400,000	280	$2,161,971	72	$9,400,000	280	$0	0

ECONOMIC IMPACT REPORT FISCAL YEAR 2017
SPECIAL LOAN PROGRAMS

PROGRAM	COUNTY	FISCAL YEAR	# UNITS	AMT OF FUNDS	# GRANTS	# LOANS
LEAD HAZARD REHABILITATION	Allegany					
LEAD HAZARD REHABILITATION	Anne Arundel	2017	7	$118,855	6	1
LEAD HAZARD REHABILITATION	Baltimore	2017	3	$36,680	2	1
LEAD HAZARD REHABILITATION	Baltimore City	2017	99	$1,528,216	95	4
LEAD HAZARD REHABILITATION	Calvert					
LEAD HAZARD REHABILITATION	Caroline					
LEAD HAZARD REHABILITATION	Carroll					
LEAD HAZARD REHABILITATION	Cecil					
LEAD HAZARD REHABILITATION	Charles					
LEAD HAZARD REHABILITATION	Dorchester					
LEAD HAZARD REHABILITATION	Frederick	2017	1	$14,300	1	
LEAD HAZARD REHABILITATION	Garrett	2017	1	$25,000	1	
LEAD HAZARD REHABILITATION	Harford					
LEAD HAZARD REHABILITATION	Howard					
LEAD HAZARD REHABILITATION	Kent					
LEAD HAZARD REHABILITATION	Montgomery					
LEAD HAZARD REHABILITATION	Prince George's	2017	1	$10,474		1
LEAD HAZARD REHABILITATION	Queen Anne's					
LEAD HAZARD REHABILITATION	Somerset					
LEAD HAZARD REHABILITATION	St. Mary's					
LEAD HAZARD REHABILITATION	Talbot					
LEAD HAZARD REHABILITATION	Washington	2017	1	$34,199	1	
LEAD HAZARD REHABILITATION	Wicomico	2017	1	$8,415	1	
LEAD HAZARD REHABILITATION	Worcester					
	SUBTOTAL		114	$1,776,139	107	7

SF REHABILITATION PROGRAM-MHRP	Allegany					
SF REHABILITATION PROGRAM-MHRP	Anne Arundel	2017	11	$455,800		11
SF REHABILITATION PROGRAM-MHRP	Baltimore	2017	1	$59,131		1
SF REHABILITATION PROGRAM-MHRP	Baltimore City	2017	17	$572,930	2	15
SF REHABILITATION PROGRAM-MHRP	Calvert					
SF REHABILITATION PROGRAM-MHRP	Caroline	2017	2	$222,212		2
SF REHABILITATION PROGRAM-MHRP	Carroll					
SF REHABILITATION PROGRAM-MHRP	Cecil					
SF REHABILITATION PROGRAM-MHRP	Charles	2017	2	$74,872		2
SF REHABILITATION PROGRAM-MHRP	Dorchester	2017	3	$137,410	1	2
SF REHABILITATION PROGRAM-MHRP	Frederick	2017	1	$22,465		1
SF REHABILITATION PROGRAM-MHRP	Garrett	2017	3	$82,345		3
SF REHABILITATION PROGRAM-MHRP	Harford	2017	1	$83,229		1
SF REHABILITATION PROGRAM-MHRP	Howard	2017	3	$317,836	1	2
SF REHABILITATION PROGRAM-MHRP	Kent					
SF REHABILITATION PROGRAM-MHRP	Montgomery	2017	3	$132,299	1	2
SF REHABILITATION PROGRAM-MHRP	Prince George's	2017	12	$623,493	4	8
SF REHABILITATION PROGRAM-MHRP	Queen Anne's					
SF REHABILITATION PROGRAM-MHRP	Somerset	2017	3	$76,760	2	1
SF REHABILITATION PROGRAM-MHRP	St. Mary's					
SF REHABILITATION PROGRAM-MHRP	Talbot					
SF REHABILITATION PROGRAM-MHRP	Washington					
SF REHABILITATION PROGRAM-MHRP	Wicomico	2017	4	$240,532	1	3
SF REHABILITATION PROGRAM-MHRP	Worcester	2017	1	$8,083		1
	SUBTOTAL		67	$3,109,397	12	55

SF REHABILITATION PROGRAM-IPP	Allegany					
SF REHABILITATION PROGRAM-IPP	Anne Arundel					
SF REHABILITATION PROGRAM-IPP	Baltimore	2017	2	$12,544	2	
SF REHABILITATION PROGRAM-IPP	Baltimore City	2017	1	$11,498	1	
SF REHABILITATION PROGRAM-IPP	Calvert					
SF REHABILITATION PROGRAM-IPP	Caroline	2017	1	$40,200		1
SF REHABILITATION PROGRAM-IPP	Carroll					
SF REHABILITATION PROGRAM-IPP	Cecil					
SF REHABILITATION PROGRAM-IPP	Charles	2017	1	$26,514		1
SF REHABILITATION PROGRAM-IPP	Dorchester					
SF REHABILITATION PROGRAM-IPP	Frederick					
SF REHABILITATION PROGRAM-IPP	Garrett					
SF REHABILITATION PROGRAM-IPP	Harford					
SF REHABILITATION PROGRAM-IPP	Howard	2017	1	$7,730	1	
SF REHABILITATION PROGRAM-IPP	Kent					

SF REHABILITATION PROGRAM-IPP	Montgomery					
SF REHABILITATION PROGRAM-IPP	Prince George's	2017	3	$52,835	2	1
SF REHABILITATION PROGRAM-IPP	Queen Anne's					
SF REHABILITATION PROGRAM-IPP	Somerset	2017	2	$12,949	1	1
SF REHABILITATION PROGRAM-IPP	St. Mary's					
SF REHABILITATION PROGRAM-IPP	Talbot					
SF REHABILITATION PROGRAM-IPP	Washington					
SF REHABILITATION PROGRAM-IPP	Wicomico	2017	1	$10,719	1	
SF REHABILITATION PROGRAM-IPP	Worcester					
	SUBTOTAL		12	$174,989	8	4

SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Allegany					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Anne Arundel					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Baltimore					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Baltimore City					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Calvert					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Caroline					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Carroll					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Cecil					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Charles					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Dorchester					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Frederick					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Garrett					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Harford					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Howard					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Kent					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Montgomery					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Prince George's					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Queen Anne's					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Somerset	2017	1	$154,141		1
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	St. Mary's					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Talbot					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Washington					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Wicomico					
SPECIAL TARGETED APPLICANT REHAB (STAR/HOME)	Worcester	2017	1	$102,850		1
	SUBTOTAL		2	$256,991	0	2

SF REHABILITATION PROGRAM-AHS	Allegany					
SF REHABILITATION PROGRAM-AHS	Anne Arundel	2017	9	$202,600	8	1
SF REHABILITATION PROGRAM-AHS	Baltimore	2017	1	$34,305	1	
SF REHABILITATION PROGRAM-AHS	Baltimore City	2017	14	$232,082	13	1
SF REHABILITATION PROGRAM-AHS	Calvert					
SF REHABILITATION PROGRAM-AHS	Caroline	2017	1	$24,800	1	
SF REHABILITATION PROGRAM-AHS	Carroll					
SF REHABILITATION PROGRAM-AHS	Cecil					
SF REHABILITATION PROGRAM-AHS	Charles	2017	1	$21,440	1	
SF REHABILITATION PROGRAM-AHS	Dorchester	2017	2	$31,742	2	
SF REHABILITATION PROGRAM-AHS	Frederick	2017	1	$14,195	1	
SF REHABILITATION PROGRAM-AHS	Garrett	2017	3	$33,822	3	
SF REHABILITATION PROGRAM-AHS	Harford					
SF REHABILITATION PROGRAM-AHS	Howard	2017	1	$27,425	1	
SF REHABILITATION PROGRAM-AHS	Kent					
SF REHABILITATION PROGRAM-AHS	Montgomery	2017	2	$36,697	2	
SF REHABILITATION PROGRAM-AHS	Prince George's	2017	7	$182,029	7	
SF REHABILITATION PROGRAM-AHS	Queen Anne's					
SF REHABILITATION PROGRAM-AHS	Somerset	2017	2	$35,678	2	
SF REHABILITATION PROGRAM-AHS	St. Mary's					
SF REHABILITATION PROGRAM-AHS	Talbot	2017	1	$24,800	1	
SF REHABILITATION PROGRAM-AHS	Washington					
SF REHABILITATION PROGRAM-AHS	Wicomico	2017	4	$69,872	3	1
SF REHABILITATION PROGRAM-AHS	Worcester	2017	1	$11,700	1	
	SUBTOTAL		50	$983,187	47	3

SEPTEMBER 7, 2017

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

September 7, 2017

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
BOSCAK, ~~Sharon~~ Shana G.	Parent of a lead-poisoned child	
DAVIS, Anna L.	Child Advocate	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	pmontgomery@maryland.gov
MOORE, Barbara	Health Care Provider	bmoore@mwph.org
NEWTON, Leonidas	Property Owner Post 1949	LANDALLC@Yahoo.com
OAKS, Nathaniel (Senator)	Maryland Senate	
PAUL, Manjula	Office of Child Care/MSDE	Manjula-Paul@Maryland
PEUSCH, Christina	Child Care Providers	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
SKOLNIK, Adam	Property Owner Pre 1950	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Financial Institution	
VACANT	Maryland Insurance Administration	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

September 7, 2017

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
Ruth Ann Norton	GHHI	
Sheetah Hampton-Ez	MMHA	
Monica Patel		
RDN Winehort	AOBA	
Myra Knust	BCHD	
Rachel Hess-Mutinda	MDH	
Dan Foy	AMA	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, September 7, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
DRAFT AGENDA

I. Welcome and Introductions

II. Old Business
Letter to Office of Child Care
Letter received from Senator Cardin

III. New Business
Update on Department of Health Lead Screening - Rachael Hess-Mutinda

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, October 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. MD 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 7, 2017

APPROVED Minutes

Members in Attendance
Shana G. Boscak, Anna L. Davis, Mary Beth Haller, Barbara Moore, Paula Montgomery, Leonidas Newton, Sen. Nathaniel Oaks, Manjula Paul, Christina Peusch

Members not in Attendance
Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, John Scott, Adam Skolnik

Guests in Attendance
Ella Carroll-Price (DHCD), Syeetah Hampton-El (MMHA), Rachel Hess Mutinda (MDH), Dawn Joy (AMA), Myra Knowlton (BCHD), Wade McCord (MDE), Ruth Ann Norton (GHHI), Monica Patel, Ron Wineholt (AOBA)

Welcome and Introductions
Barbara Moore called the meeting to order at 9:34 AM with welcome and introductions.

Approval of Minutes
A motion was made by Mary Beth Haller and seconded by Nathanial Oaks to accept the August minutes as amended. All present Commissioners were in favor.

Old Business

Letter from Senator Cardin – Senator Benjamin L. Cardin responded to the Commission's letter advising the Commission of his support for the lead prevention and mitigation programs administered by HUD, the CDC, and the EPA. Ruth Ann Norton noted that Susan Collins and Jack Reed secured language in the fiscal year 2017 appropriations bill that added funding and required HUD to lower its blood level threshold to match the CDC's. She also noted that Baltimore City was part of the coordinated effort by state officials as a city with higher incidents of lead poisoning. She also noted that the final spending package for FY16 increased funding for CDC's Healthy Homes and Lead Poisoning Prevention program to $17 million. This will fund approximately 35 state and local health departments to enhance local surveillance capacities to help guide management of children identified with high blood levels. While the national office of GHHI had advocated for a restoration of pre-2012 level funding, she noted that this is a step in the right direction.

Letter to the Office of Child Care – Copies of the letter from the Chair to Elizabeth Kelley, Director, Office of Child Care (OCC) were given to Commission members and guests. Barbara Moore noted that at the August 2017 meeting, Commission members decided to send a letter to OCC in response to the OCC Report, sharing the Commission's concerns with regards to identification of properties at the highest risk and the need for uniform lead dust standards. Barbara Moore noted that the letter went out

on August 31, 2017. The Commission had not received a response as of the date of the September meeting. Christina Peusch noted that she had reached out to Director Kelley before the letter was sent and was advised that Director Kelly will be responding to it. Christina Peusch also asked for clarification that the letter was concerned primarily with family childcare and center-based childcare and that before they open, those types of centers must submit lead safe certificates. She also wanted to make sure that, regardless of whether the centers were in an owner-occupied or rental property, there were still the same requirements with respect to lead safe certificates. She noted that Director Kelley confirmed that this is the policy of the OCC. She said that she was advised that they also perform unannounced inspections that include both dusting and chip testing. Paula Montgomery said OCC's policy is more stringent than the actual regulations and recommended that the Commission wait for the response of the Director. She noted that OCC may have to amend their regulations to include pre-1978 rental because the regulations were written prior to the law. But, she noted that the fact that OCC requires the lead safe certificate is a commendable practice and one that should be encouraged. Myra Knowlton suggested that they submit proposed regulations with the response. Ruth Ann Norton asked Paula Montgomery for clarification as to whether the regulations need to be more stringent. She said that the regulations need to be updated to clarify that they apply to owner-occupied properties. Barbara Moore noted that the key point of our letter is to be able to know the age of construction of properties on a searchable database. Paula Montgomery suggested that Jeany Pope would be happy to help with updating regulations.

New Business

Update on health lead screening – Rachel Hess-Mutinda provided two general updates. First, she noted that last month, Cliff Mitchell reported that the Department of Health (MDH) was in the process of developing outreach materials with DHCD on lead remediation and asthma. There have been meetings with all local health departments about the Healthy Homes for Healthy Kids program, what the local departments can expect, and how to do outreach and use community health workers. MDH is currently working with GHHI to train CHWs to do education around asthma and lead throughout the state. Baltimore City has a strong program, but other jurisdictions are still working on coming up to speed. MDH will report back to the Commission throughout the year to let us know how the initiative is progressing.

Rachel Hess-Mutinda also reported that MDH is working with Paula Montgomery from MDE to evaluate the change in regulation to universal testing throughout the state. MDH thinks that the numbers are positive. Barbara Moore asked what the evaluation would include. She asked whether children are having problems getting tested with the point of care (POC) instruments and how many sites are now offering POC testing. Rachel Hess-Mutinda noted that MDH is assessing the change from 2015 to 2016 and speaking with physicians. The program started in March 2016 and so they have data from only a short period of time. They are also looking at the responses to the videos that the Department produced. Barbara Moore asked about the number of calls to the phone line and if the resources are currently adequate to meet needs. Ruth Ann Norton noted that, following a visit from Cliff Mitchell and Rachel Hess-Mutinda last year, Pennsylvania instituted a program similar to Maryland's. Cliff Mitchell and Barbara Moore will be speaking at a WIC conference in October and in September at a lead conference. Ruth Ann Norton asked whether metrics can be given to the MDH to

track. Rachel Hess-Mutinda said that she did not know what the metrics were being used to evaluate the program but MDH is meeting with lead case managers. Shana Boscak said that the universal testing policy changed her family's lives. She said that their child was showing no signs of lead poisoning or exposure, but that the universal testing caught it early and saved their child. She noted that she is so grateful and said that if testing had not been mandatory, they would never have known until it was too late.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, October 5, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – Paula Montgomery's report piggybacked on Rachel Hess-Mutinda's. The MDE Annual Report will have good and interesting information on point of care and universal testing rates. Testing rates have gone up significantly and the agency is optimistic that the report will show that rates have gone up in areas where it was needed that they go up, as that is the intent. MDE will present their findings in November and are finalizing the report now. Paula Montgomery also mentioned again that the division chief position in rental registry is vacant as Joseph Wright left for another agency. In addition, Paula Montgomery's old position is still open. The position description is a Program Manager IV specific to enforcement compliance and accreditation. The position should be posted within the next few weeks. Finally, Paula noted that MDE is resuming the inspector contractor forums for education and outreach. Events will be held in Hagerstown, Baltimore, and on the Eastern Shore.

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

Maryland Department of Housing and Community Development – No representative present. Ruth Ann Norton requested that someone from the agency come and make a presentation to the Commission regarding Medicaid.

Baltimore City Health Department – Nothing to report.

Baltimore City Housing and Community Development – No representative present. It was noted that the Housing Authority of Baltimore City (HABC) and the Baltimore City Department of Housing & Community Development (DHCD) are now operating as two separate agencies and no longer function collectively as Baltimore Housing. It was also noted that Janet Abrahams is new Executive Director of HABC. Before coming to Baltimore, Ms. Abrahams was most recently with the New York City Housing Authority. The DHCD Housing Commissioner is now Michael Braverman.

Office of Child Care –Manjula Paul wanted to thank Pat McLaine for sending out the article on the teething bracelet. She noted that this is a common occurrence and that it is important to know that homeopathic remedies are not regulated by the FDA. Several present noted that parents want to use

these types of remedies, but the Office of Child Care does not recommend them. Christina Peusch questioned whether a ban on these types of homeopathic remedies should be written into law so that center directors would be able to prohibit their use. She noted that these products are promoted and advertised as homeopathic and so parents assume they are natural and safe. Barbara Moore noted that these homeopathic remedies are readily available over the internet. OCC would like to get the data when children go for testing and it is discovered that the elevated blood levels are due to toys or teething bracelets, etc. Paula Montgomery noted that this is an issue for the FDA/CPSC and that the Commission should focus on more outreach and make sure that families and communities that are affected by these types of products are educated as to the dangers. Shana Boscak asked whether efforts should be made to reach out to pediatricians to talk about homeopathic products. Wade McCord's office (MDE) publishes a notice when a homeopathic product is found to contain lead. Ruth Ann Norton agreed that public education is necessary and asked if Wade McCord's office does targeted outreach when products are found in a particular community. Information about lead in these other sources is relayed to MDH, the local health departments, and to the local immigration office. Rachel Hess-Mutinda noted that MDH prepared a pamphlet and that the Office of Immigrant Health translated it into several languages. An electronic version is also available. A request was made that to send the pamphlet to members of the Commission. Ruth Ann Norton noted that Environmental Defense Fund has taken on the issue of banning lead in jewelry, food, and other sources and may be willing to make a presentation if the Commission is interested. Paula Montgomery noted that it is important that the focus not be simply about banning the sale of such products, but to know the source for a child's lead poisoning. She also noted that these types of "other" sources of lead will be part of the annual report.

Barbara Moore passed around a flyer developed by WIC on lead poisoning that is used as a resource for families to learn about sources of lead. Each local health department in the state will get a copy of the flyer. Shana Boscak suggested that the information needs to be made widely available and asked how the MDH could help to make that happen. Rachel Hess- Mutinda noted that MDH could remove the WIC logo from the current flyer and send it out. Shana Boscak offered to help with that effort. Rachel Hess-Mutinda will send a PDF copy to Commission members and is able to edit the copy for additional uses.

Maryland Insurance Administration – No representative present.

Public Comment

Syeetah Hampton-El, Maryland Multi-Housing Association, announced the creation of the MMHA Service Training Academy that will train individuals to work in the multi-housing industry as service team professionals. The first class of 10 (with a goal of having 4 classes/year) will start in October. Students will spend 3 months in school including participating in an internship with the goal of obtaining real world work experience and training in the rental housing industry that will lead to full time job placement. Ruth Ann Norton suggested MMHA partner with Vehicles for Change since there is a requirement that students have a car. Dawn Joy reminded members that there is a Second Chance training program in Baltimore City. Syeetah Hampton-El also asked the Commission to note that the offices of MMHA moved last month and are now located at 11155 Dolfied Blvd. Suite 200, Owings Mills, MD 21117.

Ruth Ann Norton announced that the Pew Charitable Trust recently released an assessment of the lead risks that communities across the country face. The Report makes 10 recommendations for policy change that will help to prevent and respond to childhood lead exposure. Ruth Ann Norton served as an advisor and expert in connection with the Report, which looked at a range of federal, state, and local policies and solutions. She noted that the Report's recommendations align with national strategic plans. A representative from Pew may be available should the Commissioners wish a briefing.

Adjournment

A motion was made by Nathaniel Oaks to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 10:41 AM.

BENJAMIN L. CARDIN
MARYLAND

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United States Senate

COMMITTEES
ENVIRONMENT AND PUBLIC WORKS
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FOREIGN RELATIONS
SMALL BUSINESS

COMMISSION ON SECURITY
AND COOPERATION IN EUROPE

August 23, 2017

Patricia McLaine, DrPH, MPH, RN
Maryland Lead Poisoning Prevention Commission Chair
c/o Paula Montgomery
Maryland Department of the Environment
1800 Washington Boulevard
Baltimore, MD 21230

Dear Ms. McLaine:

Thank you for sharing with me your support for federal lead poisoning prevention programs. Lead poisoning is a serious public health threat that requires immediate, coordinated, multi-sectoral action to mitigate its threat to children. I share your interest in preventing lead exposure in Maryland's children, and am working hard to protect one of our most vulnerable populations by providing adequate funding for federal lead poisoning prevention programs.

While I recognize the need to make difficult choices in the current fiscal environment, I strongly believe that investing in lead prevention and mitigation programs administered by the Department of Housing and Urban Development (HUD), the Centers for Disease Control (CDC), and the Environmental Protection Agency (EPA) is imperative for us to continue to move forward with federal initiatives to combat lead poisoning across the country, and will reduce future costs associated with the need for additional health care and remedial educational services.

I have historically supported HUD's Lead Hazard Control and Healthy Homes programs. I have called for fully funding HUD's Office of Lead Hazard Control and Healthy Homes, including the Healthy Homes program. I have also supported continued funding for the Lead Based Hazard Reduction Program to support lead hazard abatement activities in areas with the highest need. Often referred to as "Bond-Mikulski" grants, this critical program targets those areas where a disproportionately high number of children is at risk from lead hazard exposure. I also have encouraged full funding for HUD's Community Development Block Grant (CDBG) program, because local jurisdictions in Maryland use CDBG funds to create safer communities.

I have also prioritized CDC's program for lead surveillance. I have consistently called for funding for CDC's Childhood Lead Poisoning Prevention program. This program is critical to preventing lead poisoning in children, which can cause debilitating illness, developmental delays, and other health problems that jeopardize a child's ability to succeed in school and in life.

Finally, I have historically supported EPA's programs for lead hazard reduction and categorical grants for renovation, repair, and painting. I joined my colleagues in calling for robust funding for EPA's lead abatement, inspection, and enforcement programs. EPA has

worked with federal and state partners to drastically reduce or eliminate the use of lead in paint, gasoline, plumbing pipes, food cans, and other products to put us on a path toward minimizing human exposure. However, despite a decline in overall exposure, lead poisoning continues to be a problem in places with older homes and aging water infrastructure. Fortunately, federal law requires lead-safe certification for all firms that provide renovation, repair, and painting services in facilities built prior to 1978 and where children are routinely present. EPA works in cooperation with States and Tribes to ensure all firms are certified and use lead-safe work practices. The cuts to EPA's budget proposed in the President's Budget Blueprint for Fiscal Year 2018 would dampen the Agency's ability to keep lead contamination out of these communities.

In addition to lead safety in home repairs, EPA implements the Safe Drinking Water Act to ensure that public water supply systems do not have elevated lead levels. Although 95% of these systems supply safe water, schools may have service lines or plumbing systems that contaminate tap water with lead. There is no federal requirement for schools to test their water for lead contamination and many schools do not have the resources to conduct such testing.

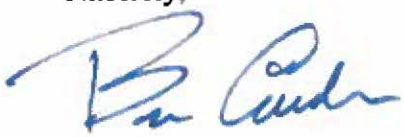
In response, I introduced the Testing, Removal and Updated Evaluations of Lead Everywhere in America for Dramatic Enhancements that Restore Safety to Homes, Infrastructure and Pipes Act of 2016, or True LEADership Act, a comprehensive plan to recommit the federal government to a critical role in water infrastructure investment, lead remediation and drinking water protections. Reforms in the True LEADership Act include a new grant program specifically designed for projects that reduce lead in tap water, a mandatory, nationwide requirement for states to report elevated levels of lead in children, mandatory testing and notification of lead in water systems, reforms to HUD authorities and a new tax credit for homeowners to remove lead, a new grant program for schools to aid children with the effects of lead poisoning, and incentives to accelerate the development of new water technologies.

I negotiated the inclusion of True LEADership Act lead provisions that will help Maryland schools in the Water Infrastructure Improvements for the Nation Act of 2016, or WIIN Act, which was passed into law on December 16, 2016. One enacted provision advances lead testing of drinking water in schools and childcare facilities by authorizing $20 million per year for fiscal years 2017 through 2021 for grants to carry out a voluntary school and childcare lead testing program. Another provision aimed at reducing lead in drinking water authorizes $60 million for each of fiscal years 2017 through 2021 and provides $20 million in direct spending for the replacement of lead service lines, testing, planning, corrosion control, and education. To follow through, I led a letter to the Senate Appropriations Committee supporting full funding of the grants programs created in the WIIN Act to deliver lead decontamination activities in small and disadvantaged communities, lead service line replacement, and lead testing in schools.

