

LEAD POISONING PREVENTION COMMISSION

May 31, 2016

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 2015 as required by the annotated Code of Maryland, Environmental Article §6-810.

Sincerely,



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

PM:pmgl

Enclosures

LEAD POISONING PREVENTION COMMISSION

May 31, 2016

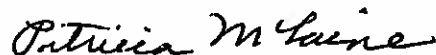
State Department of Legislative Reference
Attn: Sarah Albert
Library and Information Services
90 State Circle
Annapolis MD 21401

Dear Ms. Albert:

The Annotated Code of Maryland, Environmental Article §6-810, requires an annual report to be submitted from the Lead Poisoning Prevention Commission.

On behalf of the Maryland Lead Poisoning Prevention Commission, I am submitting 5 copies of the report for Calendar Year 2015 to the Department of Legislative Reference in accordance with §2-1