Like the leaders in housing, government, healthcare, insurance, childcare, child advocacy, and education that comprise the Maryland Lead Poisoning Commission, I recognize the urgent need to minimize the risks of lead exposure and lead poisoning. Our children's future will continue to be in danger if we do not provide adequate funding for federal lead poisoning prevention programs. We can and must immediately do more to better protect our children.

Thank you for your service to Maryland's children. Please do not hesitate to contact me in the future about this important national issue or any other matter where I may be of assistance.

Sincerely,



Benjamin L. Cardin
United States Senator

BLC:sf

Lead Poisoning Prevention Commission

August 31, 2017

Elizabeth A. Kelley
Acting Assistant State Superintendent, Early Childhood Development
Director, Office of Child Care

Dear Director Kelley:

The Lead Poisoning Prevention Commission appreciates the work being done by the Office of Childcare to ensure lead safety in child care facilities regulated by the Maryland State Department of Education as reported to us at our meeting on July 6, 2017. Based upon the information shared with us at that time, however, the Commission has concerns with regard to the Office of Childcare's work.

Information on properties at highest risk. The Commission remains concerned that the Office of Childcare is not able to identify the properties at highest risk due to their age of construction, specifically, properties built before 1950 and 1950-1978. We understand that the data on the age of construction for individual properties has been collected for individual centers, but that it remains stored in paper files and has not been entered into the Office of Childcare's central, computerized database. The Commission believes that access to searchable age of construction data for each licensed facility is critically important for three (3) reasons. First, with the information is its current form, the Office of Child Care is not able to determine how many and what percent of regulated properties are at risk for lead hazards. Second, the age of construction is important for evaluating the potential contribution of other sources of lead in the environment, including soil and water. Properties with older structures or those with a history of heavy metal or lead manufacturing use are of particular concern in terms of lead levels in the soil. Finally, determining the date of construction will be useful as the Commission looks to prioritize using available lead abatement funds for older licensed child care facilities that are at risk.

Uniform Lead Dust Standards. The Commission believes that the same protective standard for lead should be used for *all* child care facilities based on the age of construction, regardless of whether they are rented, owner-occupied or are an "other" type of facility. Child care facilities built before 1978 should all have lead-safe environments, be free of peeling, chipping paint, and be free of lead dust hazards, confirmed by dust testing. The Commission believes that the annual unannounced inspections of child care facilities are protective from the standpoint of lead safety, visual inspection alone has been shown to be insufficient to determine that an older property is free of lead dust. A facility that does not have peeling or chipping paint and, therefore, passes visual inspection, may not meet lead dust standards and requires dust testing to assess risk.

Thank you for the opportunity to share our concerns with you. The Commission looks forward to hearing what steps the Office of Childcare plans to take to address these concerns. If legislative changes are needed to clarify language regarding lead hazards in child care facilities, the Commission is prepared to support such changes.

We appreciate the opportunity to work with the Office of Childcare on this important issue and thank you for your interest in protecting Maryland's children from lead hazards.

On behalf of the Lead Poisoning Prevention Commission,

Pat McLaine

Pat McLaine, DrPH, MPH, RN
Lead Poisoning Prevention Commission Chair

Lead Poisoning

MarylandWIC
1-800-242-4942 www.mdwic.org

You and your children can get lead poisoning by breathing in or swallowing dust that contains lead.

Sources of Lead

Identify and remove sources of lead from your home.

Home

Lead can be in paint in old homes built before 1978.

- Chipped paint
- Dirt
- Pewter/Crystal
- Old furniture and toys
- Play or costume jewelry

Imported Goods

Items brought back from other countries may contain lead.

- Glazed pottery
- Asian, Hispanic, Indian spices
- Mexican Candy (tamarindo and chili)

Home Remedies

Some home remedies may contain lead. These remedies are typically red or orange powders.
Traditional and folk remedies
(Greta, Azarcon, Pay-loo-ah)

Beauty Products

Imported beauty products from Asia, India, and Africa may contain lead.
(Sindoor, Khol, Kajal, Surma)

Jobs

Jobs such as car repair, mining, construction, and plumbing may increase your exposure to lead. Lead dust can be brought into the home on your skin, clothes, shoes or other items you bring home from work.

- Car Batteries
- Scrap metal/parts
- Ammunition

Hobbies

Certain hobbies increase your risk of coming in contact with lead.

- Hunting (lead bullets)
- Fishing (lead sinkers)
- Artist paints
- Refinished furniture

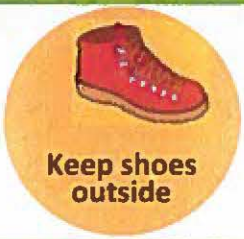
Travel

Traveling outside the U.S. may increase your risk of coming in contact with lead-based items.

- Souvenirs
- Spices or food
- Toys
- Jewelry

Cleaning

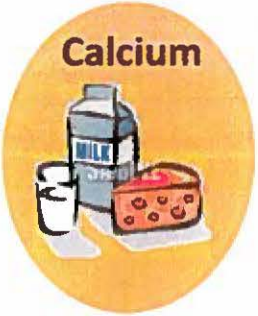
Keep lead dirt and dust out of your home with these helpful tips.



Nutrition

These foods can help lower your lead level.

Tomatoes
Strawberries
Oranges
Potatoes



Milk
Cheese
Yogurt

Chicken
Steak
Fish
Peas
Eggs

MARYLAND

Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
Dennis R. Schrader, Secretary, DHMH

Maryland WIC Lead Risk Assessment Tool for Pregnant or Breastfeeding Women and Children

If you answer "Yes" or "Don't Know" to ANY of the questions or have concerns about lead, please discuss them with your health care provider. A blood lead test may be needed.

Question	Yes	No	Don't Know
1. Do you or your child/children eat any nonfood items, such as clay, crushed pottery, soil, paint chips, paper, or baking soda?			
2. Does your child often put items such as jewelry or keys in his/her mouth?			
3. Have you or your child/children ever lived in or often visited a home or building built before 1978 with peeling or chipping paint or that has been repaired?			
4. Have you or your child/children ever spent a lot of time outside the United States?			
5. -Do you use products from other countries such as health remedies, spices, or food? -Do you use traditional "kohl" make up? (also known as "kajal" or "kuul")			
6. Do you serve or store food in lead crystal, handmade or imported pottery, or pewter?			
7. Have any of your children, their playmates, or others in your home had lead poisoning?			
8. Do you have a child who was born before January 1, 2015, who has not had a blood lead test?			
9. -Do you or others in your household have a job that involves exposure to lead, like auto repair; plumbing; painting; ship building; steel welding; battery, glass, or lead manufacturing; or work with lead bullets? -Do your children have contact with an adult whose job or hobby involves exposure to lead?			
10. Do you or others in your household have hobbies or activities likely to cause regular exposure to lead, like making stained glass, pottery, fishing lures or sinkers; gun and rifle activities; refinishing furniture; renovating or remodeling homes?			
11. Do you or your children live near an active lead smelter, battery recycling plant, other lead-related industry, or near a road where soil and dust may be contaminated with lead?			
12. Do you eat deer meat or other animals shot with lead bullets?			
13. Do you have any bullets in your body from past gunshot wounds?			

Adapted from the 2016 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure. Maryland Department of Health and Mental Hygiene, and the Minnesota Department of Health.

OCTOBER 5, 2017

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 5, 2017

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
Benita Cooper	MD. Ins. Admin	200 St. Paul Place Balto, MD 21202
RON WINEHOLT	AOBA	
Rachel Hess Mutterer	MDH	
Dawn Jon	AMA	
[illegible]	BCHD	—
[illegible]	BCHD	
Jack A. Daniels	DHCD	7800 Harkins Rd. Lanham, MD
Wes Stewart	GOHI	gwstewart@gohi.org
Mark Boragon	MDE LPP	1800 Washington Blvd. 410- Mark.Boragon@Maryland.gov

NOTICE

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

October 5, 2017

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
BOSCAK, Shana G.	Parent of a Lead-Poisoned Child	
DAVIS, Anna L.	Child Advocate	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
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 (Senator)	Maryland Senate	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Financial Institution	
VACANT	Maryland Insurance Administration	
VACANT	Maryland House of Delegates	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, October 5, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room

I. Welcome and Introductions

II. Old Business

III. New Business
Baltimore City CLPP Fiscal Year Report Camille Burke

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, November 9, 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
October 5, 2017

APPROVED Minutes

Members in Attendance

Shana G. Boscak, Anna L. Davis, Mary Beth Haller, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Sen. Nathaniel Oaks, Christina Peusch Adam Skolnik

Members not in Attendance

John Scott, Leonidas Newton, Manjula Paul

Guests in Attendance

Mark Borgoyn (MDE), Camille Burke (BCHD), Benita Cooper (MIA), Jack A. Daniels (DHCD), Rachel Hess Mutinda (MDH), Dawn Joy (AMA), Myra Knowlton (BCHD), Wes Stewart (GHHI), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions. Pat McLaine thanked Barbara Moore for chairing last month and Anna Davis for taking minutes. Paula Montgomery asked what the policy is for non-commissioners to speak during Commission meetings. Pat McLaine stated that the Commission has always had a place during the meeting for public comment and for the public to ask questions. We don't prohibit people from participating. Paula Montgomery said that she wanted to know what the policy is – she said that at times it can muddy the process of what the Commission has on its agenda. Pat McLaine asked that Commissioners let her know if they have any concerns about not being able to speak or address concerns at a meeting. She indicated that at this point she does not believe it is necessary to eliminate public comment during the meeting.

Approval of Minutes

A motion was made by Nathaniel Oaks, seconded by Adam Skolnik to approve the September minutes as amended. All present Commissioners were in favor.

Old Business – There was no old business.

New Business

Baltimore City Childhood Lead Poisoning Prevention Program Fiscal Year Report - Camille Burke provided the update for Baltimore City Health Department using a power point presentation with handouts and a copy of the schedule for National Lead Poisoning Prevention Week, October 23 – 28. Baltimore City's work is built around the social determinants of health with the goal to close the gap in childhood lead poisoning between Baltimore and the rest of the state by 10% by 2020. Although there are fewer children with BLLs of 10µg/dL and higher, the

number of children with BLLs of 5-9µg/dL has gone up. Zip codes also drive the work with a large number of affected children living in 5-9 zip codes. The primary source of lead exposure in both pre-1950 owner occupied housing and pre-1978 registered rental properties is lead paint. In owner-occupied, lead dust accounts for a smaller but discrete proportion of exposures and for pre-78 rentals, a similar proportion is associated with immigration and travel outside the US.

Home visits are done by environmental and health staff together, including an interview, a visual inspection, XRF inspection and dust testing. If other possible sources of lead are identified, items are tested. If the team doesn't identify a source on the first visit, they make a second visit. The average time to an initial home visit was down to 20 days in 2017, an improvement. A number of case management challenges were identified including missing contact information, frequent moves, often out of and back into Baltimore City, reluctance of primary care provider (PCP) to provide missing or current contact information, completing a Notice of Defect when the adult residing in the home is not the tenant listed on the leas, safety of staff, and rent-to-own situations. Fewer visits were made to families of children with BLL 5-9µg/dL (131 compared to 243 last year). In addition, some follow-up contacts are being made by phone.

BCHD is focused on Primary Prevention and also offers home visits by a CHW to low-income pregnant women and women with young children, focusing on identified potential lead hazards and educating the family about the importance of a safe environment and of testing their child. BCHD also offers a number of different gatherings in homes and community locations for families and caregivers focused on environmental hazards and healthy homes trainings. Outreach is quite extensive, with CBOs, community groups, MCOs, schools and early childhood centers. A lead poisoning prevention video is now being shown in the Mayor's office and Community Service Action Centers. Baltimore City is leading the state in work with Section 8; Baltimore City and MDE recently hosted a large meeting with more than 760 Section 8 inspectors at MDE. BCHD is also doing QA of cases by supervisors to identify areas for continual improvement. Section 8 does a once a year inspection to look for potential problems, including lead hazards. It is a good program, important for prevention and few poisoned children live in Section 8 housing. Adam Skolnik said he did not know if Section 8 is doing Notices of Defect.

Another innovation, BCHD is cross-training lead inspectors about housing codes that apply to asthma triggers so they can issue violation notices for identified asthma triggers. The City follows the International Property Maintenance Code. A Mystery Shopper Program is also in place and purchases are made of items from random stores to determine if any have high lead content.

Point of care testing begins in October; BCHD has purchased 3 instruments. The primary focus will be on follow-up testing in homes of their clients. BCHD will also test at health fairs and community events but wants parents to take the children to their PCP. Camille indicated that she is open to suggestions from the Commission for POC testing but is concerned that they won't have much capacity. Barbara Moore asked if BCHD were in a home with several children, would they test the other children in the home? Camille Burke stated that they will test all

children in the house even if they are over 6. The problem isn't testing, but what to do if a child is positive and over the age of 6. Barbara Moore said that Mount Washington would be willing to see these children and fights to get resources needed by families.

The theme of National Lead Poisoning Prevention Week is "Kids run better unleaded." Plans for Lead Poisoning Prevention Week include: door to door community outreach in East Baltimore; Spanish-speaking presentations at BCHD Immunization Clinic in East Baltimore targeting Latinos; Partnership event with University of Maryland focused on testing; school program at Tench Tillman and other work in East Baltimore.

Christina Peusch noted that legislation was introduced in the last session about green cleaning. She said that the early childhood community is concerned about the spread of viruses and green cleaning keeps coming up. It is more expensive and doesn't kill germs the way that bleach does. Camille Burke said that BCHD recommends back to the basics with vinegar and baking soda and natural products. BCHD has recipe cards and will share them. Pat McLaine noted that bleach is a problem for children with asthma if it is prepared too strong; this may be something to discuss at a later time.

Pat McLaine asked about source identification for cases, specifically dust testing. Camille Burke confirmed that BCHD did dust testing in all homes; only a proportion of the owner occupied properties had high dust lead results. Noting that 90% of Baltimore's housing stock was built before 1950, Camille Burke said the Annual Report will go into more depth and will be helpful with regards to pinpointing the direction that needs to be taken. Some recent sources have included a fisherman handling lead weights, Indian candy and spices in Baltimore City. One store had candy with lead levels "off the charts"; the candy had poisoned one child who had been eating one piece every day. Regarding Rent to Own (RTO) status, Camille Burke said there had been a huge uptick in RTO properties. Paula Montgomery indicated that these properties are considered rentals. Adam Skolnik stated they are still rentals even if a contract has been executed, until the deed is transferred and recorded. Wes Stewart stated that RTO properties were more prevalent from 1995-1998 when the law first came out. We haven't seen much of this since the late 1990s. Camille Burke indicated that there is also a problem with relocation. Pat McLaine asked how the Commission could be helpful; Camille Burke said Point of Care testing and recommendations for improving outcomes. An electronic copy of slides will be shared with Commissioners.

National Lead Poisoning Prevention Week - Paula Montgomery said that MDE will be preparing a calendar for the state for National Lead Poisoning Prevention Week and would share it with the Commission.

Regulation Review – Paula Montgomery indicated that the governor has asked agencies to look at regulations that don't serve a purpose. MDE has prepared a list of minor lead regulatory changes for the lead program: (1) Remove accreditation for project designers – there are none; (2) remove qualified offer provisions from regulations. When the portion of the law that covered qualified offers was struck as unconstitutional in 2011, regulations were no longer applicable.

(3) Policy – put protocols for dust wipe testing in line with current ASTM standards (updates the current standard). The regulations require 2 blanks per inspection; ASTM only requires one blank sample every 20 samples. MDE is now waiting for the governor to approve and then proposed changes will go up for public comment. When this happens, Paula will send copies out to the Commissioners and guests.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, November 2, 2017, at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – Paula Montgomery reported that MDE will provide the Annual Report next month. It may not be the final version. The report for 2016 is much more complex; MDE has several new things that need the Secretary and Governor's approval, hopefully before Lead Week. MDH and MDE also are doing an evaluation of the first year of universal blood lead testing initiative in Maryland which has required additional effort. The Rental Registry Administrator position (Administrator 4) has just been posted; Pet Grant will send the description out to Commissioners. Mark Borgoyn is doing regulation inspections and other work is proceeding normally.

Maryland Department of Health – (1) Cliff Mitchell reported that MDH is working closely with MDE to evaluate the first year of the testing initiative. He indicated that the group has a pretty good handle on the increased testing and on variability across local jurisdictions. MDH will talk with local health officers, American Academy of Pediatrics and National Association of Pediatric Nurse Practitioners regarding outreach. They are pleased with the data so far. (2) Cliff Mitchell stated that MDH is in the process of finalizing a MOU with Medicaid on Healthy Homes for Healthy Kids and CLPP and Environmental Management Case Management Program. He met with case managers last month in jurisdictions where the program will be rolled out. A question was asked about Medicaid-funded case management – is it only for kids on MA or also for kids assigned to a MCO? Cliff Mitchell stated that the program was for all kids eligible for Medicaid or CHIP. (3) Cliff Mitchell indicated he is finishing a data sharing MOU and contractual agreement with Medicaid to enable local health departments to hire environmental case management nurses and outreach workers, to look at materials to be produced and distributed by DHCD. He hopes to have the Commission's support for this campaign. GHHI will do a lot of the training and develop a curriculum. (4) ImmuNet – an on-line record of childhood vaccinations provided by all PCPs and maintained centrally – MDH would like to add access to CLR test data for individuals and children. The CLR would transfer files on a monthly basis and these would be uploaded to ImmuNet. Only one IT person is available for the Stellar to HHLPPS conversion. Cliff Mitchell hopes this will be up and running in 2018.

Maryland Department of Housing and Community Development – Jack Daniels provided information on marketing information being developed for Local Health Boards and PCPs. An 800 number has been established and is manned by two people. DHCD hopes to be able to hire contractually for this work. MOU is awaiting approval by MDH. Two additional materials are being prepared: next steps for what to expect – a trifold with general information about the initiative. DHCD does not do work with Medicaid. Jack Daniels provided information about the Lead Initiative through Medicaid - $4.667 million state and federal funds will be used to conduct lead abatement and lead activities in homes where child has BLL of 5ug/dL or higher, is medically eligible and less than 19 years of age. The source needs to be known and the abatement is preventative. Funding is for FY 2018 (through 6/30/18), but the program may be able to extend to the next fiscal year if necessary. Most of the money will go for lead abatement and lead activity in homes. This more than doubles funding from previous years. $500K of money was set aside for DHCD projects with lead poisoned children that would be eligible. Shana Boscak asked where families would hear about this program. Jack Daniels indicated that most of the programs are owner-occupied. This program is not limited to owner occupied or to rental. This will be a pipeline, working with local HDs, local MDs. Parents can call 1-833-496-4274. DHCD will be trying to work to make sure families get information from the Health Department and MDs. Medicaid has rules about privacy and sharing data. The goal is to get people into the pipeline ASAP. A match will be made with CLR and Medicaid data, generating a mailing to local health departments. Local health department will generate mailing to family about the availability of funds. Target for initiative: 100 housing units, buildings must be to code. Expect to spend $45K on non-lead and $25K on lead expenses. DHCD will make a full presentation on the program at the December Lead Commission meeting.

DHCD's regular lead program is still funded for $2.0 million and DHCD has already completed $800K of leadwork during the first 3 months of the fiscal year.

Project CORE – 1,000 blighted properties have been removed though Project Core. Report is available and simple to read. Wes Stewart noted that lead-safe demolition standards were used in these demolitions and City and State are collecting a lot of data from the project. The Commission may be interested in an evaluation of how the lead safe demolition standards were implemented, what were the results. Jack will check to see who might be able to provide this report.

Baltimore City Health Department - Camille Burke reported that the HD was participating in Maryland's work initiative and United Way Project Homeless Connect on October 12.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – no representative present

Maryland Insurance Administration – nothing to report

Public Comment

Barbara Moore reported that she was doing a presentation on October 15 as part of a Baltimore City BrainFest for families of kids K-12.

Barbara Moore reported that she received a Hospital Foundation Grant for a Point of Care instrument for Mount Washington Pediatrics and for use at Health Fairs.

Wes Stewart reported that on October 25 at 1 PM, the House Environment Transportation Committee is holding a meeting on market share liability bill (2017 HB 1358). There is growing support that Maryland should move to a BLL of 5µg/dL as the action level for case management and environmental investigation. Maryland needs to allocate resources; we are falling behind other states. Wes Stewart noted that New Jersey had dedicated $10 million to a similar effort and that Maine had hired 6 new sanitarians to handle increased caseload.

Paula Montgomery said the CDC's current funding is precarious and their current funding of $17 million is in jeopardy. MDE did not get the grant from CDC because CDC is unsure about their funding. Although HUD's lead dollars have increased, funding for housing in general has dropped. EPA has received drastic cuts.

Pat McLaine asked the Commission to consider sending another letter to Congress regarding CDC funding. Paula Montgomery noted that MDE needs additional staff. MDE has less people regulating 4 times the number of properties than they did when the program started. Especially lacking is oversight of property owners and contractors. This is a huge gap if our plan is to eliminate childhood lead poisoning.

Adjournment

A motion was made by Barb Moore to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 11:23 AM..

BALTIMORE CITY HEALTH DEPARTMENT

Childhood Lead Poisoning Prevention Program

Lead Commission October 2017

Social Determinants of Health

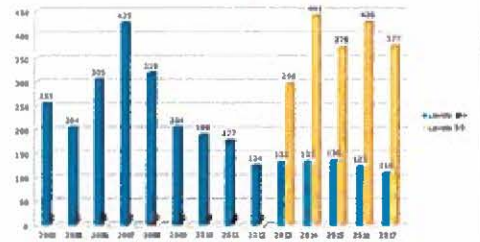
HEALTHY BALTIMORE 2020

- **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

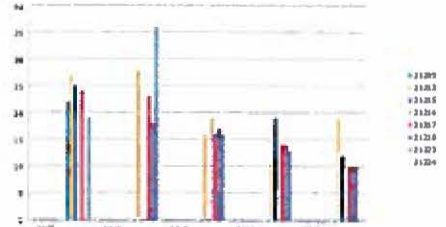
Close the gap in child lead poisoning between Baltimore and rest of Maryland by 10%

Visit Healthy Baltimore 2020 or hb2020

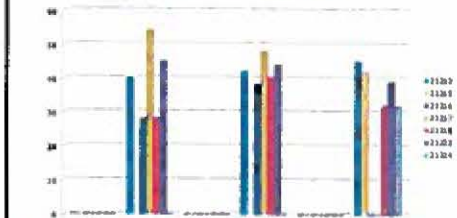
Baltimore City Lead Poisoning Data by Calendar Year



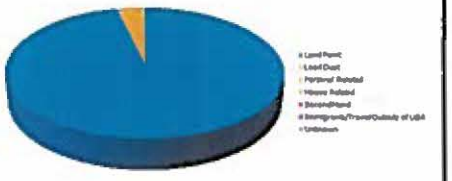
Leading Zip Codes with Affected Children 10+



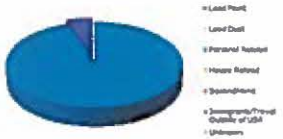
Leading Zip Codes with Affected Children 5-9



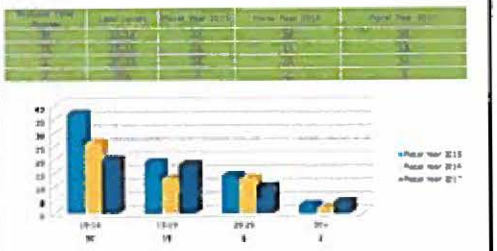
2016 Sources of Lead Poisoning for pre 1950 Owner occupied



2016 Sources of Lead Poisoning for pre 1978 MDE Registered Rentals



Average time to Complete Initial Home Visit (days)



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
  - Clients have more challenges than we can solve
- 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

- 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

- In FY 2016 there were 63 telephonic cases .All clients were contacted & received information.
- In FY 2016 the program completed 243 5-9 home visits
- In FY 2016 BCHD completed 15 Healthy Homes Gatherings
- FY 2016 BCHD has attend 25 health fairs and reached 675 citizens
- In FY 2017 there were 81 telephonic cases. All clients were contacted & received information.
- In FY 2017 the program completed 131 5-9 home visits
- In FY 2017 BCHD completed 67 Healthy Homes Gatherings
- FY 2017 BCHD has attend 120 health fairs and reached 1339 citizens

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
- Baltimore City Community School Coordinators
- Citywide Baby shower sponsored by Roberta's House-150 expectant mothers
- 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 LHRP at DHCD
- Quarterly meetings with DHMH
- Meetings with HUD field office
- Statewide Case Management Meetings with MDE & other Health Departments
- Regular Contact & Follow up with GHHI
- BCHD Maternal & Child Health
- BCHD Fiscal Medicaid Meetings
- Regular Contact with Mt. Washington Pediatric Hospital
- Botteneck meeting with MDE, Section 8 Baltimore City Housing, BCHD & Mt Washington.

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
- Meeting with MDE to switch focus October 2017

Moving Forward

- Integrating Asthma Education. Cross training Environmental Sanitarians whose primary focus has been lead to issue violation notices for Asthma triggers per Baltimore City Housing Code violations
- POC testing begins OCTOBER 2017
- Examining Assessments, questionnaires, applications for LIGHT(Baltimore City Housing) for potential applicants to reduce duplication of effort & speed up process
- Mystery Shopper-Purchasing random low cost items & testing items

Point of Care Testing

- Purchased several Lead Care II Analyzers & supplies
- FINALLY received license from MDH
- Begins OCTOBER 2017
- **Primary Focus will be follow up tests conducted in homes with BCHD clients.**
- Always want to drive parents & children back to Primary Care Physician
- Testing will be conducted at Health Fairs, Community Events and as needed
- POC Testing Campaign....

BALTIMORE CITY HEALTH DEPARTMENT

Baltimore Education Research Consortium(BERC) *Early Education Data Collaborative(EEDC)*

- Data Sharing Collaborative
  - Link data across agencies
  - Conduct research to help partners serve their target populations more effectively including analyses of which families are not being served and both retrospective and longitudinal analyses of participants in their programs.
  - Assess the extent to which children and their families' needs are being met.
- Overarching goals
  - Examine the systems and structures and how they intersect with children and families;
  - Coordinate citywide focus groups with partner families interacting with multiple partner programs to impact action plansfor all partners;

BALTIMORE CITY HEALTH DEPARTMENT

Baltimore Education Research Consortium *Early Education Data Collaborative*

- Members include but are not limited to:
  - Baltimore City Department of Social Services
  - Baltimore City Health Department, Maternal and Child Health
  - Baltimore City Head Start
  - Baltimore City Infants and Toddlers Program (BITP)
  - Baltimore City Public School System
  - Baltimore Healthy Start, Inc.
  - Catholic Charities
  - Episcopal Community Services of Maryland – The Ark
  - Family League of Baltimore
  - Maternal and Infant Care Nurse Family Partnership
  - Maryland Family Network
  - St. Vincent De Paul
  - The Y of Central Maryland

BALTIMORE CITY HEALTH DEPARTMENT

2017 National Childhood Lead Poisoning Prevention Week

- October 22-28 2017

  Kids run Better Unleaded
- Door to Door Community outreach East Baltimore
- Conducting Spanish Speaking Presentations at BCHD Immunization Clinic at East Baltimore for Latino Community
- October 27 2017 partnering with Univ. of MD Health Plan to engage their clients
- Educate & Engage Parents on Lead Poisoning Prevention, Green Cleaning, Integrated Pest Management.
  - Educate & Engage 2nd-3rd graders on Lead Prevention.
  - Youth will be from Tench Tilghman Elementary

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

Thank you for your time! Questions?

Camille E. Burke
Director Childhood Lead Poisoning Prevention Program
camille.burke@baltimorecity.gov

BALTIMORE CITY HEALTH DEPARTMENT

Baltimore City Health Department – Healthy Homes

National Lead Poisoning Prevention Week of October 23-28 2017

Date	Time	Event
Monday October 23, 2017	10am-1pm	Door to Door Community Outreach to 21205 in East Baltimore for several blocks. We will be distributing Healthy Homes, Lead Prevention information and also information highlighting the importance of Lead Testing in children.
Tuesday October 24,2017	1pm-5pm-Exhibit Table 1:30pm-2:30pm English/Spanish presentation for participants	Health Fair/Presentation at BCHD Eastern Family Planning Clinic 620 N. Caroline Street in 21205. The Immunization Clinic will acknowledge ***Lead Poisoning Prevention Awareness Day.*** United Healthcare will also be present with a Lead Prevention information Table.
Wednesday October 25,2017	10am-12pm	Lead Presentation made to two 3rd grade classes at Tench Tilghman Elementary School -600 N. Patterson (21205). Students will view a Sesame Street Lead Away Prevention Video and discuss what it means to have a Healthy Homes & also Lead Prevention. Information will be distributed to all children in 1st-3rd grade about the importance of Lead Testing & Lead Prevention.
Thursday October 26, 2017	9:30 am- 12pm Lead Gathering for America Works Participants at 22 Light Street	Presentation to Participants Lead 101, Lead Hazards and available resources. This Citywide training program trains and transitions those who have been receiving public assistance with children to access gainful employment. Also America Works recognizing ***Lead Poisoning Prevention Awareness Day.*** Will be discussing Both the Medical & Environmental Home Visits.
Friday October 27, 2017	UMHP Health Fair @ Bon Secours Community Works - Family Support Center 26 N Fulton St, 21223	We will be lead testing for non-compliant UMHP members and to provide education and resources related to energy efficiency and living a healthy lifestyle. (Please see attached email) **The Mayor & BCHD Admin Staff should attend this event.**
Saturday October 29 2017	10am- 3pm Health Fairs	First Apostolic Faith Church 27 S. Caroline Street 21231 This Health Fair touches 500-750 participants.

Biographies

Governor Larry Hogan
Lt. Governor Boyd K. Rutherford
First Lady Yumi Hogan

Stay Informed

2017 Legislative Session
Redistricting Reform
Governor's Photos
Maryland General Assembly
Maryland.gov
Submit PIA Request
PIA Compliance Board
Governor Larry Hogan's Newsletter

Hogan Administration Celebrates Over 1,000 Blighted Properties Removed Through Project C.O.R.E.

October 4, 2017

Administration Awards More Than $33 Million for 65 Projects, Leveraging $570 Million in Investments

ANNAPOLIS, MD – Governor Larry Hogan today announced that Maryland, in partnership with Baltimore City, has surpassed the milestone of 1,000 blighted properties removed in the city through the administration's Project C.O.R.E. initiative. Project C.O.R.E., or Creating Opportunities for Renewal and Enterprise, is a multi-year, city-state initiative to remove vacant and derelict buildings in Baltimore and replace them with green space or the foundation for redevelopment.

As of the latest quarterly report, reporting through the end of Fiscal Year 2017, 1,154 units have been demolished and 32 have been stabilized, for a total of 1,186 units of blight removed.

"Project C.O.R.E. represents an unprecedented level of state investment in the revitalization of Baltimore City, and we are listening and responding to the unique needs of each community," said Governor Hogan. "As we've demolished blight from Baltimore City, we have continued our extensive outreach to ensure that the redevelopment projects meet – and surpass – the community's goals and visions for their neighborhoods."

Additionally, the Maryland Department of Housing and Community Development announced the winners of nearly $15 million in Fiscal Year 2018 awards for Project C.O.R.E. demolition and redevelopment funds. The department selected 24 projects to receive approximately $15 million, which will leverage approximately $269 million in additional private and nonprofit sector investment. Since the launch of the initiative, the department has made 65 awards totaling more than $33 million and leveraging nearly $570 million.

"Project C.O.R.E. is helping to transform Baltimore neighborhoods into safe, thriving redeveloped communities with healthy housing opportunities for residents," said Mayor Catherine E. Pugh. "Through the City's and State's coordinated efforts, we have taken down more than 1,000 buildings, which has made a tremendous impact on blight elimination and revitalization and has helped spur new investment across the City."

One project supported through the initiative is the rehabilitation of the Hoen Lithograph building in the Collington Square neighborhood. Vacant for more than 35 years, the building's primary tenant, Hoen & Company, was known as the oldest continuously operating lithographer in the United States. Once renovations are complete, the building will feature a cafe, event space, an adult literacy center, and a bookstore, along with a workforce incubator that will offer job training and employment opportunities for area residents. Like many Project C.O.R.E. activities, the renovation of the Hoen building has already had a ripple effect in the neighborhood, complementing other state investment in the community and attracting additional sources of support.

"Project C.O.R.E. is doing exactly what we hoped it would – helping to leverage additional investment in these neighborhoods, and so far, the state's investment has garnered significant return from the private sector," said Housing Secretary Kenneth C. Holt. "The support that we're seeing from other investors, community leaders, and residents shows that this is a pivotal moment for the positive transformation of Baltimore, and an opportune time for the fresh approach of Project C.O.R.E."

For more information about Project C.O.R.E., including the most recent award winners, visit: http://dhcd.maryland.gov/ProjectCORE.

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Press Release Archives

Select Month

NOVEMBER 2, 2017

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 2, 2017

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
BOSCAK, Shana G.	Parent of a Lead-Poisoned Child	
DAVIS, Anna L.	Child Advocate	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	Paula.Montgomery@maryland.gov
MOORE, Barbara	Health Care Provider	
NEWTON, Leonidas	Property Owner Post 1949	
OAKS, Nathaniel (Senator)	Maryland Senate	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Financial Institution	
VACANT	Maryland Insurance Administration	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

November 2, 2017

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
DawnJoy	AMA	
Gnarlenka Mojica	NDH	
Mardie Taylor Pemphrey	GHHI	
Benita Cooper		
Lisa Horne	DHMH	
Nadeen McCartney Green	GHHI	
Rachel Hess-Mutinda	BMDH	

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, November 2, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room

I. Welcome and Introductions

II. Old Business
Lead Poisoning Prevention Week Recap – Paula Montgomery

III. New Business
MDE Childhood Lead Registry Report for 2016

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, November 9, 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
November 2, 2017

APPROVED Minutes

Members in Attendance

Shana G. Boscak, Anna L. Davis, Mary Beth Haller, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Leonidas Newton, Sen. Nathaniel Oaks, Manjula Paul, Christina Peusch, Adam Skolnik

Members not in Attendance

Susan Kleinhammer, John Scott

Guests in Attendance

Camille Burke (BCHD), Benita Cooper (MIA), Chris Corzine (OAG), Ludeen McCartney-Green (GHHI), Secretary Grumbles (MDE), Rachel Hess Mutinda (MDH), Lisa Horne (DHMH), Dawn Joy (AMA), Myra Knowlton (BCHD), Gruschenka Mojica (MDH), Marché Taylor Templeton (GHHI), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine called the meeting to order at 9:35AM with welcome and introductions.

Approval of Minutes

A motion was made by Adam Skolnik, seconded by Nathaniel Oaks to accept the October 2017 minutes as amended. All present Commissioners were in favor.

Old Business

Lead Poisoning Prevention Week Recap – Paula distributed information on events held around the state: it was a whirlwind week. Activities included a press release for the Annual Report; two contractor forums (on the Eastern Shore and at MDE), with 200 participants; a Proclamation from the Governor; and several banners placed on the MDE website. A roundtable meeting is being planned for the secretaries of Health, Housing and Environment to discuss strategies including funding. Several local health departments had activities that were not on the list including outreach, education, and canvassing; most don't receive money for their lead efforts.

Camille Burke reported that Baltimore City Health Department did testing and conducted community canvassing in about 200 homes in East Baltimore in the 21215 zip code, encouraging residents to get the facts and get children tested; door hangers were left if residents were not home. BCHD will go out again tomorrow and plans to make canvassing a monthly event. GHHI also did outreach to WIC and Head Start focusing on prevention and to local schools. GHHI participated in 16-20 events with 846 people, 611 reached through presentations.

Cliff Mitchell reported that Barbara Moore joined Maryland Department of Health to provide a presentation to the state WIC coordinators. Paula Montgomery reported that MDE took out an ad in the *Latin Opinion* (Hispanic newspaper with a large circulation state-wide) in the paper edition and the social media and web editions focusing on the theme of Lead Week: getting tested, get the facts and get help. MDE also did lots of social media including Facebook and tweeting during Lead Week.

Pat McLaine said she heard back from Senator Grumbles office confirming that he will attend the December 7, 2017 Commission meeting.

New Business

MDE Childhood Lead Registry Report for 2016 – Dr. Keyvan made the report. Childhood Lead Registry (CLR) data has been available in computerized format since 1992. Data is maintained in a "historic" Stellar database. This relational database has two sections: reports from 1/1/92 through 12/31/99; reports from 1/1/2000 – the current or "Active" database. The CLR currently has reports on about 1.37 million children, 2.2 million tests, and 961,000 addresses. Reporting by laboratories is daily; logs are generated daily, weekly and monthly. A semi-annual QC check is made of the reporting history by labs to ensure that reporting is complete. A monthly list of reports from Lead Care II analyses is prepared. Annually, the CLR checks a list of labs reporting against the lists of labs licensed by MDH. Some test results are still being submitted by providers.

The CLR produces: daily lists of EBLLs (>=10µg/dL) sent to the counties and Baltimore City; weekly data sent to BCHD, EBLLs 5-9µg/dL to counties requesting (N=10); monthly reports to Medicaid and ImmuNet; quarterly reports to CDC, Medicaid and ImmuNet; Annual reports – the CLR Annual Report and report to CDC; ad-hoc reports – as requested by local jurisdictions, interested parties, Maryland Environmental Public Health Tracking, or for subpoenas.

With regards to case management, the extent of coordination varies by BLL and local jurisdiction. Follow-up includes the local health department nurse case manager, coordination with health care providers, certification with the Rental Registry, referral for environmental inspection and investigations, referrals for other needed support services (including WIC, social services, GHHI, and legal).

Laboratory follow-up includes daily tracking of blood lead reports. The program also maintains the Adult Heavy Metal Registry which receives reports of adult cases of lead and other metal poisonings and provides follow-up on adults with occupational lead exposure. Some follow-up is done with the Maryland Occupational Safety and Health (e.g. workplace investigations); some follow-up is done with individual workers. An annual report is provided to NIOSH.

In 2016, the CLR received and processed 137,219 reports, including BLLs on 129,697 children aged 0-18 years, from 101 labs. Eight large laboratories process 76.7% of the tests (N=about 105,000). The other 93 are clinical providers using Lead Care II equipment, accounting for 23.3% of tests (N=31,925). The average time from the blood draw to the result being entered in

the CLR is about 5 days. Blood lead level results of 10µg/dL and higher must be faxed and reported within 24 hours.

Quality of data – the amended laws and regulations of 2001 and 2001 (COMAR 26.02.01) list all the demographic data that must be reported to the CLR electronically. Most of the data elements are reported at levels of 90% complete and higher, including child's name, test date, blood lead level, and sample type. With few exceptions, the information on the report is accepted as is with no further check on accuracy of the data. Race data (51.6% complete) and name of guardian (57.2% complete) are exceptions. The level of detection for point of care testing is 3.3µg/dL.

Testing in Maryland increased significantly in 2016. Results show gradual declines over time in all BLLs of 10µg/dL and higher and BLLs in the 5-9µg/dL range, suggesting that children are becoming less lead burdened. In 2016, most BLLs were less than 4µg/dL.

Source of lead exposure for children in the 1990s was thought to be primarily lead based paint. In 2016, lead based paint accounted for less than half of sources identified in investigations that include lead dust, soil, personal products, hobby, spices, cosmetics and other sources.

With regards to the impact of state initiatives on lead testing, the Maryland Lead Testing Target Strategy of 2015 replaced the earlier targeting strategy of 2004 with universal testing. The state was declared as an at-risk area and requirements mandated that all children living in the state be tested at one and two years of age and at any time there is suspicion of lead exposure. In addition, the Task Force on Point of Care Testing encouraged the use of POC testing and recommended the Laboratories Administration allow a waiver. This resulted in a large increase in the number of laboratories reporting and an increase in the number of BLL reports received in hard copy. POC testing has increased tremendously: from 10 labs in 2011 to 51 in 2015 and 76 in 2016. All POC labs fax BLL reports which must be typed in by hand. There is no mechanism for Stellar to accept these reports.

The CLR looked at the impact of POC testing on provider practice. Among 37 practices that changed to use POC, one half of the practices increased the number of tests they reported by 262%; overall, in the 37 practices, the number of tests reported increased by 100%. In addition, the percent of children tested for lead at ages one and two has increased from 42.2% in 2010 to 44.6% in 2016. There has been a significant decrease in the number of children found with BLLs of 10µg/dL and higher; the percentage of Maryland children with BLL of 10µg/dL and higher is now below the national average. The number of new cases with BLLs above 10µg/dL went from 379 in 2009 to 270 in 2016. Although the numbers are dropping, there are variations and inconsistencies. Some of the increase in number of tests is because children with positive POC results need to be re-tested.

Asked if follow-up of capillary BLLs of 10µg/dL was sufficient, Dr. Keyvan indicated no: follow-up of such results was less than 25% in 2016 compared to 35% in 2015. Ron Wineholt asked about BLL results below 3.3µg/dL; POC testing is not able to measure a BLL below the 3.3µg/dL level of detection. Barbara Moore asked if any pregnant women had been identified

with the Adult Lead Registry; Dr. Keyvan indicated that he was not aware of any pregnant woman and that almost all the reports (99%) were for men. A Commissioner asked if more detailed information on sources would be made available. With regards to venous re-test, Dr. Keyvan noted that by law, a capillary of 10µg/dL or higher must be retested but some clinics are testing with a venous BLL when the capillary result is 5µg/dL and higher. Shana Boscak asked whether there was oversight of the POC machines. Cliff Mitchell said yes; in Maryland, the POC testing received a CLIA waiver. Machines have to be registered with MDH and have to regularly test and report result the results on blinded QC samples to one of the Proficiency Testing laboratories. Shana Boscak said her experience was that the test result from the POC machine was 4 points off the venous test. Cliff Mitchell said that was not uncommon and that capillary tests often have false positive results.

Cliff Mitchell made the next presentation showing the change in the average annual percentage of 1 and 2 year old children who were tested from 2010 to 2015. Baltimore City and Baltimore County had lower percentages of change. Other counties had more than a 50% change, meaning a large increase in the number of tests performed. Generally counties with previously lower testing rates (Howard, Carroll and Frederick) had the biggest increases, which is what MDH was hoping to find.

With regards to next steps, MDH is trying to identify where the greatest opportunities are to do more outreach. Where can MDH prioritize or increase efforts? Where might counties find more cases? Pat McLaine asked for a copy of the tables shared in the meeting and pledged that the Commission will provide feedback to MDH. Cliff Mitchell will send an email requesting input to the Commissioners.

Paula Montgomery presented the Medical and Environmental Case Management report on behalf of the Land and Materials Management Administration. This is the first time that this report has been presented as part of the Annual Report. Case management guidelines require medical case management when a child is identified with a first time venous BLL or two capillary BLLs of 10µg/dL or higher. Case management consists of comprehensive medical and environmental case management services including outreach and education of the family, investigation of the sources of exposure, referrals to services, etc. The environmental investigation is conducted to identify all potential lead hazards in the child's environment and to make recommendations for lead hazard remediation. If the family lives in a rental property built before 1978, MDE sends a Notice of EBLL to the rental property owner which triggers moderate risk reduction except in Lead Free and Limited Lead Free properties.

A total of 238 new cases were confirmed in 2016, 23 fewer cases than in 2015. 131 new cases were identified in Maryland counties, an increase of 10 cases compared to 2015. The majority of families (64%) lived in rental properties. Out of the 131 new cases, contact was made with 93% (122) of cases, 116 completed inspections, 14 refused and 1 could not be located. Twenty of these cases in Maryland counties were related to recent immigration to the US and resettlement in Prince Georges County. The number of new cases in Baltimore City in 2016 decreased by 33 cases compared to 2015; 75% were in rental properties, 70% in pre-1950 and 5% in 1950-1977

properties; 15% of cases were in owner-occupied properties. Of 107 confirmed cases in Baltimore City, 95% completed the medical home visits and 82% completed environmental investigation.

In Maryland counties, 182 sources were identified among 116 properties with inspection complete: 44 had lead based paint or dust, 110 other lead sources were identified including soil, in 28 cases inspectors were unable to determine the source. Among Baltimore City cases, 90 properties had lead-based paint, 9 properties had sources other than paint (including soil) and in 12 cases, the inspector was unable to determine the lead source.

Overall for the entire state and 238 cases, medical case management was completed for 92% of cases and environmental case management was completed for 85% of cases. Findings include: 1. Lead-based paint is a significant source of lead-poisoning in Maryland. 2. Investigation is needed into what can be done about the unregulated source of spices. 3. The program needs to reach immigrant and refugee populations that resettle. 4. Breaking cultural barriers is important. 5. Outreach to families visiting non-industrial countries should be considered. The number and percent of source unknown is significant because there are barriers to getting people to talk with inspectors and home visitors.

Pat McLaine said she appreciated the focus on case management; this helps us figure out where we can improve on our follow-up and how well prevention efforts are working. Barbara Moore asked where people could safely buy spices; is there a list of international markets that carry safe spices? Paula Montgomery said there are challenges in identifying statewide sources. MDH and MDE worked on a special project looking at spices this year and are looking at the data.

Adam Skolnik noted that this data shows that rentals built from 1950-78 are a minor part of the problem compared to spices and other things. In the future, we need to do the research before the legislature puts onerous regulations on those who are not part of the problem; the costs are passed on to renters. Do we need to look at regulations on importing spices? [Note: information presented showed that in 2016, 5% of new cases in Baltimore City and 35% of new cases in Maryland counties resided in rental housing built between 1950 and 1978.] Paula Montgomery commented that owners of properties built 1950-1977 have done a great job getting rid of the lead; this has worked well and is a win-win situation. Paula Montgomery was asked if MDE was also looking at compliance of properties prior to kids being poisoned.

Manjula Paul asked if MDE identified child care centers in the list of lead sources identified in the case management report. Paula Montgomery indicated that no child care centers were identified in these cases; if a child was identified in child care, that care was unlicensed.

Requests were made to look at the data based on the number of properties rather than number of sources identified. Concerns were expressed about the 14 refusals; were all refusals owner-occupied properties – Paula Montgomery did not know. Barbara Moore suggested that some families may refuse because they are in the country illegally. Mary Beth Haller asked whether

counties could get search warrants if there was a refusal to allow entry to investigate. In Baltimore City, if the BLL is 10µg/dL and above and the family refuses entry, BCHD continues to follow the child. If the lead level goes up, BCHD gets protective services involved. What do other counties do? The problem remains unidentified and more children can get exposed if a property is not properly assessed for lead hazards. MDE and Baltimore City staff will look into compliance with state lead laws.

Paula Montgomery indicated that BCHD sends a team to the house, made up of the investigator and the inspector. In the counties, the nurse can't always accompany the MDE inspector to the family's home.

Future Meeting Dates
The next Lead Commission Meeting is scheduled for Thursday, December 7, 2017 at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates – deferred until December due to lack of time.

Public Comment – no public comment offered.

Adjournment
A motion was made by Adam Skolnik to adjourn the meeting, seconded by Paula Montgomery. The motion was approved unanimously and the meeting was adjourned at 11:37 AM.

Request for Governor's Proclamation

Governor's Citation for: LEAD POISONING PREVENTION WEEK

Document Date: October 22, 2017

Mail To: Kathryn Bishop
Office of the Secretary
Maryland Department of the Environment
1800 Washington Blvd.
Baltimore, MD 21230

Need By: **ASAP**

LEAD POISONING PREVENTION WEEK
October 22 - 28, 2017

WHEREAS, Children are the most important part of our future and they deserve to live in an environment that is free from the harmful effects of lead exposure; and

WHEREAS, Maryland has made significant progress in reducing the number of young citizens exposed to this toxin by more than 98 percent since 1996, however, 355 children were identified as lead poisoned statewide in 2016; and

WHEREAS, Because there is no safe level of lead, testing of all children in Maryland at ages 1 and 2 years of age is imperative for early intervention: and

WHEREAS, Maryland recognizes the significance of early intervention by introducing a $7.2 million initiative to reduce lead paint hazards in homes built prior to 1978; and

WHEREAS, While lead based paint hazards in housing remains the most significant cause of childhood lead poisoning in Maryland, there are other potential sources of lead such as candy, makeup, spices and water that must also be investigated; and

WHEREAS, Marylanders planning to buy, rent or renovate a home built prior to 1978 should educate themselves about the dangers of lead before they ensure contractors performing renovations are properly trained and accredited and use safe work practices.

NOW, THEREFORE, I, LAWRENCE J. HOGAN, JR., GOVERNOR OF THE STATE OF MARYLAND, do hereby proclaim October 22 through 28, 2017 as LEAD POISONING PREVENTION WEEK in Maryland, and do commend this observance to all of our citizens.

National Lead Poisoning Prevention Week of October 22-28 2017

Date	Time	Event
Sunday October 22, 2017	8:30-10:00 AM	Lead 101 Presentation Emmanuel Episcopal Church, 811 Cathedral Street, Baltimore, 21201
Monday October 23, 2017	8:00-9:00 AM	"Breakfast with Derek" GHHI 2714 Hudson Street, Baltimore 21224
Monday October 23, 2017	9:30 AM-12:30PM	Northwest Baltimore Canvassing Initiative – sponsored by GHHI
Monday October 23, 2017	10am-1pm	Door to Door Community Outreach to 21205 in East Baltimore for several blocks. We will be distributing Healthy Homes, Lead Prevention information and also information highlighting the importance of Lead Testing in children.
Monday October 23, 2017	3:00-4:00 PM	Healthy Homes Happy Hour- GHHI 2714 Hudson Street, Baltimore 21224
Tuesday, October 24, 2017	10:00 -11:00 AM	"Reading in the Classroom"- Dr. Bernard Harris, Sr. Elementary School, Baltimore MD 21223
Tuesday October 25, 2017	10:00-11:00 AM	WIC Clinic Lead 101-621 N. Eden Street, Baltimore, MD 21205
Tuesday October 24,2017	1pm-5pm-Exhibit Table 1:30pm-2:30pm English/Spanish presentation for participants	Health Fair/Presentation at BCHD Eastern Family Planning Clinic 620 N. Caroline Street in 21205. The Immunization Clinic will acknowledge *Lead Poisoning Prevention Awareness Day.* United Healthcare will also be present with a Lead Prevention information Table.

Tuesday October 24, 2017	6:00-8:30 PM	MDE Lead Inspector Contractor Forum-Eastern Shore Region- visit mde.maryland.gov/lead to register Chesapeake College, Wye Mills, MD 21679
Wednesday, October 25 2017	8:00-9:00 AM	Parents Outreach Initiative 3510 Eldorado Avenue, Baltimore
Wednesday October 25,2017	10am-12pm	Lead Presentation made to two 3rd grade classes at Tench Tilghman Elementary School -600 N. Patterson (21205). Students will view a Sesame Street Lead Away Prevention Video and discuss what it means to have a Healthy Homes & also Lead Prevention. Information will be distributed to all children in 1st-3rd grade about the importance of Lead Testing & Lead Prevention.
Wednesday October 25,2017	9:00 AM-12:00 PM	"Reading in the Classroom" 3510 Eldorado Avenue, Baltimore 21207
Wednesday October 25, 2017	10:00 AM-2:00 PM	"Day at the Market" Northeast Markey, 2101 East Monument Street, Baltimore 21205-GHHI
Wednesday October 25, 2017	10:00-11:00 AM	Mondawmin Mall, 2401 Liberty Heights Avenue, Baltimore, MD-GHHI
Wednesday October 25, 2017	10:30 AM- 1:30PM	Penn North "Resource Fair and Food Giveaway"-GHHI 1600 North Carey Street, Baltimore
Wednesday October 25, 2017	5:00-7:00 PM	Family Night at the Aquarium Baltimore Aquarium, 501 East Pratt Street, Baltimore, MD
Thursday October 26, 2017	9:30 AM- 12 PM Lead Gathering for America Works Participants	Presentation to Participants Lead 101, Lead Hazards and available resources. 22 Light Street, Baltimore, MD 21230 This Citywide training program trains and transitions those who have been receiving public assistance with children to access gainful employment. Also America Works recognizing ***Lead Poisoning Prevention Awareness Day.*** Will be discussing Both the Medical & Environmental Home Visits.
Thursday, October 26, 2017	10:00-11:00 AM	WIC Clinic Lead 101 5610 Harford Road, Baltimore, MD 21214
Thursday, October 26, 2017	4:30-6:30 PM	Parent PTA Forum: Lead 101 Training

		800 Scott Street, Baltimore 21230
Thursday, October 26, 2017	6-830 PM	MDE Lead Inspector/Contractor Forum-Central Maryland-visit mde.maryland.gov/lead to register Montgomery Park Auditorium 1800 Washington Boulevard, Baltimore, MD 21230
Friday October 27, 2017	UMHP Health Fair @ Bon Secours Community Works	We will be lead testing for non-compliant UMHP members and to provide education and resources related to energy efficiency and living a healthy lifestyle. (Please see attached email) **The Mayor & BCHD Admin Staff should attend this event.** Family Support Center 26 N Fulton St, 21223
Friday October 27, 2017	8:00 -9:00 AM	Parent Outreach Initiative 2030 Elgin Avenue, Baltimore, MD
Friday October 27, 2017	9:00 11:30 AM	"Reading in the Classroom 2030 Elgin Avenue, Baltimore, MD
Friday October 27, 2017	10:00 AM- 2:00 PM	University of Maryland Health Plan Community Fair Bon Secours Family Support Center, 26 North Fulton Avenue, Baltimore, MD 21223
Saturday, October 28, 2017	10:00 AM-1:00 PM	Total Health Expo @ Carroll Hospital – Carroll Hospital East Division 291 Stoner Avenue, Westminster, MD 21157
Saturday October 28 2017	10 AM- 3 PM	First Apostolic Faith Church 27 S. Caroline Street 21231
Saturday October 28 2017	12:00-4:00 PM	O'Donnell Heights Fall Festival 1600 Gusryan Street, Baltimore, MD 21224

Lead-Free Maryland Kids
October 22-28, 2017

Get Your Child Tested

- Talk to your doctor
- Contact your local health department

Get The Facts

- Lead based paint is still problem
- Be aware of other sources of lead

Get Help

- Maryland has resources to help property owners
- Tenants have rights and legal protections

Lead Has No Boundaries

FOR HELP CALL: 1-866-703-3266

Maryland

MARYLAND Department of Health

DHCD

Semana de Prevención del Envenenamiento por Plomo

Niños de Maryland Libres de Plomo

22 al 28 de octubre de 2017

Examine a su hijo

- Hable con su doctor
- Comuniquese con su departamento de salud local

Consiga los datos

- Aprenda si la pintura hecha a base de plomo es todavía un problema
- Este consciente de otras fuentes de plomo

Obtenga ayuda

- Maryland tiene los recursos para ayudar a dueños de propiedad
- Los arrendatarios tienen derechos y protecciones legales

El Plomo No Tiene Fronteras

PARA AYUDA LLAME:
1-866-703-3266

Maryland Department of the Environment
www.mde.maryland.gov/lead

MARYLAND Department of Health
www.health.maryland.gov

DHCD
Maryland Department of Housing and Community Development
www.dhcd.maryland.gov/residents

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Lead Registry

Report to Lead Commission: Annual Report 2016

November 2, 2017

Registry Operations

- The Registry receives the reports of all blood lead tests done on Maryland children 0-18 year of age.
- Currently, the Registry receives about 12,000 blood lead reports per month.
- The Registry does not receive or process any reports on lead screening based on the lead risk assessment questionnaire.
- The registry data in computerized format are available from 1992 forward.
- The Registry data is maintained in the "Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) provided by the Centers for Disease Control and Prevention (CDC)

Registry Operations

CLR database is kept in two parts:

- Historical database (Pre 2000): 01/01/1992-12/31/1999
- Current (Active) database: 01/01/2000 - current

	Historical	Current
Time period	1/1/1992-12/31/1999	1/1/2000-Current*
Number of records		
Address	191,670	961,113
Child	377,545	1,366,937
Test	530,800	2,187,811
Provider	11,904	20,669

* As of October, 2017

Both databases are kept in same format (i.e., Stellar format.)
All "Case-Management" cases are kept in current (active) database.
Baltimore City has a separate "Case-Management" file which is also in Stellar format.

Registry Operations

Tracking Blood Lead Reporting by Laboratories

1. Keeping daily log of blood lead reports and tracking laboratories based on reporting habit (daily, weekly, monthly.)

2. Semi-annual and annual checking of blood lead report history by laboratories.

3. Receiving monthly list of health care clinics/facilities that start doing in-house blood lead testing using hand-held LeadCare® II lead analyzer (The list is provided by the Magellan Diagnostics, Inc., the manufacturer.)

4. Annual matching of Registry list of reporting laboratories with the list of laboratories registered with and licensed by the DOH to do blood lead measurement on Maryland residents.

5. Casual report of EBL by health care providers/guardian.

Average monthly blood lead reports processed ≈ 12,000

Registry Productions

I. Report Generation

- **Daily:**
  - Report of EBLs (Blood Lead Level ≥10 µg/dL) to the county health department
- **Weekly:**
  - Baltimore City data
  - BLL 5-9 to counties upon request
- **Monthly:**
  - Medicaid
  - Immunet
- **Quarterly:**
  - CDC
  - Medicaid
- **Annual:**
  - CLR Annual Report
  - CDC
- **Ad hoc:**
  - County data as requested by counties
  - Interested parties
  - Maryland EPHT
  - Subpoena/PIA

Registry Productions

II. Case Management

Coordination of child follow up with:

- **County nurse case management**
- **Health care provider**
- **Certification section (Rental Registry)**

Referral the case for:

- **Environmental inspection/investigation**
- **Support services (WIC, Social Services, Coalition, . . .)**
- **Legal action**

III. Laboratory follow up

Daily tracking of blood lead reports

The Program also maintains Adult Heavy Metal (Lead) Poisoning Registry which:

- **Follow-ups adults with "Occupational" lead exposure.**
- **Reports adults cases to Maryland Occupational Safety and Health (MOSH) for worksite investigation.**
- **Provides annual report to the CDC National Institute of Occupational Safety and Health (NIOSH).**

Statistical Report for 2016

In 2016, the registry received and processed 137,291 reports of blood lead test on 129,697 children 0-18 years old from 101 labs/clinics.

Method of Reporting by Laboratories

Method of Reporting		Number of Laboratories	Volume of Report	
			Number	Percent
Electronic	Lab Secure Website	5	33,658	24.5
	MDE Secure FTP site	3	71,708	52.2
Hard copy (Mail, Fax)		93	31,925	23.3
Total		101	137,291	100.0

The average time interval between drawing blood and the result of test to be in the Registry database is about five (5) days.

However, all blood lead tests ≥10 µg/dL are faxed and processed within 24 hours.

Quality of data (completeness and accuracy)

Blood Lead Laboratory Reporting Requirement

The amended law and regulations of 2001 and 2002 (EA §6-303, Blood lead test reporting, COMAR 26.02.01) require that each and every blood lead report should include :

1. Child's demographic data:
   - Child's name (last, first mi)
   - Date of Birth
   - Sex
   - Race
   - Address
   - Telephone number
   - Guardian's name
   - Guardian's address (if different from child)
2. Test information (date, sample type, blood lead level)
3. Provider's information (name, address, telephone #)
4. Lab information (name, address, telephone #)
5. Blood lead results ≥15 µg/dL to be reported (fax) within 24 hours after result is known. All other results to be reported no later than two weeks.
6. Reporting format should comply with the format designed and provided by the Registry.
7. Data should be provided electronically.

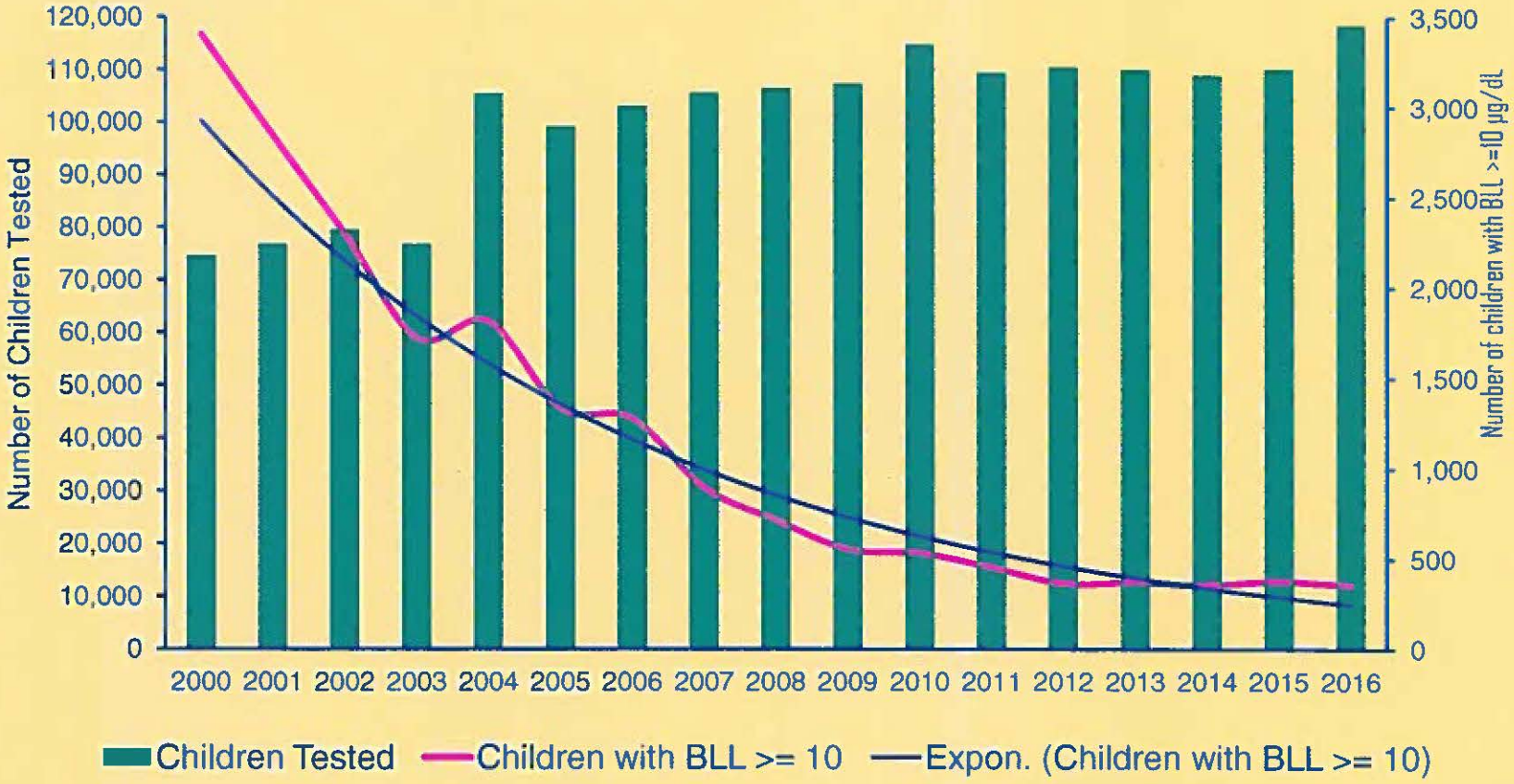
Completeness of data for 2016

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

With few exceptions, the information on the report is taken as is.
No check on accuracy of the data.

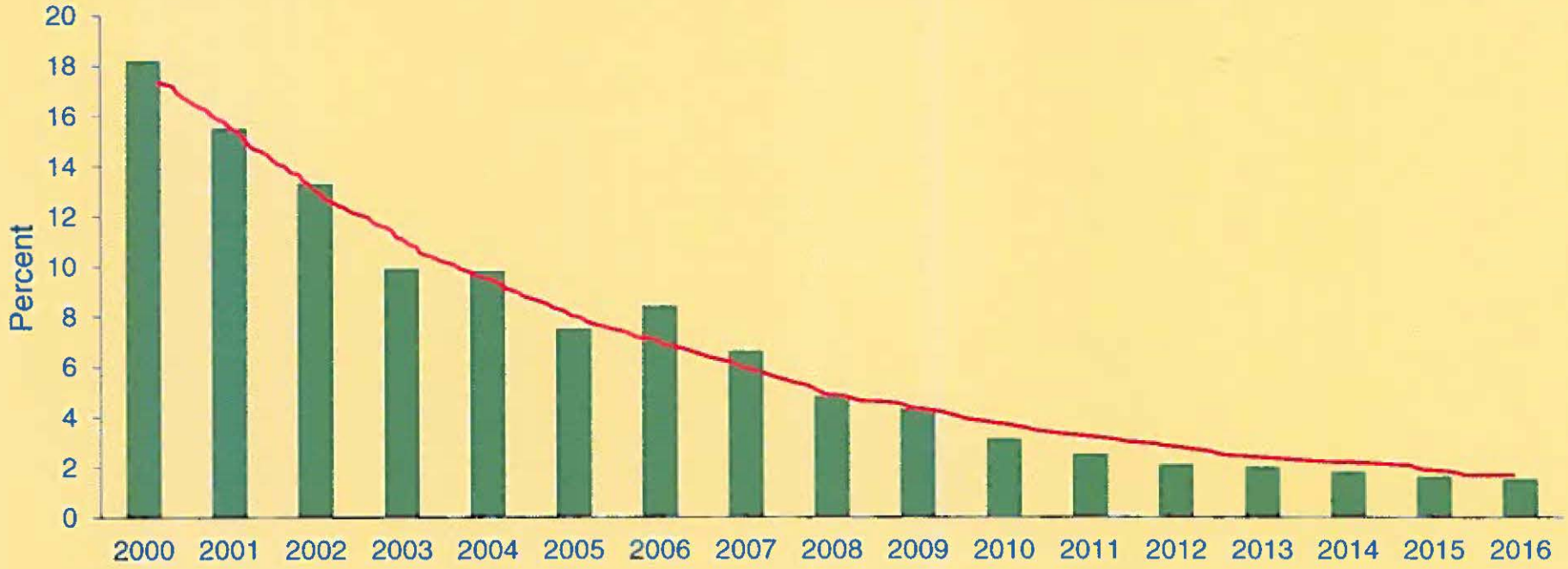
State of the State Childhood Lead Poisoning

Number of Children 0-72 Months Tested for Lead and Number Reported to Have Blood Lead Level ≥10 µg/dL: 2000-2016



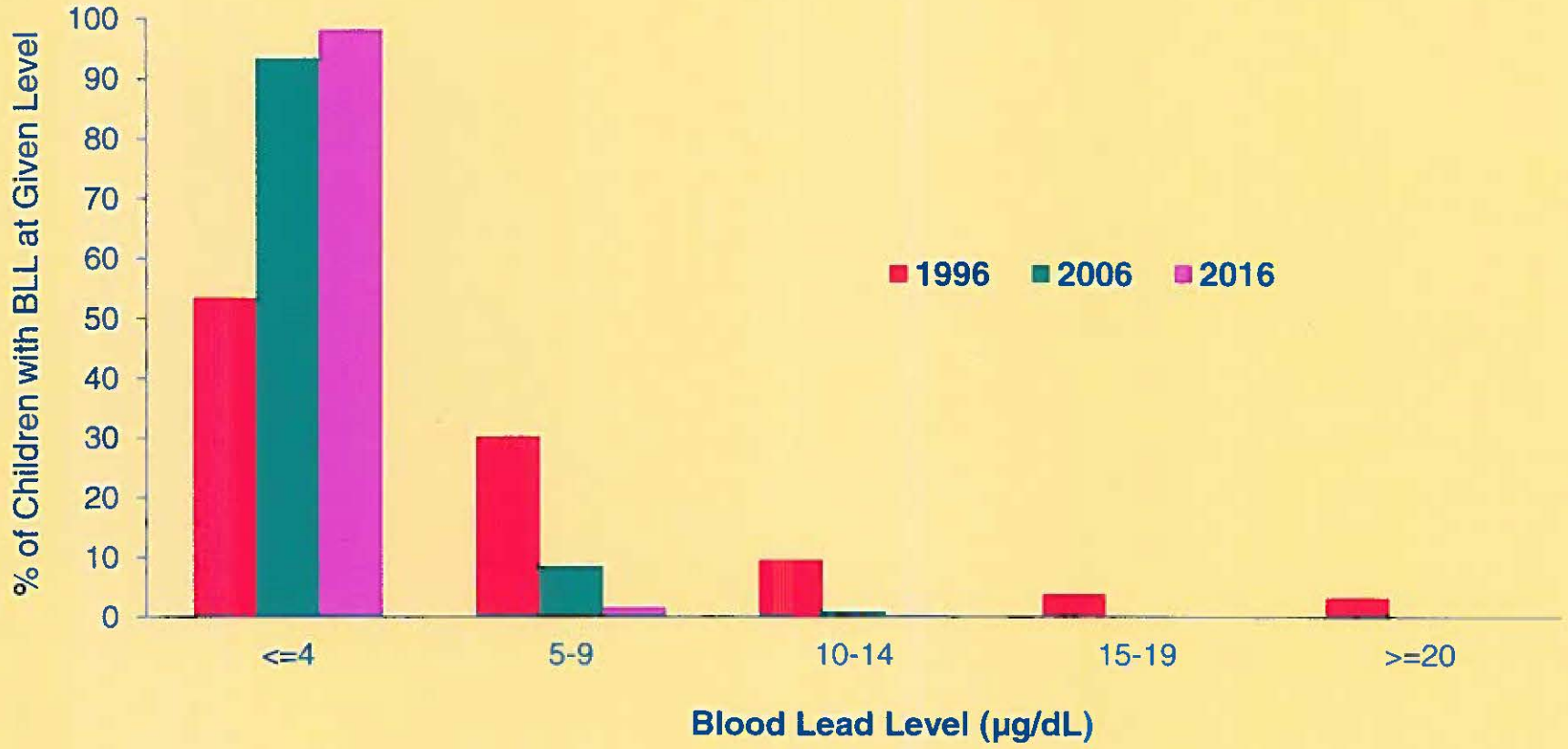
State of the State Childhood Lead Poisoning

Percent of Children 0-72 Months Tested for Lead with the Highest Blood Lead Level 5-9 µg/dL: 2000-2016



State of the State Childhood Lead Poisoning

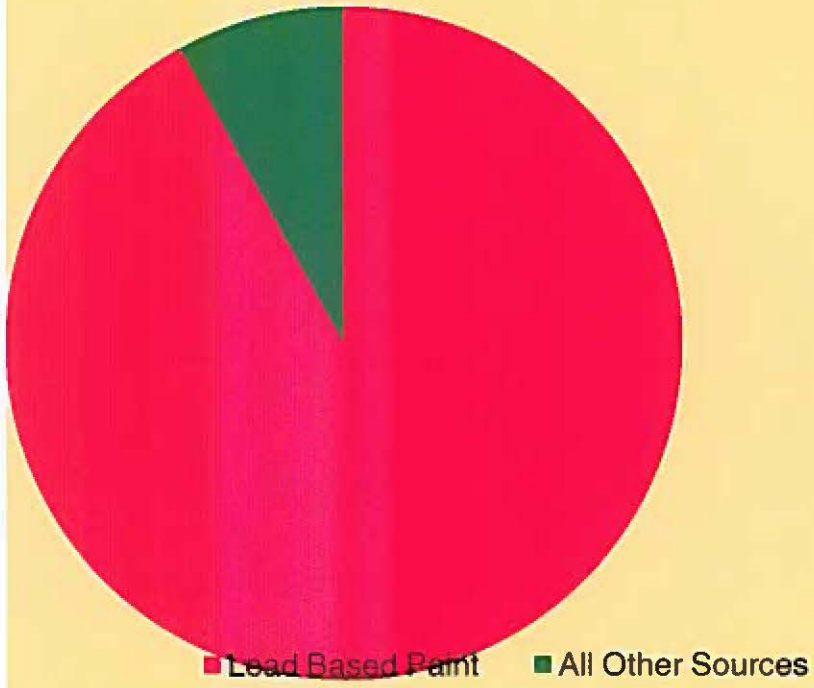
Blood Lead Distribution of Children 0-72 Months Tested for Lead in 1996, 2006, and 2016



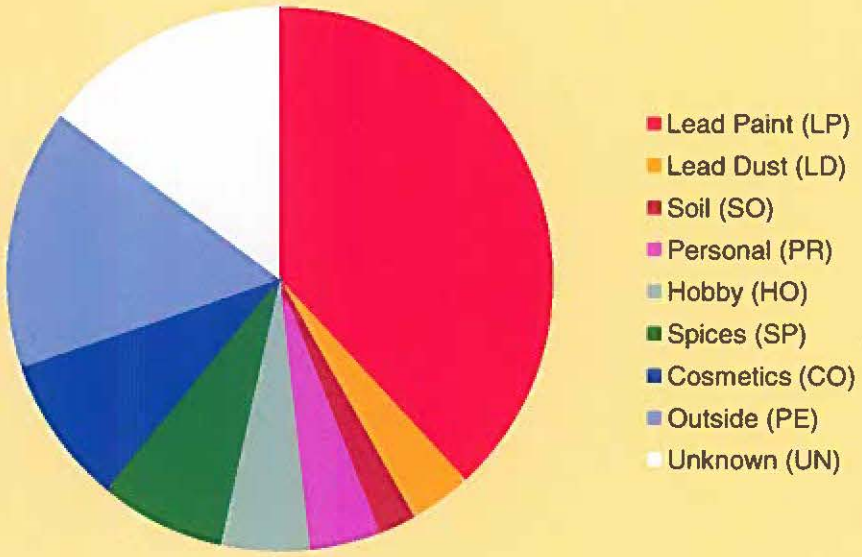
State of the State Childhood Lead Poisoning

Sources of Lead Exposure/Poisoning: 1990s, 2016

Sources ≈ 1990s



Sources ≈ 2016



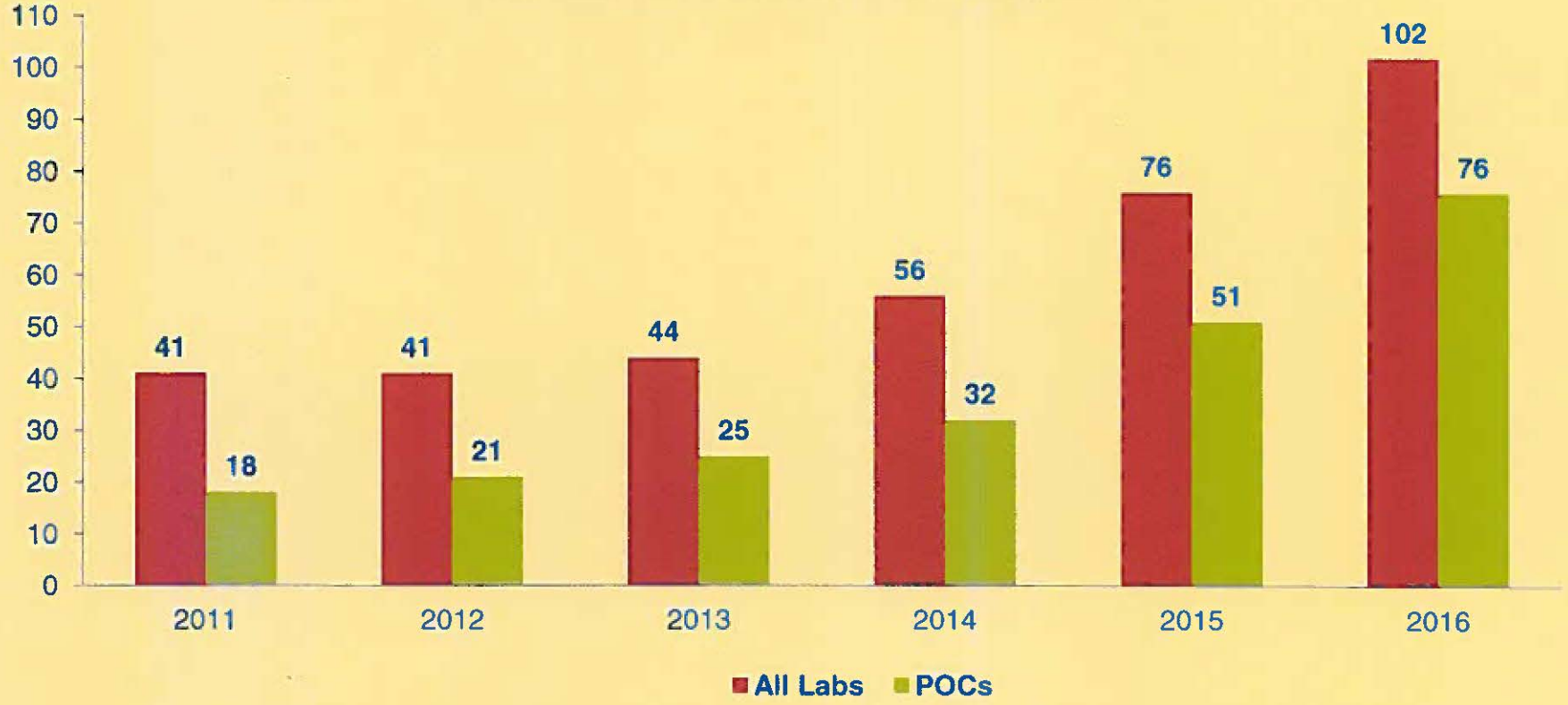
State initiatives on blood lead testing

- The "Maryland Lead Testing Targeting Strategy" of 2015 replaced the earlier strategy of targeted areas of 2004.
  - Under new strategy the whole state of Maryland declared as "At risk" area with requirement that for three years (2016-2018) all children within the state to be tested at one and two years of age and anytime that there is suspicious of lead exposure.
- Further, in report to General Assembly in 2014, the "Task Force on Point of Care (POC) Testing for Lead Poisoning" recommended that:
  1) the state to encourage the use of POC for lead testing, and
  2) the Laboratories Administration to promote the use of POC tests for lead by making it easier for providers to implement POC testing.

These initiatives had significant impacts on both blood lead testing statewide and the load of work for the Childhood Lead Registry staff.

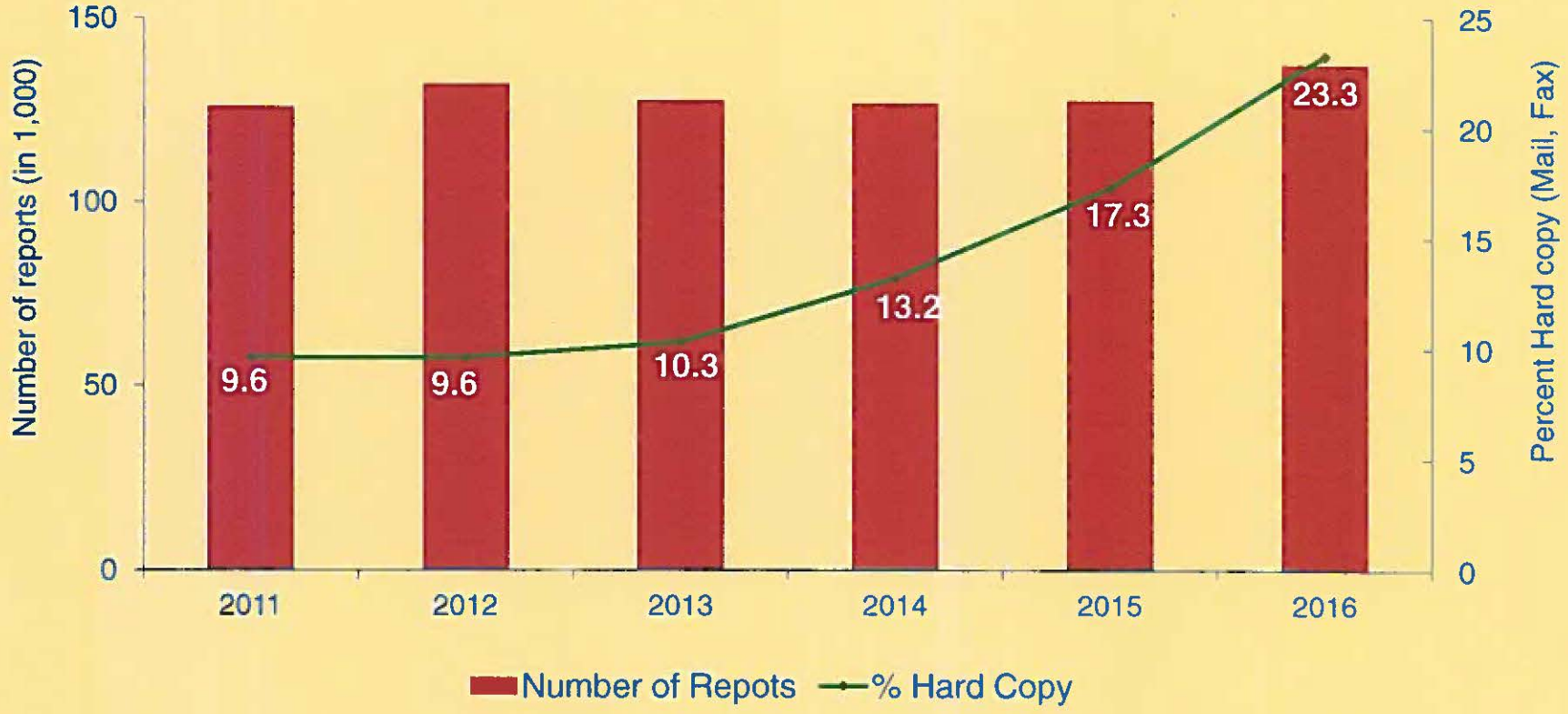
Impacts of state initiatives on Lead Program work

1 - Increase in Number of Reporting Laboratories/Establishments



Impacts of state initiatives on Lead Program work

2 - Increase in Number of Blood Lead Test Reports in Hard Copy



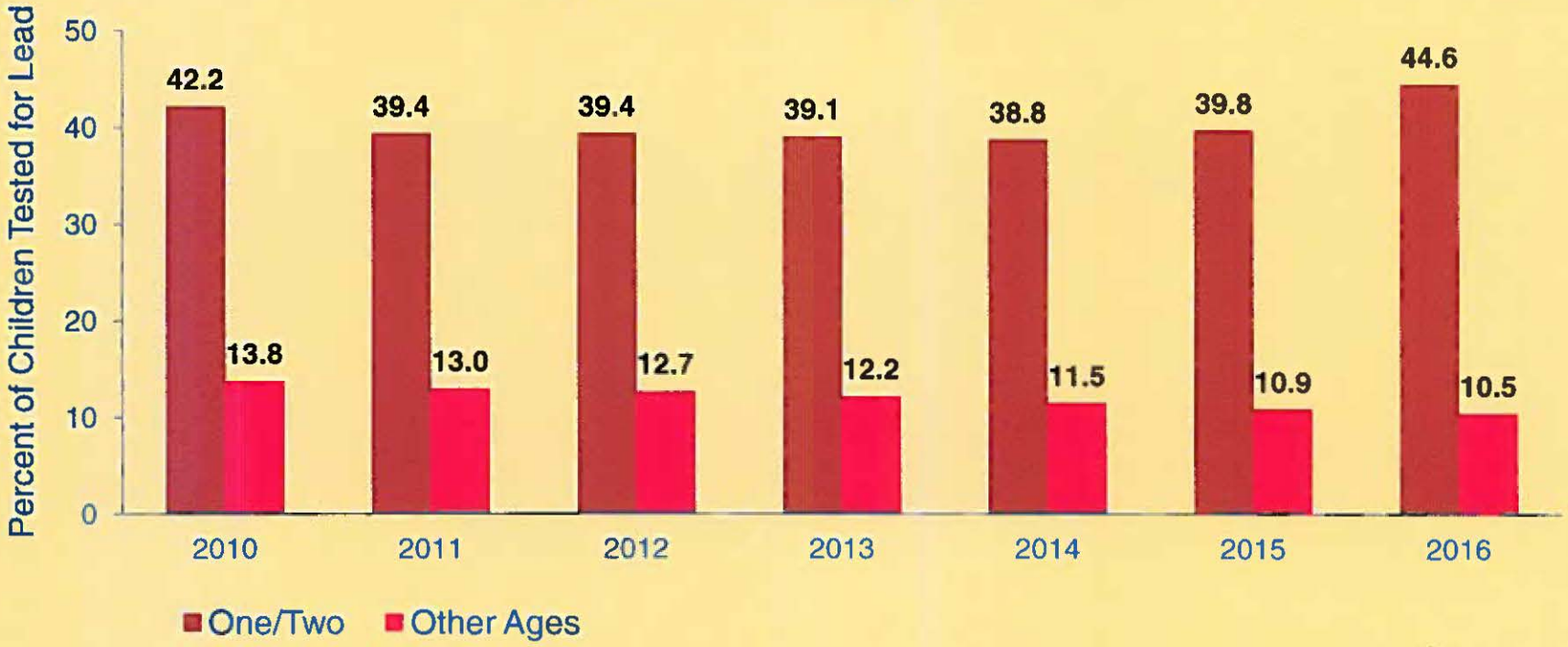
Impacts of state initiatives on Blood Lead Testing (Providers' Practice)

Providers' Blood Lead Testing Practice with Access (2016) and No Access (2014) to POC

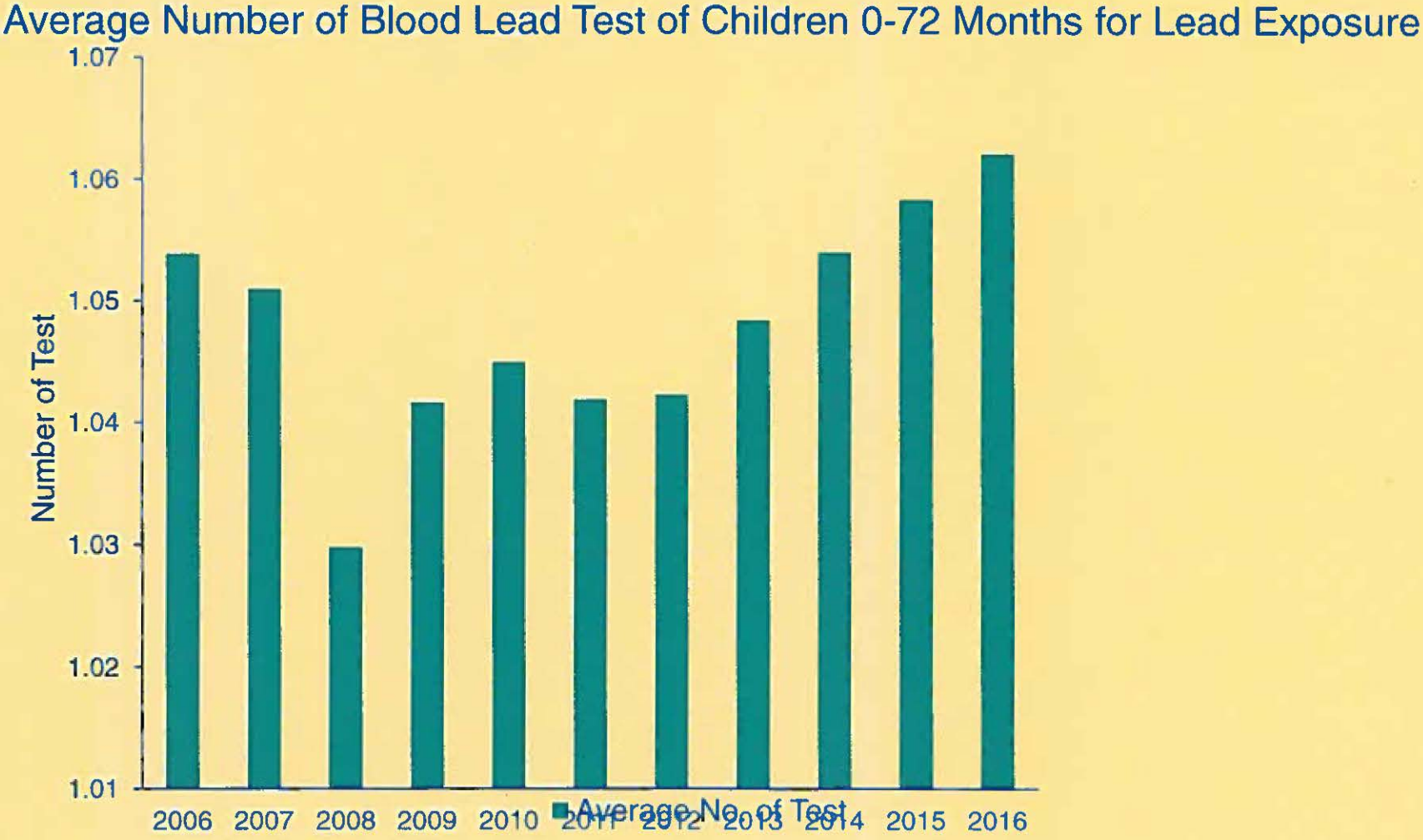
Change in Practice From 2014 to 2016	Number of Providers	Average number of blood lead test		% Change
		2014	2016	
Decrease	12	44	28	-36.4
No Change	5	2	2	0.0
Increase	20	24	88	+262.1
Total	37	28	57	+104.0

Impacts of state initiatives on Blood Lead Testing

Percent of Children Tested for Lead, Ages One and Two vs. Other Ages



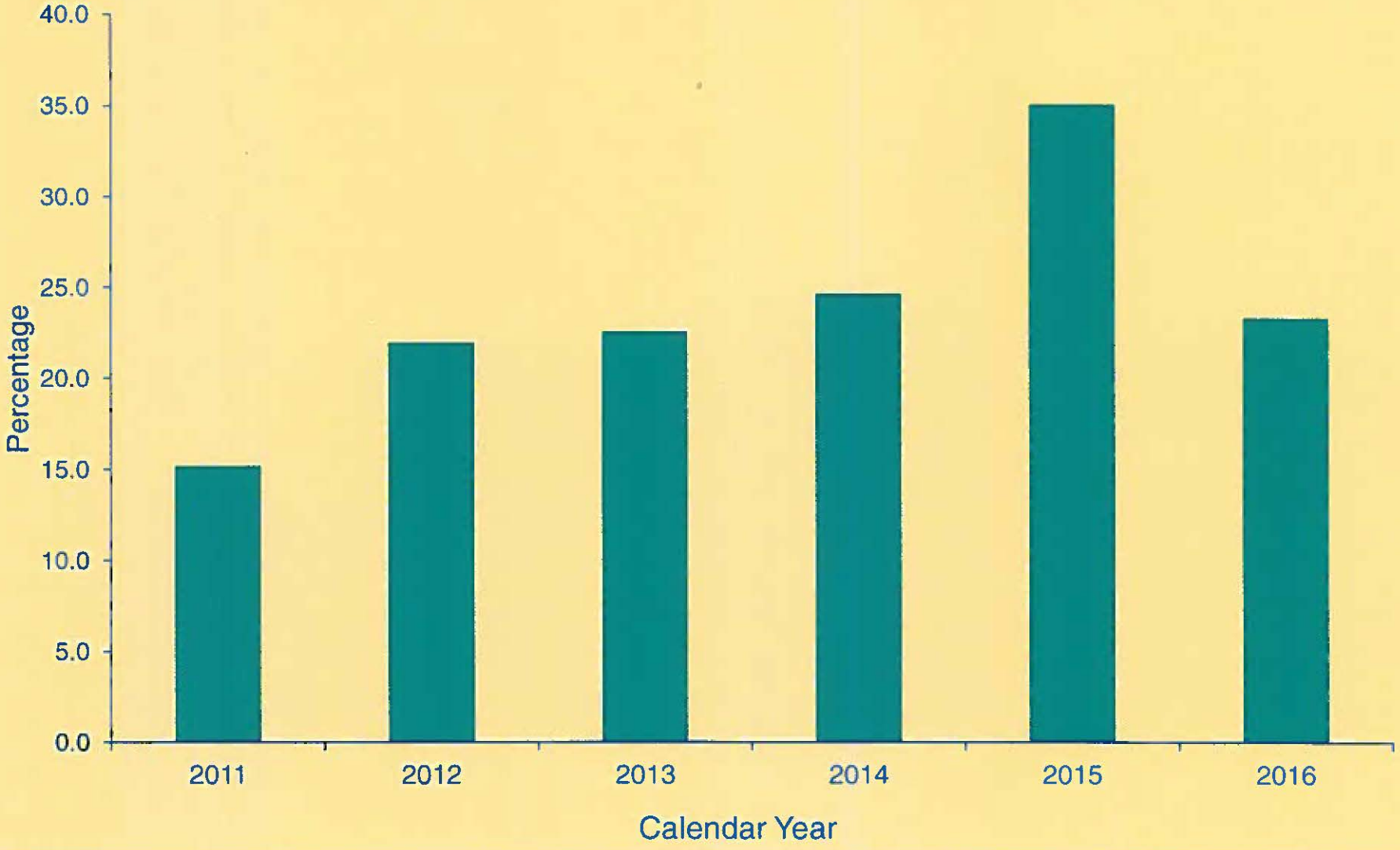
Impacts of state initiatives on Blood Lead Testing



Impacts of state initiatives on Blood Lead Testing

Follow up of Cases with Capillary BLL >=10 µg/dL

Percent of 1st Capillary BLL ≥10 µg/dL with the Same or Next Day Follow Up



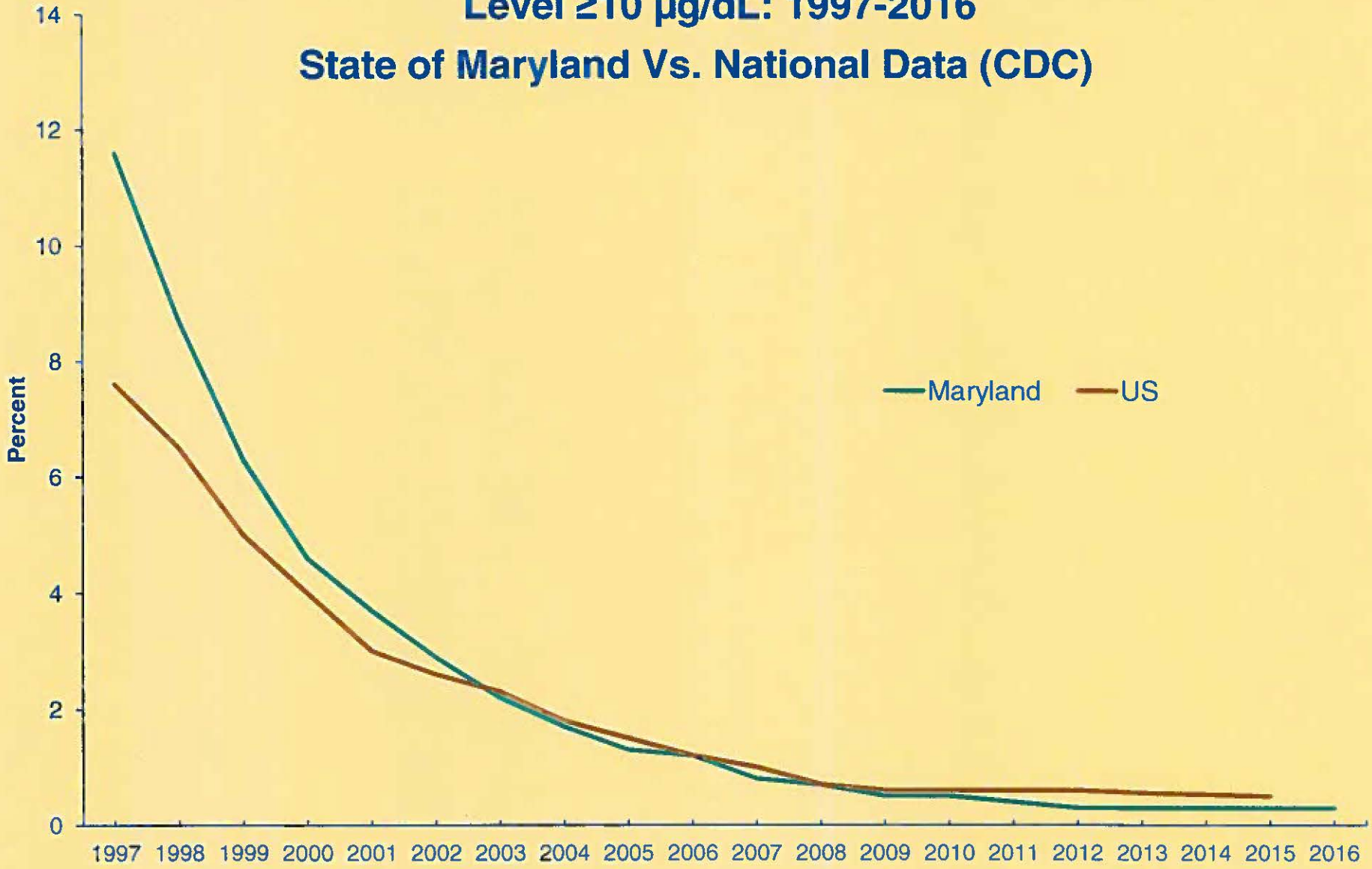
Blood Lead Testing of Children One and Two Years Old by Jurisdiction in 2016

County	One Year Old			Two Years Old			One & Two Years (Total)		
		Children Tested			Children Tested			Children Tested	
	Population	Number.	Percent	Population	Number	Percent	Population	Number.	Percent
Allegany	832	570	68.5	868	498	57.4	1,700	1,068	62.8
Anne Arundel	8,714	4,433	50.9	8,605	3,391	39.4	17,319	7,824	45.2
Baltimore	12,225	6,763	55.3	11,873	5,765	48.6	24,098	12,528	52.0
Baltimore City	10,723	6,113	57.0	10,283	5,059	49.2	21,006	11,172	53.2
Calvert	1,197	414	34.6	1,222	223	18.2	2,419	637	26.3
Caroline	563	300	53.3	567	283	49.9	1,130	583	51.6
Carroll	2,163	807	37.3	2,239	617	27.6	4,402	1,424	32.3
Cecil	1,648	701	42.5	1,600	364	22.8	3,248	1,065	32.8
Charles	2,274	856	37.6	2,453	907	37.0	4,727	1,763	37.3
Dorchester	506	255	50.4	512	241	47.1	1,018	496	48.7
Frederick	3,550	2,130	60.0	3,753	1,374	36.6	7,303	3,504	48.0
Garrett	354	162	45.8	399	145	36.3	753	307	40.8
Harford	3,686	1,560	42.3	3,700	1,116	30.2	7,386	2,676	36.2
Howard	4,173	1,793	43.0	4,405	1,023	23.2	8,578	2,816	32.8
Kent	255	101	39.6	236	68	28.8	491	169	34.4
Montgomery	15,925	7,271	45.7	15,952	6,495	40.7	31,877	13,766	43.2
Prince George's	14,808	6,669	45.0	14,493	5,871	40.5	29,301	12,540	42.8
Queen Anne's	658	327	49.7	659	248	37.6	1,317	575	43.7
Saint Mary's	1,854	647	34.9	1,850	401	21.7	3,704	1,048	28.3
Somerset	323	196	60.7	340	176	51.8	663	372	56.1
Talbot	499	287	57.5	494	264	53.4	993	551	55.5
Washington	2,194	1,056	48.1	2,286	876	38.3	4,480	1,932	43.1
Wicomico	1,577	844	53.5	1,526	781	51.2	3,103	1,625	52.4
Worcester	586	363	61.9	575	321	55.8	1,161	684	58.9
Statewide	91,287	44,618	48.9	90,890	36,507	40.2	182,177	81,125	44.5

Program Achievements

Percent of Children 0-72 Months Tested for Lead and Had Blood Lead Level ≥10 µg/dL: 1997-2016

State of Maryland Vs. National Data (CDC)



Program Achievements

Percentile of Children 0-72 Months with Blood Lead Level Below CDC "Reference Value" of 5 µg/dL.

Age Group	Percentile
Under One	99.0
One Year	98.4
Two Years	98.3
Three Years	97.4
Four Years	97.7
Five Years	98.1
All Ages	98.5

CDC Reference value is based on NHANES data which shows 97.5% of children 1-5 years have blood lead level below 5 µg/dL.

Program Achievements

Number of new cases (incident cases) with blood lead level ≥10 µg/dL

Calendar Year	Number of New Cases with BLL ≥10 µg/dL
2009	379
2010	399
2011	342
2012	255
2013	304
2014	262
2015	280
2016	270

The number is dropping, but there are variations and dropping is not consistent.
This is not necessarily failure of the Program to achieve the goal of zero cases of BLL ≥10 µg/dL.
Rather it is a challenge that the Program is confronted with as long as the lead is around.
For example, the Program has no control on the arrival of migrant children who were exposed to lead in their homeland country.

This concludes this presentation.
Any questions I can answer, happy to do so.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program

Annual Report 2016

Childhood Blood Lead Surveillance in Maryland

Medical and Environmental Case Management

Blood Lead Level Case Management

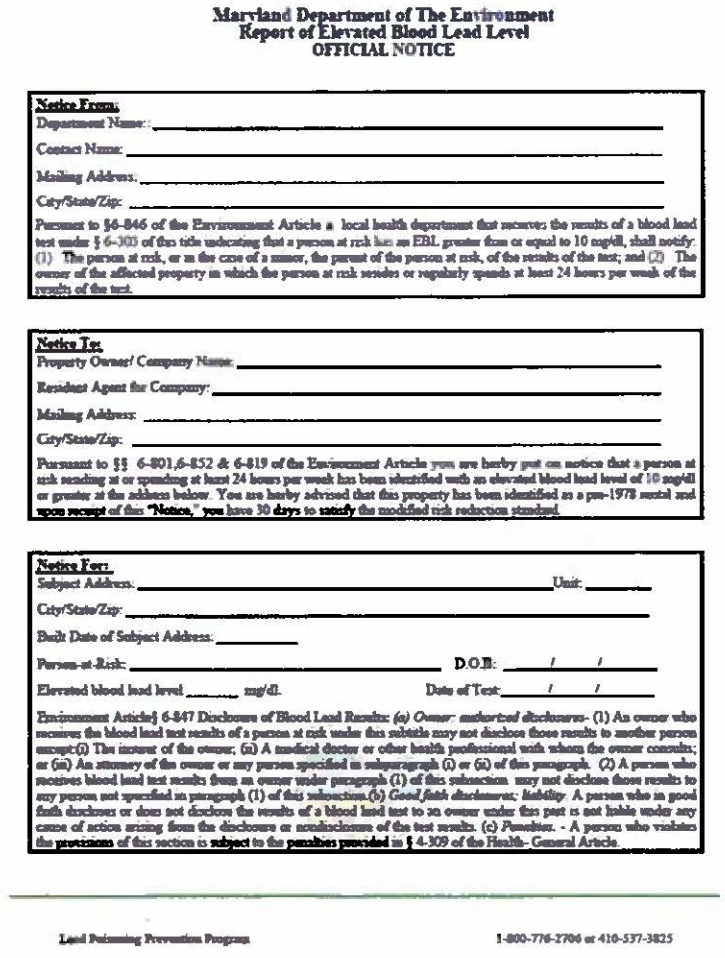
•The MDH Case Management Guidelines require medical case management when a child aged 0-72 months is identified with a first time venous or two capillary blood lead tests of ≥10 µg/dL("Confirmed Case").

•Case management consists of comprehensive medical and environmental case management. Services Include:

- Outreach and education to the family of the identified child,
- Comprehensive environmental investigation to identify all potential sources of lead exposure, recommendations for lead hazard remediation. .
- Referrals for resources , this includes WIC referrals, Grant/Loan Programs, Refugee Centers, GHHI
- Compliance and enforcement as needed on pre-1978 residential rental units.

Clinical Intervention	Blood Lead Level					
	5-9 µg/dL	10-14 ug/dL	15-19 ug/dL	20-44 ug/dL	45-69 ug/dL	>70 ug/dL
Lead and Nutritional Education	X	X	X	X	X	X
Take Environmental History	X	X	X	X	X	X
Complete medical/nutritional H&P	X	X	X	X	X	X
Evaluate/treat for iron deficiency	X	X	X	X	X	X
Consider starting multi-vitamin	X	X	X	X	X	X
Follow-up blood lead monitoring	X	X	X	X	X	X
Obtain developmental and psychological evaluation		X	X	X	X	X
Coordinate care with local health department		X	X	X	X	X
Consider chelation / Consult with lead specialist				X	X	X
Perform urgent chelation					X	X
Hospitalize: medical emergency						X

Compliance
Notice of Elevated Blood Lead Level



Maryland Department of The Environment
Report of Elevated Blood Lead Level
OFFICIAL NOTICE

Notice From:
Department Name: _____
Contact Name: _____
Mailing Address: _____
City/State/Zip: _____

Pursuant to §6-846 of the Environment Article a local health department that receives the results of a blood lead test under § 6-303 of this title indicating that a person at risk has an EBL greater than or equal to 10 mg/dl, shall notify: (1) The person at risk, or in the case of a minor, the parent of the person at risk, of the results of the test; and (2) The owner of the affected property in which the person at risk resides or regularly spends at least 24 hours per week of the results of the test.

Notice To:
Property Owner/ Company Name: _____
Resident Agent for Company: _____
Mailing Address: _____
City/State/Zip: _____

Pursuant to §§ 6-801,6-852 & 6-819 of the Environment Article you are hereby put on notice that a person at risk residing at or spending at least 24 hours per week has been identified with an elevated blood lead level of 10 mg/dl or greater at the address below. You are hereby advised that this property has been identified as a pre-1978 rental and upon receipt of this "Notice," you have 30 days to satisfy the modified risk reduction standard.

Notice For:
Subject Address: _____ Unit: _____
City/State/Zip: _____
Built Date of Subject Address: _____
Person-at-Risk: _____ D.O.B: ___/___/___
Elevated blood lead level _____ mg/dl. Date of Test: ___/___/___

Environment Article§ 6-847 Disclosure of Blood Lead Results: *(a) Owner: authorized disclosures.*- (1) An owner who receives the blood lead test results of a person at risk under this subtitle may not disclose those results to another person except:(i) The parent of the owner; (ii) A medical doctor or other health professional with whom the owner consults; or (iii) An attorney of the owner or any person specified in subparagraph (i) or (ii) of this paragraph. (2) A person who receives blood lead test results from an owner under paragraph (1) of this subsection may not disclose those results to any person not specified in paragraph (1) of this subsection.(b) *Good faith disclosures; liability.* A person who in good faith discloses or does not disclose the results of a blood lead test to an owner under this part is not liable under any cause of action arising from the disclosure or nondisclosure of the test results. (c) *Penalties.* - A person who violates the provisions of this section is subject to the penalties provided in § 6-309 of the Health- General Article.

Lead Poisoning Prevention Program 1-800-776-2706 or 410-537-3825

- A Notice of EBL required to be sent on all Pre-1978 residential rental properties even if they are Certified as Limited Lead Free or Lead Free.

- Except for an owner that has met the Limited Lead Free or Lead Free standard prior to the Notice of EBL, any owner that receives a Notice of EBL must meet the modified risk reduction standard

or

- Provide for the temporary relocation of the tenants to a lead free or lead risk reduced unit within 30 days of receipt of the Notice of EBL.

Confirmed Cases Maryland

In CY 2016 there were 238 Confirmed Cases that required medical and environmental case management in Maryland. This includes all Maryland Counties and Baltimore City. This is a decrease of 23 Confirmed Cases when compared to CY 2015 (261).

Confirmed Cases Maryland Counties

(Excluding Baltimore City)

Of the 238 total, there were 131 Confirmed Cases in Maryland counties (excluding Baltimore City). This is an increase of 10 cases compared to the 121 Confirmed Cases in Maryland counties in CY 2015.

Of the 131 cases there were a total of 20 confirmed cases of childhood lead poisoning in which the child recently immigrated to the U.S. and re-settled in Maryland in Prince George's County.

Confirmed Cases
Owner Occupied vs. Rental & Built Date
Maryland Counties

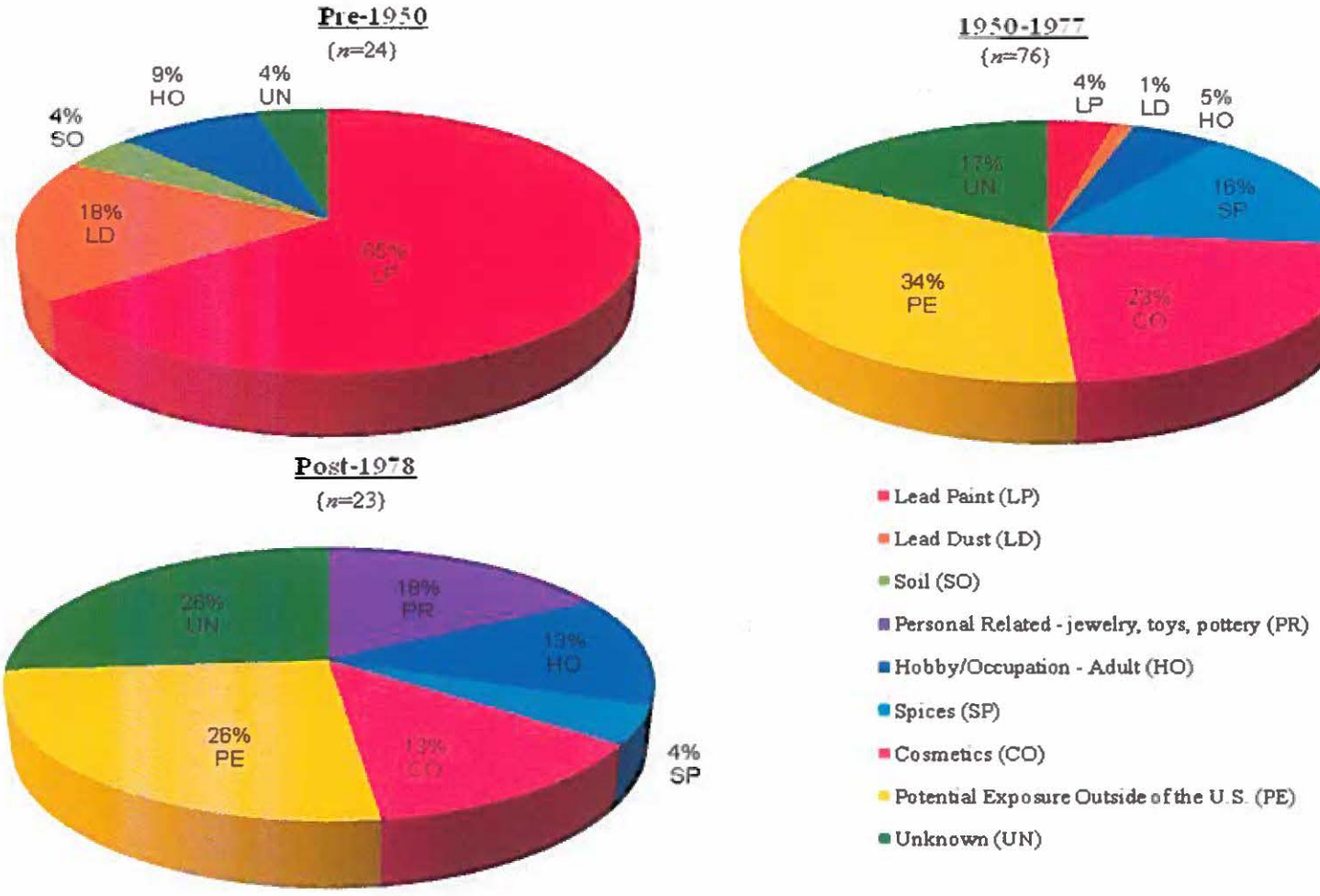
Occupancy Type	Pre-1950	1950-1977	Post 1977	Total Percentage (131 cases)
Rental Property	17%	35%	12%	64%
Owner Occupied	12%	12%	12%	36%

Case Management Outcomes
Maryland Counties

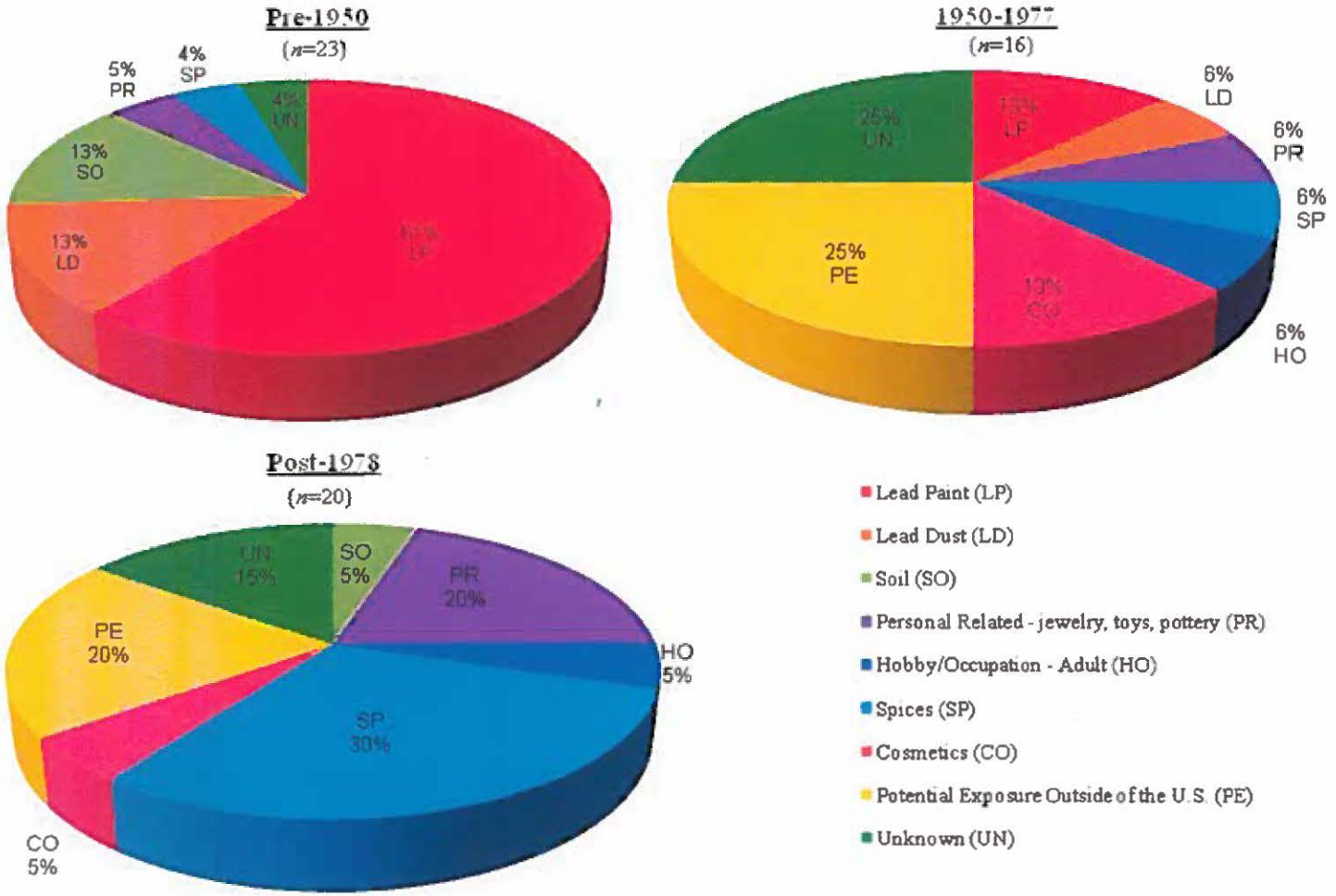
Total Confirmed Cases =131			
Medical Case Management 93 % Completion Rate			
Completed Home Visit	Telephonic Case Management	Refused Home Visit	Unable to Locate Family
95	27	8	1
Environmental Investigations=88% Completion Rate			
Completed Inspection	Refused Inspection		Unable to Locate Family
116	14		1

Lead Sources Identified
Rental Housing CY 2016

(Excluding Baltimore City)



Lead Sources Identified
Owner Occupied Housing CY 2016
(Excluding Baltimore City)



Confirmed Cases
Baltimore City

Of the 238 Confirmed cases, there were a total of 107 Confirmed Cases during CY2016 in Baltimore City. This was a decrease of 33 cases compared to 140 Confirmed Cases in CY 2015.

Baltimore City performs all environmental investigations in response to Confirmed Cases.

* Data Based on Baltimore City Health Department

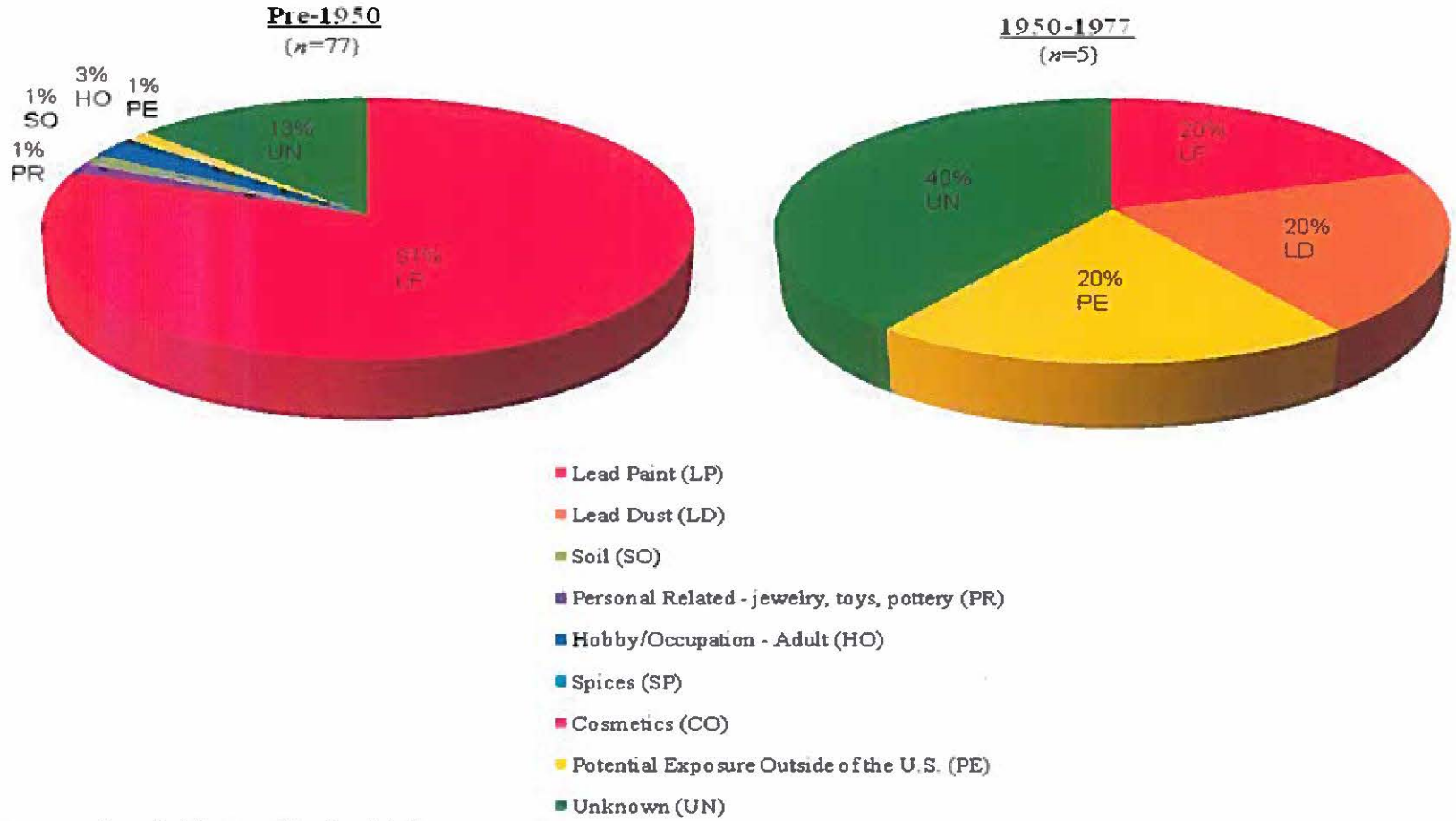
Confirmed Cases
Owner Occupied vs. Rental
Baltimore City

Occupancy Type	Pre 1950	1950-1977	Post 1977	Total Percentage (107 Cases)
Rental Occupied	70%	5%	None	75%
Owner Occupied	25%	None	None	25%

Case Management Outcomes
Baltimore City Only*

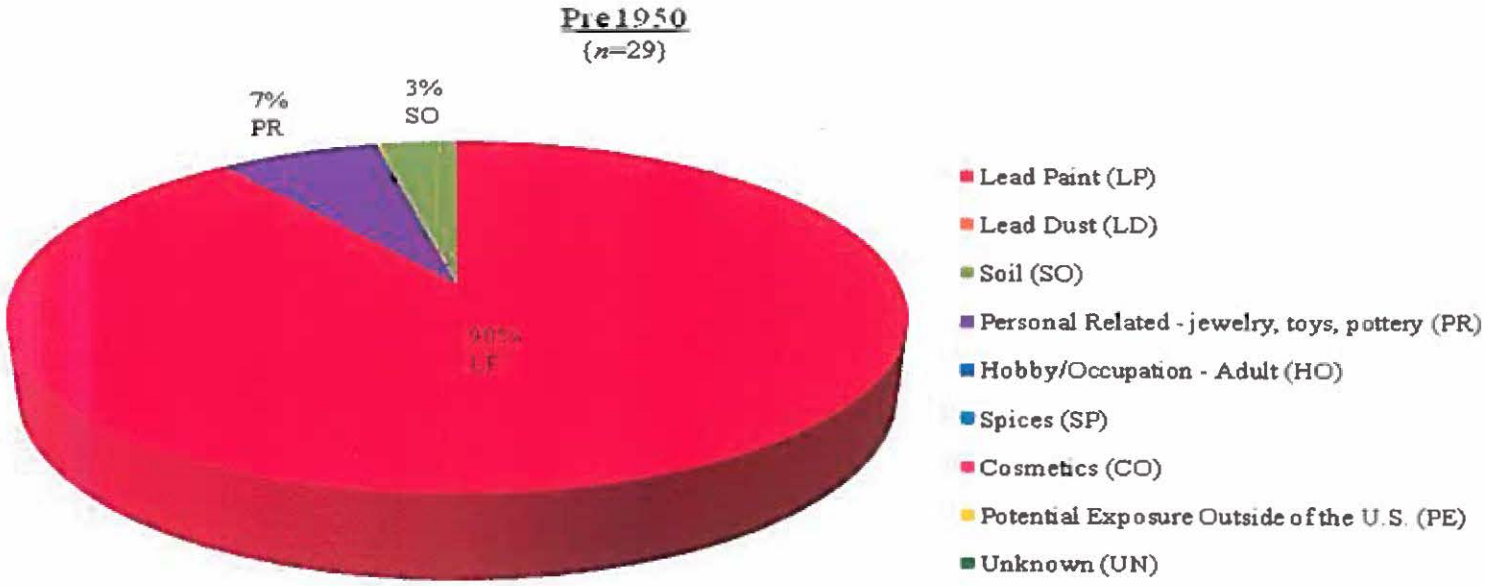
Total Confirmed Cases =107			
Medical Home Visits=95% Completion			
Completed Home Visit	Unable to Locate Family	Incorrect Address	Moved Prior to Contact
102	2	2	1
Environmental Investigations= 82% Completion			
Completed Inspection	Refused Inspection	Incorrect Address	Two Children at One Property
88	1	13	5
* Data Based on Baltimore City Health Department			

Lead Sources Identified
Rental Housing CY 2016
Baltimore City*



* Data Based on Baltimore City Health Department

Lead Sources Identified
Owner Occupied Housing CY 2016
Baltimore City*



* Data Based on Baltimore City Health Department

*Includes one owner occupied property with built date unknown.

Source Overview

In Maryland Counties Of all 182 sources identified :

- •44 were lead based paint hazards. (Defective Lead Paint, Lead Dust);
- •110 were sources other than lead based paint (this also includes soil);
- • 28 were Unknown or Unable to Determine.

In Baltimore City Of all 111 sources identified:

- • 90 were lead based paint hazards. (Defective Lead Paint, Lead Dust);
- • 9 were sources other than lead based paint (this also includes soil);
- • 12 were Unknown or Unable to Determine.

Successes

1. There was over an average of a 92% completion rate on medical case management for all 238 new Confirmed Cases in 2016 statewide.

2. There was an average of a 85% completion rate on environmental case management for all 238 new Confirmed Cases in 2016 statewide.

Challenges

1. LEAD PAINT HAZARDS REMAIN A SIGNIFICANT SOURCE OF LEAD POISONING.

2. WHAT CAN BE DONE ABOUT EXPOSURE TO UNREGULATED SOURCES SUCH AS SPICES?

3. REACHING IMMIGRANT AND REFUGEE POPULATION THAT RESETTLE IN MARYLAND.

4. BREAKING THE CULTURAL BARRIER TO LOWER THE NUMBER OF UNKNOWN HAZARDS.

5. OUTREACH TO FAMILIES VISITING UNINDUSTRIALIZED COUNTRIES TO LIMIT EXPOSURE.

DECEMBER 7, 2017

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 7, 2017

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
BOSCAK, Shana G.	Parent of a Lead-Poisoned Child	
DAVIS, Anna L.	Child Advocate	
HALLER, Mary Beth	Local Government	
KLEINHAMMER, Susan	Hazard ID Professional	
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 (Senator)	Maryland Senate	
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	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Baltimore City Housing	
VACANT	Financial Institution	
VACANT	Maryland Insurance Administration	
VACANT	Maryland House of Delegates	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

December 7, 2017

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
Ella Carroll-Price	DHCD	301.429.7544 ella.carroll-price@maryland.gov
PATRICK T. CONNOR	CONNOR ON F.C.	
Dawn Joy	AMA	
Kaley Laleker	MDE/LMA	Kaley.Laleker@Maryland.gov 410-537-3314
Hilary Miller	MDE/LMA	hilary.miller@maryland.gov 410-537-3304
Jack Daniel	MDDHCD	jack.daniel2@maryland.gov 301.429-7802
Lan VanDe Hei	MDE/WSP	Lan.VanDeHei@maryland.gov
Ludeen McCartney Green	GHHI	lgreen@ghhi.org
Robin Jacobs	OAG	robin.jacobs@maryland.gov
Wes Stewart	GHHI	sstewart@ghhi.org
Benita Queyser	MIA	
Darla Arnold	Arc Environmental	DArnold@arcenvironmental.com

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, December 7, 2017
9:30 a.m. - 11:30 a.m.
AERIS Conference Room

I. Welcome and Introductions

II. Old Business
Secretary Grumbles, RRP Rule

III. New Business
Healthy Homes for Healthy Kids Program, Jack Daniels, DHCD
Baltimore City HUD Grant Program Quarterly Update, Sheneka Fraiser-Kyer
Update on Maryland Lead Screening, Cliff Mitchell, MDH

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

V. Agency Updates
- A. Maryland Department of the Environment
- B. Maryland Department of Health
- 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 7, 2017

APPROVED Minutes

Members in Attendance

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

Members not in Attendance

Christina Peusch, John Scott

Guests in Attendance

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

Welcome and Introductions

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

Old Business

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

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

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

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

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

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

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

New Business

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

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

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

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

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

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

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

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

Future Meeting Dates

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

Agency Updates

Maryland Department of Environment – nothing further to report

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

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

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

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

Baltimore City Housing and Community Development – no representative present

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

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

Public Comment

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

Adjournment

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

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December 4, 2017

Via First Class Mail

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:

On behalf of the Maryland Lead Poisoning Prevention Commission, you have inquired about the continuing validity of the qualified offer and insurance provisions of the Reduction of Lead Risk in Housing Act (the "Act") after the Court of Appeals, in *Jackson v. Dackman Co.*, 422 Md. 357 (2011), ruled that the immunity provisions of the Act were unconstitutional. As originally enacted, the Act granted to owners of certain types of rental properties immunity from claims for lead-related injuries so long as the owner (1) complied with various substantive requirements intended to reduce the risk of lead poisoning, and (2) made a so-called "qualified offer" to the person at risk of injury. Md. Code Ann., Envir. §§ 6-828, 6-835, 6-836, 6-836.1.[1] This qualified offer, if accepted, would cover up to $17,000 in moving expenses and medical bills for the person

[1] Unless otherwise indicated, all statutory citations are to the current version of the Environment Article, Annotated Code of Maryland. When we cite to the version in place at the time *Dackman* was decided, we will provide a full citation to the older version.

at risk. §§ 6-839, 6-840. The Act also required insurers to offer owners coverage for qualified offers, but insurers could exclude coverage for other lead-related costs and injuries. Md. Code Ann., Ins. § 19-704.

Dackman held that the $17,000 available to a lead-poisoned child under the Act was a "totally inadequate" substitute for a personal injury claim and thus the immunity provided by the Act violated Article 19 of the Maryland Declaration of Rights, 422 Md. at 381, which guarantees "[t]hat every man, for any injury done to him in his person or property, ought to have remedy by the course of the Law of the land." At the same time, however, the Court determined that the "immunity provisions" of the Act "are severable from those remaining portions of the Act which can be given effect." *Id.* at 383. You ask whether an owner may still make a qualified offer under the Act and, if so, whether an insurance company would still be required under § 19-704 of the Insurance Article to offer coverage for any accepted qualified offer.

The first question is the critical one. The Court of Appeals did not address the provisions of the Act that are codified in the Insurance Article, so if a qualified offer may still be made and accepted, an insurance company would still be required to offer coverage to owners. It is less clear, however, that a qualified offer may still be made in the first place. Ultimately, we conclude that the qualified offer provisions are so intertwined with the immunity provisions that the General Assembly would not have intended them to operate apart from one another. In our opinion, the qualified offer provisions did not survive the decision in *Dackman*.

I

Background

A. The Reduction of Lead Risk in Housing Act

The General Assembly enacted the Reduction of Lead Risk in Housing Act in 1994 to "reduce the incidence of childhood lead poisoning, while maintaining the stock of available affordable rental housing." § 6-802; *see also* 1994 Md. Laws, ch. 114. As the Court of Appeals has recognized, the Act "was generally based" on the input of the Lead Paint Poisoning Commission, which provided recommendations to the General Assembly in December 1993 and issued a final report in May 1994. *Dackman*, 422 Md. at 361.

The Lead Paint Poisoning Commission concluded in its report that "[c]hildhood lead poisoning is the number one preventable environmental disease affecting children in

the United States" and that greater efforts needed to be made to prevent lead poisoning, rather than merely react to it after it had already occurred. Report of the Lead Paint Poisoning Commission at 2-3 (May 5, 1994). The Commission also stated that most insurers since the "mid- to late-1980s have excluded coverage of lead hazards from policies" issued to owners of rental properties and that, in many cases, this "absence of insurance" had prevented children from having a "viable source of recovery for their injuries." *Id.* at 5. To address that problem, the Commission proposed legislation that would require property owners to take affirmative steps to prevent lead poisoning, provide immunity to owners under certain circumstances if they took those affirmative steps, and require insurance companies to offer a limited amount of coverage to owners for liability arising out of lead-related injuries. *Id.* at 7, App. B (proposed legislation).

The General Assembly largely adopted the Commission's recommendations. As enacted, the Act required the owners of rental properties constructed before 1950—referred to as "affected properties," § 6-801(b)—to register with the Department of the Environment and to comply with other substantive requirements.[2] Most relevant here, owners were required to provide tenants with educational materials about lead poisoning and to meet "risk reduction" standards "designed to reduce the risk of exposure to lead." 82 *Opinions of the Attorney General* 180, 181 (1997) (summarizing the statutory scheme); *see also* Envir. §§ 6-811–6-823 (2007 Repl. Vol.). The owner of an affected property was (and still is) subject to administrative penalties for failure to comply with the Act's registration requirements, § 6-849, and subject to civil penalties for failure to comply with the Act's other substantive requirements, §§ 6-850, 7-266.

More importantly for our purposes, the Act also "place[d] significant limitations on the right of plaintiffs affected by exposure to lead to file a civil suit for damages." 82 *Opinions of the Attorney General* at 181. A plaintiff could not sue an owner for damages unless and until the owner received notice that the relevant "person at risk"—*i.e.*, a child or pregnant woman who lived or regularly spent more than 24 hours per week at the property, § 6-801(p)—was suffering from an elevated blood lead ("EBL") level above a

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[2] The legislation focused on units constructed prior to 1950 because they are more likely to have lead paint than units constructed thereafter. *See* Maryland Department of the Environment, 2011 Lead Summer Study Report at 9 (Dec. 31, 2011) (stating that the incidence of lead paint drops from 95 percent in pre-1950 units to 80 percent for units built between 1950 and 1960, and that the incidence of lead paint "drops off rapidly until 1978," when the federal Consumer Product Safety Commission banned the residential use of lead-based paint); 42 Fed. Reg. 44199 (Sept. 1, 1977) (promulgating federal ban, effective 180 days thereafter).

threshold set by the statute. § 6-828. Once the owner received notice of an EBL level above the threshold limits in § 6-828, the owner (or the owner's agent or insurer) then had 30 days to make a "qualified offer" to the person at risk. § 6-831(c)(1).

A qualified offer had to "include payment for reasonable expenses and costs" of up to $9,500 for relocation of the household of the person at risk and up to $7,500 for medical treatment not otherwise covered by insurance or a medical assistance program. §§ 6-839, 6-840. With limited exceptions, the money would be paid to the entity providing the medical or relocation services, not directly to the person at risk. *Dackman*, 422 Md. at 366 (citing § 6-840(b)). The owner had to submit the qualified offer on a form that was provided by the Department, *see* COMAR 26.16.03.03A, and that summarized the tenant's rights, *see* COMAR 26.16.03.04.

The person at risk—or, if the person at risk was a child, a parent or guardian—then had to choose whether to accept or reject the qualified offer. Each choice had ramifications for both the owner and the person at risk. If the person at risk accepted the offer, the owner's insurer was required to cover the amount of the offer, even if the insurer otherwise excluded coverage for lead-related injuries. Ins. § 19-704 (2011 Repl. Vol.). The claimant thus was guaranteed recovery of up to $17,000 for relocation and medical expenses. At the same time, however, acceptance of the offer "discharge[d] and release[d] all potential liability" of the owner and insurance company for any injuries or loss "caused by the ingestion of lead by the person at risk in the affected property." § 6-835.

If the person at risk *rejected* the offer, the owner still had immunity from liability, but only if the owner had complied with the registration requirements in Part III of the Act and the notice and risk reduction requirements in Part IV. § 6-836; *see also* COMAR 26.16.03.04 ("If your landlord did everything the law requires him/her to do, you will not be able to sue your landlord for any damages that may have been caused by lead, even if you do not accept this Qualified Offer."). Claimants could file suit to challenge the owner's entitlement to this immunity, in which case the statute provided for a bifurcated proceeding. The court would first determine whether the owner had complied with the statute's substantive requirements and thus was entitled to immunity and, if necessary, hold a jury trial to resolve that issue. § 6-836.1. If the court determined during this first stage that an owner was *not* in compliance with any of the Act's substantive requirements, the case would proceed to the merits of the plaintiff's personal injury claim. At that point, an owner who had not complied with the notice and risk reduction requirements in Part IV of the Act was "presumed to have failed to exercise reasonable care with respect to lead hazards." Envir. § 6-838 (2007 Repl. Vol.).

B. Dackman *and its Aftermath*

In *Dackman*, the Court of Appeals considered the constitutionality of "the immunity granted . . . by §§ 6-828, 6-835, 6-836, and 6-836.1 of the Act." 422 Md. at 380. The Court explained that, although the Legislature may abolish a common-law tort remedy and substitute a statutory remedy, the new remedy must be "reasonable." *Id.* According to the Court, the Act's remedy was not reasonable for two reasons: the $17,000 "maximum amount of compensation under a qualified offer is miniscule" and "drastically inadequate," and the Act operated to bar the claims of minor children before they reached the age of majority.[3] *Id.* at 382. The Court therefore held that the immunity provisions of the Act violated Article 19 of the Maryland Declaration of Rights. *Id.* at 383.

Although the Court struck down the Act's immunity provisions, it concluded that the provisions "are severable from those remaining portions of the Act which can be given effect." *Id.* The Court reasoned that "numerous remaining portions of the [Act] are capable of being executed in accordance with the legislative intent," *id.*, which was to "'reduce the incidence of childhood lead poisoning, while maintaining the stock of available affordable rental housing.'" *Id.* at 384 (quoting § 6-802). The Court did not, however, specify which of the "remaining portions" of the Act could be given effect.

In the years since *Dackman* was decided, the Legislature has neither repealed the provisions governing qualified offers nor expressly clarified whether an owner may still make a qualified offer. Although the General Assembly considered legislation to revive the immunity provisions by increasing the amount of a qualified offer, those efforts failed.[4] The Legislature instead amended the Act to repeal the statutory presumption that an owner who failed to comply with the notice and risk reduction requirements of the

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[3] In addition, a person at risk with a blood lead level *below* the threshold likely would have been left without *any* remedy because he or she would not have been able to receive a qualified offer and thus would never have met the necessary prerequisites for filing suit. *See Dackman*, 422 Md. at 369 n.8 (discussing issue, but declining to resolve it because the provision was unconstitutional in any event); *see also id.* at 381 ("Where no qualified offer is made, the plaintiffs have no remedy under the statute.").

[4] *See* House Bill 1477 (2012) (replacing the $17,000 cap on liability with an agency-devised formula for determining liability); House Bill 754 (2013) (increasing to $25,000 the amount provided under a qualified offer for relocation and medical expenses, providing an amount up to $15,000 for supplemental educational expenses, and providing additional amounts to compensate for lost earnings and the cost of living with the risk of lead paint hazard).

Part IV of the Act was presumed to have failed to exercise reasonable care. In its place, the amendment added new language providing merely that evidence of an owner's compliance or non-compliance with the standards of care in the Act is admissible on the issue of whether the owner exercised reasonable care. 2012 Md. Laws, ch. 387 (amending § 6-838).

That same legislation changed the statutory scheme in other ways as well. Most significantly, the Legislature expanded the scope of the Act to include rental properties built before 1978, not just those built before 1950. § 6-801(b)(1)(ii) (revising definition of "affected property"). The Legislature did not, however, amend the provisions in the Insurance Article requiring insurers to offer coverage for qualified offers; the definition of "affected property" for those provisions is still limited to "residential rental property constructed *before 1950*." Ins. § 19-701(b)(1) (emphasis added).

II

Analysis

You ask whether, after *Dackman*, an owner may still make a qualified offer under § 6-831 of the Environment Article and, if so, whether an insurance company would still be required under § 19-704 of the Insurance Article to offer coverage for a qualified offer. In essence, your question is whether the qualified offer provisions of the Act are severable from the immunity provisions of the Act struck down by the Court of Appeals in *Dackman*.

Dackman itself resolved at least part of the severability question at issue here. After striking down the Act's immunity provisions, the Court declined to invalidate the Act as a whole, concluding that the "dominant purpose of the Act can be given effect without the invalid immunity provisions." *Dackman*, 422 Md. at 384 (internal quotation marks omitted). Because the Court specifically identified the immunity provisions as §§ 6-828, 6-835, 6-836, and 6-836.1, *id.* at 380, and expressly invalidated only those provisions as unconstitutional, one could conclude that *all* other provisions of the Act—including § 6-831, which authorizes property owners to make qualified offers—remain valid.

However, other considerations suggest that the Court intended to leave open the possibility that some provisions of the Act might not be severable from the immunity provisions. The Court noted that "*numerous* remaining portions of the [Act]," rather than all of them, "are capable of being executed in accordance with the legislative intent," and it concluded that the immunity provisions "are severable from *those* remaining portions

of the Act which can be given effect." *Id.* at 383 (emphases added; brackets omitted). If the Court had intended to decide definitively that *every* provision of the Act was severable from the immunity provisions, it could have done so in language far more straightforward than this. Instead, the language seems carefully crafted to accommodate the possibility that—in an appropriate case—other provisions of the Act might be deemed non-severable. After all, the Court in *Dackman* had no occasion to address the continuing validity of qualified offers because the claimant had not received one. *Id.* at 381. Given the posture of the case, the Court's failure to address the continuing validity of qualified offers does not validate them by negative implication.[5] We thus must resolve the issue left open in *Dackman*: whether the provisions of the Act governing qualified offers are among "those remaining portions of the Act which can be given effect."

"[T]he question of severability is in every case a question of legislative intent." 73 *Opinions of the Attorney General* 78, 83 (1988). "The intent to be ascertained, however, is not *actual* legislative intent, as the Legislature obviously intended to enact the statute as written in its entirety." *Turner v. State*, 299 Md. 565, 576 (1984) (emphasis added). Instead, we must determine "what would have been the intent of the legislative body, if it had known that the statute could be only partially effective." *Id.*; *see also* 73 *Opinions of the Attorney General* at 83. In determining this hypothetical intent, we must presume that the Legislature intends its enactments to be severed "whenever possible" so as to "separate the valid from the invalid provisions." *Davis v. State*, 294 Md. 370, 383 (1982). The General Assembly has codified this presumption, declaring that, "[e]xcept as otherwise provided, the provisions of all statutes enacted after July 1, 1973, are severable." Md. Code Ann., Gen. Prov. § 1-210(a). Accordingly, "[t]he finding by a court that part of a statute is unconstitutional or void does not affect the validity of the remaining portions of the statute, unless the Court finds that the remaining valid portions alone are incomplete and incapable of being executed in accordance with legislative intent." *Id.* § 1-210(b).

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[5] We recognize that, in a later case, the Court of Appeals stated in a footnote that its "holding in *Jackson v. Dackman Co.* only found the immunity provisions of the Lead Act invalid" and that it had "severed the remainder of the Lead Act that did not speak to potential immunity from the invalid portions." *Housing Auth. of Baltimore City v. Woodland*, 438 Md. 415, 439 n.13 (2014). Although this later description of *Dackman* could be read to mean that all other provisions of the Act—including the qualified offer provisions—are severable, the Court still had no occasion to decide that issue in *Woodland*; it was merely correcting the lower court's suggestion that *Dackman* had invalidated the *entire* Lead Act, which obviously it did not do. *See id.* at 439.

The "principal test" for making this determination "is whether the dominant purpose of an enactment may largely be carried out notwithstanding the enactment's partial invalidity." *Dackman*, 422 Md. at 384 (internal quotation marks and brackets omitted); *see also* 73 *Opinions of the Attorney General* at 84 ("The true test of severability is whether, without the operative provision, the statute would still be effective to carry out the dominant legislative intent."). If so, the remaining provisions of the statute should generally be given effect.

But the remaining provisions will *not* be severed where it would create "a situation which could not have been intended by the Legislature." *Maryland Theatrical Corp. v. Brennan*, 180 Md. 377, 386 (1942). For instance, otherwise valid provisions will not be severed where they are "inextricably mingled" with the invalid ones, *Police Comm'r of Baltimore City v. Siegel Enters., Inc.*, 223 Md. 110, 133 (1960), where "the two sets of provisions [are] 'inseparably connected in substance,'" *Sugarloaf Citizens Ass'n v. Gudis*, 319 Md. 558, 576 (1990) (quoting *Baltimore v. O'Conor*, 147 Md. 639, 654 (1925)), where "those parts which might be held valid become so inoperative and inexplicable as to deprive the Act of its purposes and force," *Brennan*, 180 Md. at 387, or where the valid portions "are impractical and useless without the invalid portions," *Heubeck v. City of Baltimore*, 205 Md. 203, 212 (1954).[6]

In our view, the qualified offer provisions are not severable from the immunity provisions. The two sets of provisions are "inseparably connected in substance," *Sugarloaf Citizens Ass'n*, 319 Md. at 576 (quoting *O'Conor*, 147 Md. at 654); they are structurally, textually, and functionally interdependent. Structurally, all of the immunity provisions fall within Part V of the statute, which governs "Qualified Offers," and which "applies to all potential bases of liability," § 6-827. Qualified offers are thus an integral

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[6] The severability inquiry is not a binary choice between severing only the invalid provisions or invalidating the entire act. *See* Kenneth A. Klukowski, *Severability Doctrine: How Much of A Statute Should Federal Courts Invalidate?*, 16 Tex. Rev. L. & Pol. 1, 28 (2011). A statute instead may be *partially* severable, meaning that a court may strike down some provisions of the statute as non-severable, while "still retaining much of the statute at issue." *Id.* (citing *Planned Parenthood v. Danforth*, 428 U.S. 52 (1976), and *Railroad Ret. Bd. v. Alton R.R.*, 295 U.S. 330, 361 (1935)); *see also Bell v. Board of Comm'rs of Prince George's County*, 195 Md. 21, 32 (1950) (stating that a court must "try to uphold *all* parts of an act which can be put in force" without the invalid provisions (emphasis added)); *Schneider v. Duer*, 170 Md. 326, 336 (1936) (noting that "a statute may be valid in part and void in part, even when the two parts are contained in the same section").

part of the liability limitation that *Dackman* invalidated.[7] Textually, the qualified offer provisions refer to, and depend on, the invalidated immunity provisions. For example, § 6-831 authorizes the issuance of qualified offers and requires the owner to make the qualified offer "within 30 days after the offeror receives notice [of an EBL level] under § 6-828 of this subtitle." § 6-831(c)(1). Section 6-828—which *Dackman* invalidated—establishes the elevated blood lead levels at which the owner must be provided notice and the "opportunity to make a qualified offer under § 6-831." One cannot read and make sense of one without the other.

The two provisions are also functionally interdependent. Continuing the comparison from the preceding paragraph, the Court's invalidation of § 6-828 means that the statute is silent on what blood lead levels require the notice that triggers the owner's ability to make a qualified offer and silent on when he must make such an offer. More importantly, the provisions that set forth the Act's liability restrictions necessarily hinge on whether a qualified offer has been made. *See* § 6-835 (acceptance of qualified offer "releases all potential liability"), § 6-836 (owner "not liable" under certain circumstances where tenant rejects qualified offer). In the wake of the Court's invalidation of § 6-835, the Act no longer addresses whether accepting a qualified offer would waive a tenant's claims—as would the acceptance of a settlement offer more generally—or whether the invalidity of the immunity provisions means that the tenant could bring a tort suit even after accepting the offer. In this way, each provision is incomplete without the other.

We find the Court of Appeals' decision in *Heubeck* instructive here. *Heubeck* involved a local rent control ordinance that (1) capped the amount of rent the landlord could charge, and (2) prohibited the eviction of a tenant who was holding over beyond the end of his lease, as long as the tenant continued to pay rent. The Court invalidated the non-eviction provision on the grounds that it was preempted by public general law. 205 Md. at 210-11. The Court then held that the rent control provision of the ordinance was not severable because the legislative body considered "the problem of evictions to be an integral part of the problem of rent regulation," and thus both provisions—rent control *and* eviction protection—were "equally essential to the declared purpose" of the law. *Id.* at 212 (quoting *F. T. B Realty Corp. v. Goodman*, 300 N.Y. 140, 148 (1949)). The Court concluded:

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[7] An exception is § 6-838, which was amended after *Dackman* to adjust the evidentiary effect of an owner's compliance with the risk reduction standards in Part IV of the Act. *See* 2012 Md. Laws, ch. 387.

> To establish a maximum rent for a dwelling unit without being able to prevent an eviction upon the expiration of the tenant's lease despite his willingness to continue to pay the prescribed rent would be a futile means indeed to achieve the ends for which the ordinance was enacted. As the valid portions of the ordinance are impractical and useless without the invalid portions, the entire ordinance must fall.

Id.

Applying the rationale of *Heubeck* here suggests that the qualified offer provisions must suffer the same fate as the invalidated immunity provisions. Just as the rent control and eviction-protection provisions were "integral" and "equally essential" to the purposes of the statute at issue in *Heubeck*, *id.*, the qualified offer, immunity, and insurance provisions are essential parts of an integrated legislative plan to "reduce the incidence of childhood lead poisoning" while "maintaining the stock of available affordable rental housing." § 6-802. The qualified offer and insurance requirements advance the first of these competing goals by guaranteeing tenants with elevated blood levels the means to move into lead-safe housing and to cover at least some of their medical expenses. The immunity provisions give owners the incentive to make a qualified offer—thus advancing the Act's public health goal—while ensuring that the prospect of tort liability does not drive owners from the affordable housing market—the Act's second goal. At the same time, the immunity provisions also give affected tenants the incentive to accept the qualified offer, because if they reject it, they might find themselves without *any* recovery. *See* § 6-836. In these interrelated and mutually supporting ways, all three provisions worked together to advance the Act's policy goals.

And just as the rent control provisions of the ordinance at issue in *Heubeck* could not be meaningfully enforced without the invalid eviction provisions, the qualified offer provisions of the Act become "impractical and useless" without the invalid immunity provisions. Owners now have little incentive to make qualified offers when doing so will not protect them from potentially crippling tort liability. And without the compulsive effect of § 6-836—which, under certain conditions, gives an owner immunity even if the tenant *rejects* the qualified offer—tenants have little incentive to accept a qualified offer even if one were offered. In fact, it appears that *no* qualified offers were made and accepted in the five years after *Dackman* was decided. *See* Minutes of Lead Poisoning

Prevention Commission Meeting, at 3 (May 6, 2016).[8] If the marketplace tells us anything, it is that the qualified offer provisions are now considered "impractical and useless" to serve the purposes for which they were enacted. *Heubeck*, 205 Md. at 212

The legislative history surrounding the bills introduced in the wake of *Dackman*—House Bills 472, 644, and H.B. 1477 in the 2012 session, and House Bill 754 and in the 2013 session—suggests that the Legislature too was operating under the assumption that the qualified offer provisions were no longer effective after *Dackman*. The written testimony submitted by representatives of owners and tenants alike described *Dackman* as having declared the Act's qualified offer provisions unconstitutional.[9] There is no

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[8] Even before *Dackman*, few qualified offers were made or accepted. From the implementation of the Act in 1996 until the date of the *Dackman* decision in 2011, landlords made 144 qualified offers, of which 61—about four per year—were accepted. *See* Maryland Ins. Admin., Report of the Workgroup on Lead Liability Protection for Owners of Pre-1978 Rental Property at 6 (Nov. 2012). By contrast, tenants filed 656 lead poisoning suits in 2011 alone. *Id.* Given how few qualified offers were made and accepted when the immunity provisions were in effect, it is not surprising that owners and tenants would find them of little use in the absence of those provisions.

[9] *See, e.g.*, Hearing on H.B. 472 Before the House Environmental Matters Committee, 2012 Leg., Reg. Sess. (Testimony of the Property Owners Assn. of Maryland, Inc., stating that *Dackman* "ruled that the Qualified Offer mechanism in its structure and operation violated Article 19 of Maryland's Declaration of Rights and struck down Part V of Maryland's lead law in its entirety" (March 7, 2012)); *id.* (Testimony of Greater Baltimore Board of Realtors, stating that *Dackman* "held that the qualified offer provision of Maryland's lead paint poisoning prevention law was unconstitutional"); Hearing on H.B. 1477 Before the House Environmental Matters Committee, 2012 Leg., Reg. Sess. (Testimony of Maryland Multi-Housing Assn., Inc., urging the adoption of amendments that would "reinstate the qualified offer provision"); *id.* (Testimony of Insurance Inc., stating that "the Qualified Lead Offer Law . . . was rendered moot by the Court of Appeals"); Hearing on H.B. 754 Before the House Environmental Matters Committee, 2013 Leg., Reg. Sess. (Feb. 22, 2013) (Testimony of Public Justice Center, stating that *Dackman* "found that the 'Qualified Offer' provision of the [Act] violated Article 19," and that the proposed bill "does not sufficiently fix the unconstitutionality of the 'Qualified Offer'"); *id.* (Testimony of Saul E. Kerpelman & Assocs., stating that the firm represented Ms. Jackson in the *Dackman* litigation and that the Court "overturn[ed] the qualified offer system while leaving the safety provisions of the Act in effect"). Documents prepared by the Department of Legislative Services focused more on the invalidity of the immunity provisions, but still tied them to the qualified offer provisions. *See* Fiscal and Policy Note on H.B. 472 (stating that the Act "provides liability protection, through a qualified offer," but that the Act's "liability protection provisions . . . have been rendered invalid"); Floor Report for H.B. 1477 (stating that

indication in the relevant bill files that anyone—legislator or commenter—understood that qualified offers continued to function as a viable part of the legislative scheme after *Dackman*.

The two bills that were enacted by the General Assembly in the wake of *Dackman*—H.B. 472 and H.B. 644—similarly reflect the understanding that the Act's qualified offer provisions did not survive *Dackman*. As proposed, House Bill 472 would have created a Lead Poisoning Compensation Fund from which the owners of affected properties could draw up to $200,000 to cover lead paint-related liabilities, but was amended to refer the issue of liability protection to a newly-established workgroup. *See generally* 2012 Md. Laws, ch. 373. Qualified offers were not included in either version of the bill, and language directing the workgroup to consider the "feasibility of a modified qualified offer framework" was deleted from the final version of the bill. *Id.* at p.16.[10] The bill contains no indication that the General Assembly understood that qualified offers remained a viable source of compensation after *Dackman*. Instead, it was designed to create an entirely *new* means of protecting owners from the economic impact of tort liability.

House Bill 644, for its part, expanded the Act's definition of "affected property" to include properties constructed between 1950 and 1978, but left unchanged the definition of "affected property" in the Insurance Article, which remains to this day "residential rental property constructed before 1950." 2012 Md. Laws, ch. 387; Ins. § 19-701(b)(1). As a result, if qualified offers could still be made after *Dackman*, the Act would require an insurer to cover them for properties built before 1950, but not for properties built between 1950 and 1978—a result that would effectively place newer, less-contaminated properties in a worse position than older properties. We see no evidence that the General Assembly made such a policy choice.

Instead, if the General Assembly had thought that the qualified offer provisions were still effective, it presumably would have expanded the obligation of insurers to offer coverage for qualified offers to all properties built before 1978. After all, the statute, as enacted, provided owners with two incentives to make a qualified offer: (1) immunity

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Dackman "held the limited liability provisions under [the Act] to be invalid under Article 19 because a qualified offer does not provide a reasonable remedy").

[10] The legislatively-created workgroup ultimately concluded that a compensation fund was not financially viable. *See* Maryland Ins. Admin., Report of the Workgroup on Lead Liability Protection for Owners of Pre-1978 Rental Property.

from liability; and (2) guaranteed insurance coverage. Given that *Dackman* invalidated the Act's immunity provisions, it seems unlikely that the General Assembly, if it believed qualified offers remained viable, would have failed to include the only other statutory incentive to make one. The Legislature's failure to do so makes more sense if the qualified offer provisions did not survive *Dackman*.

We recognize that there is at least a theoretical possibility that a qualified offer might still be made and accepted.[11] An owner could conceivably choose to make such an offer, either out of a genuine desire to re-locate and treat an at-risk child or out of self-interest, with the expectation that removing and treating the child would improve the child's health and thus marginally reduce the owner's ultimate liability. It seems unlikely, however, that such a marginal reduction would meaningfully help to "maintain[] the stock of available affordable rental housing"—and thus satisfy one part of the law's dual purpose—if it does not simultaneously immunize the owner from liability.

Heubeck is instructive here as well. In that case, the Court concluded that the rent control provisions of the ordinance were not severable from the provisions protecting tenants against eviction even though holding down rents might benefit tenants during their lease terms and thus fulfill at least part of the statute's purpose. The salient inquiry thus was not whether rent control might advance a portion of the statutory purpose, but whether the Legislature had enacted rent control as an "integral part" of a single, unitary policy choice. 205 Md. at 212. Because the Court found that the General Assembly had made such a unitary choice, "'the one set of restrictions cannot be separated from the other except by a remodeling of the law on a scale which, as we believe, would be beyond the judicial power.'" *Id.* (quoting *Goodman*, 300 N.Y. at 148 (invalidating both the rent control and eviction-protection provisions of a New York City ordinance when they were "equally essential to the declared purpose" of the law)).[12]

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[11] There is some indication that the Court does not consider the *theoretical* usefulness of a provision in deciding whether to sever it from the invalid provisions of a statute. For example, in *Howard County Metropolitan Commission v. Westphal*, the Court found it "[o]bvious[]" that a provision which allowed the Board of County Commissioners to break a tie vote of a local commission was not severable from a provision increasing the size of that commission from three to four members, 232 Md. 334, 342 (1963), even though it was at least theoretically possible that a three-member commission might end up deadlocked if, for example, one member abstained.

[12] In addition to *Goodman*, the Court in *Heubeck* also found noteworthy that the General Assembly had authorized the enactment of local ordinances regulating "the conditions under

We also recognize that a qualified offer, if accepted, would tend to "reduce the incidence of childhood lead poisoning"—and thus advance the second part of the statute's dual purpose, § 6-802—by relocating at-risk children and covering a portion of their medical expenses. That benefit, however, would come at the significant risk that an unsophisticated tenant would believe he had little choice but to accept the offer or lose the ability to recover anything. After all, the qualified offer is supposed to come soon after the owner receives notice, and the tenant has only 30 days in which to decide whether to accept it. §§ 6-831, 6-834(b), (c). With limited time and resources to consult counsel, there is a real possibility that a tenant might accept a qualified offer without understanding the consequences of doing so, especially when the invalid immunity provisions are still codified in statute and regulation.[13] In our view, the risk of confusion about the effect of a qualified offer on the owner's liability outweighs any theoretical possibility that an owner might make (and a tenant might accept) a qualified offer.

In our view, the General Assembly intended that the immunity, qualified offer, and insurance provisions would all function interdependently to further the statute's dual purpose of addressing childhood lead-poisoning without driving landlords from the market for low-income housing. They are of a piece, part of a single legislative policy choice. *See Outmezguine v. State*, 335 Md. 20, 41 (1994) ("The plain language cannot be viewed in isolation; rather, the entire statutory scheme must be analyzed as a whole."). Allowing the qualified offer and insurance parts of that policy choice to remain in place without the immunity provisions would constitute a "remodeling of the law on a scale which," we think, "would be beyond the judicial power," *Heubeck*, 205 Md. at 212 (quoting *Goodman*, 300 N.Y. at 148), and well beyond our interpretive role.

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which evictions from housing accommodations may be made" to the same extent as its power to authorize the State "regulation and control of rents of housing accommodations." 205 Md. at 212 (citing Md. Ann. Code Ann., art. 44C, § 2(c) (1951).

[13] The Court of Appeals did not have occasion to address whether a tenant's *voluntary* acceptance of a "qualified" offer outside of the Act's framework would resolve the owner's common-law liability, or whether a settlement based on a "totally inadequate and unreasonable" offer, *Dackman*, 422 Md. at 381, would be void as against public policy. *See Maryland-Nat'l Capital Park & Planning Comm'n v. Washington Nat. Arena*, 282 Md. 588, 606 (1978) (stating that courts will void an agreement as against public policy "only in those cases where the challenged agreement is patently offensive to the public good, that is, where 'the common sense of the entire community would . . . pronounce it' invalid") (quoting *Estate of Woods, Week & Co.*, 52 Md. 520, 536 (1879)).

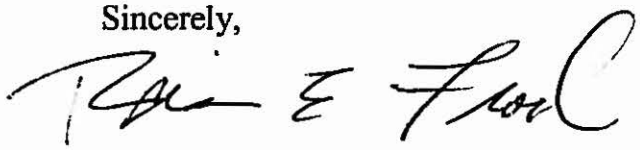
We thus conclude that the qualified offer provisions are not severable from the immunity provisions and are no longer effective.[14] In doing so, we reiterate that there is a presumption in favor of severability and that, in most cases, all of the provisions of a particular statute will be severable from the invalid portions. *See, e.g., Davis*, 294 Md. at 383. But severability is ultimately a question of legislative intent, 73 *Opinions of the Attorney General* at 83, and under the circumstances here, we believe that the Legislature would not have intended the qualified offer and insurance provisions to remain in effect without the related immunity provisions. In light of our conclusion—and to prevent confusion among tenants, landlords, and insurers—we recommend that the Department of the Environment rescind its regulations governing qualified offers and that the General Assembly enact clarifying legislation repealing or revising the qualified offer provisions.

III

Conclusion

In our opinion, the qualified offer and insurance provisions of the Reduction of Lead Risk in Housing Act are not severable from the immunity provisions invalidated by the Court of Appeals in *Dackman*. A qualified offer thus may no longer be made under § 6-831 of the Act, and insurers no longer need to offer coverage to property owners for qualified offers under § 19-704 of the Insurance Article.

Sincerely,



Brian E. Frosh
Attorney General of Maryland

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[14] This does not mean that all of the provisions in Part V of the Act are necessarily invalid. For instance, § 6-838 merely provides that whether a property owner was or was not in compliance with the risk reduction requirements in Part IV "is admissible as evidence" that the owner either exercised reasonable care or failed to do so. This provision is not inextricably intertwined with the invalid immunity provisions and would be severable. We also have no doubt of the continuing validity of the registration requirements in Part III of the Act and the notice and risk reduction requirements in Part IV. Those substantive requirements remain both practical and useful because the Department has the power to enforce them: As noted above, if the owner of an "affected property" fails to comply with these provisions, the owner is subject to administrative or civil penalties. *See* §§ 6-849, 6-850, 7-266.

Patrick B. Hughes
Assistant Attorney General

Adam D. Snyder
Chief Counsel, Opinions & Advice

DHCD

Maryland Department of Housing and Community Development
Kenneth C. Holt, Secretary
Tony Reed, Deputy Secretary

Thursday, February 15, 2018

Healthy Homes for Healthy Kids

Maryland Children's Health Insurance Program (CHIP) Health Services Initiative (HSI) State Plan Amendment (SPA)

Jack Daniels
Special Loans & Administration
Department of Housing & Community Development (DHCD)

Maryland Department of Housing and Community Development
Kenneth C. Holt, Secretary
Tony Reed, Deputy Secretary

TOUCH POINTS

- History: Maryland CHIP HSI Lead SPA
- Basics of the SPA
- Program 1: Healthy Homes for Healthy Kids
- Program 2: Childhood Lead Poisoning Prevention and Environmental Case Management
- Procedures and "Going Live"
- Next steps

HISTORY

- Maryland Medicaid, in collaboration with Environmental Health Bureau (EHB) and the Department of Housing and Community Development (DHCD), worked to secure CHIP administrative funds from Center for Medicare and Medicaid Services (CMS) to support two new initiatives.
- In January 2017, Medicaid submitted the Health Services Initiative State Plan Amendment (HSI SPA) to CMS to leverage CHIP funds.
- The HSI SPA was approved in June 2017
- Only second state to gain approval for lead abatement
- MOU executed
- Budget Amendment is close to be completed

PROGRAMS OF THE CHIP HSI SPA

HSI SPA supports two new programs:

- Program 1: Healthy Homes for Healthy Kids
- Program 2: Childhood Lead Poisoning Prevention and Environmental Case Management

Not a grant

For Agencies to receive funds, they must perform the stated service(s) and submit an invoice for Medicaid to release the funds

MARYLAND CHIP HSI LEAD SPA: FUNDING DETAILS

- CHIP administrative funds have an 88% match rate; in order to pull down this match the State must provide 12% of the funds (e.g. for a program with a $100 budget, the State must provide $12 and CMS matches that with $88).
- Program #1 and Program #2 are two distinct programs.
  - Program #1 will serve eligible residents in the entire state of Maryland.

    State Funds ($500,000) + Federal Funds (3,666,667) = Total $4,166,667

    Provide abatement to 70-200 additional homes annually

  - Program #2 will serve nine specific counties in Maryland.

    State Funds ($360,000) + Federal Funds ($2,640,000) = Total $3,000,000

    Provide services to approximately 1,200-2,000 children annually

PROGRAM 1: HEALTHY HOMES FOR HEALTHY KIDS

- Expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland Department of Housing and Community Development (DHCD)

PROGRAM 1: ELIGIBLE CHILDREN

Eligible Children must meet all the following criteria:

- Children (0-18 yrs);
- Have a BLL of ≥ 5µg/dL; and
- Enrolled/Eligible in Medicaid or CHIP

PROGRAM 1: ELIGIBLE PROPERTIES

Residential properties where an eligible child resides at least 10 hours a week and are:

- ✓ Owner-occupied;
- ✓ Occupied by a family member of the owner;
- ✓ Occupied by a tenant; or
- ✓ Properties in the process of becoming licensed for, or currently maintaining a license for the provision of childcare services.
- ✓ <u>HSI funds will not be used for commercial, non-residential properties.</u>

PROGRAM 1: SERVICES

- When lead is detected in the residential property occupied by the eligible child, DHCD will provide lead abatement services to eligible properties reducing the overall risk of lead poisoning among low-income children in Maryland.
- If the lead abatement work requires families to vacate the premises following HUD guidelines, DHCD will provide relocation support for families.
  - Not a per diem and only covers lodging/storage (no meals)
  - Length of time to be determined by contractor
  - Will receive bids from local hotels, apartment complexes, and possible DHCD REO properties

PROGRAM 1: SERVICES

- Lead Related Repairs are any additional repairs needed to be completed in order to not jeopardize the integrity of the lead abatement or encapsulation being conducted on the subject property.
- These items include but are not limited to:
  - Roof repair
  - Mold/Mildew/Asbestos Removal/Remediation
  - Update to plumbing fixtures
  - Removal and/or update to cabinets
- All other repairs that don't directly involve the integrity of the abatement or encapsulation can be reviewed and included but will not be eligible to be paid out of this funding source.

PROGRAM 1: ENROLLMENT

MDE

- Children identified in Childhood Lead Registry with BLL ≥ 5 µg/dL
- Sends list of children to Medicaid

Medicaid

- Creates a list of children enrolled in CHIP/MA who have BLL ≥ 5 µg/dL

EHB / LHDs

- Reach out to families with children on the list, enroll children in Program 1

DCHD

- Performs abatement on property

PROGRAM 1: ENROLLMENT – REFERRALS FROM OTHER AGENCIES

- Reach out to families, enroll children in Program 1
- Performs abatement on property

PRIMARY CARE PHYSICIANS & LOCAL HEALTH BOARD OUTREACH MATERIAL

MARYLAND Department of Health | DHCD | Maryland Department of the Environment

MARYLAND Department of Health | DHCD | Maryland Department of the Environment

Maryland Department of Housing and Community Development
Kenneth C. Holt, Secretary
Tony Reed, Deputy Secretary
DHCD

DHCD PROCEDURAL FLOW

Original Process

- Working with local agencies to administer the project (preliminary u/w, scope of work, inspections, etc.
- DHCD will give final approval and monitor the files
- Increase to Administration Fee to the locals to entice prioritization of projects

Future Process

- Starting around the end of 1st Quarter, RFP will be executed to establish contractors that will be responsible to administer and do work on the approved projects
- DHCD to spot check work (15%) randomly to comply with compliance requirements

QUESTIONS?

Maryland Department of Housing
and Community Development
DHCD
Kenneth C. Holt, Secretary
Tony Reed, Deputy Secretary

Department of Housing and Community Development

Division of Green Healthy and Sustainable Homes

Lead Hazard Reduction Program

Quarterly Report

July – September 2017

Units Receiving Hazard evaluations	31
Units with Hazards Identified	31
Units completed and cleared	20
Units in Progress	18
Units under contract	24
Training efforts	3
People trained	23
Completed Events	54
Event Attendees	2201
Home Visits	49

From: National Center for Healthy Housing <sgoodwin@nchh.org>
Subject: Upcoming Web Forum on Childhood Lead Poisoning
Date: December 5, 2017 at 9:15:19 AM EST
To: <adavis@acy.org>
Reply-To: <sgoodwin@nchh.org>

The lead contamination crises in Flint, Michigan and East Chicago, Indiana have shone a national spotlight on the problem of childhood lead exposure, and for years, research has demonstrated that lead adversely affects children and creates significant costs for individuals and taxpayers. Please join the National Center for Healthy Housing, Trust for America's Health, and the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, for a Dialogue4Health Web Forum on a new report *10 Policies to Prevent and Respond to Childhood Lead Exposure*, which found that billions in public spending could be saved by preventing and mitigating the effects of lead poisoning.

The Web Forum will highlight the report, as well as offer attendees the opportunity to hear from professionals doing lead prevention and remediation work on the ground, followed by a Q&A session.

This event is recommended for professionals in public health, advocacy, education, community-based organizations, faith-based organizations, hospitals, health systems, housing, and lead prevention groups. Registration is free and closed captioning is available to all attendees.

Please share this information with others who may be interested.

The Web Forum will be held on Wednesday, December 13, 2017, from 11:30 am - 1 pm Pacific Time.

Register Now

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Karen B. Salmon, Ph.D.
State Superintendent of Schools

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December 6, 2017

Pat Mclanine, DrPH, MPH, RN
Lead Poisoning Prevention Commission Chair
Reference: Letter dated August 31, 2017: Lead Poisoning Prevention Commission

Dear Dr.McLaine,

Thank you for acknowledging the work done by the Maryland Department of Education, Office of Child Care (OCC) to ensure lead safety in child care facilities throughout the state. The OCC recognizes its role to protect the safety and health of the children and has established standards to place Maryland as a leader in early care and education.

Information on properties at highest risk: Fiscal year 2017-2018 has been an exciting and challenging year with planning and implementation of the Child Care Development Fund's (CCDF) requirements on child care subsidy policy, health and safety training, and data collection and reporting. Meeting the requirements of the Federal Rule has taken priority over many projects. The office had already begun the conversation with the Department's IT systems staff to capture the data related to child care locations built pre-1978. Completion of this task has been delayed due to time sensitive reporting requirements. Please know that we maintain a commitment to provide this information once the CCDF requirements have been met.

Uniform Lead Dust Standards: With regards to the uniform lead dust standards, the Office of Child Care lead prevention regulation was directly adopted from the Maryland Department of the Environment requirement. Any change to that regulation would require a study with supporting data. We request discussion with the concerned partners and a legal opinion for recommended changes to the existing regulation. The OCC licensing staff have been diligent in identifying the risk for lead exposures. When risks are identified, staff seek guidance on identification and prevention strategies to prevent potential exposure risks.

The Lead Commission is to be commended on your commitment and support of the participating agencies in their efforts to protect Maryland's young children and their families from lead exposures. I thank you for your leadership and expertise in protecting the Maryland's children and families from lead hazards.

Sincerely,

Elizabeth Kelley
Acting Assistant State Superintendent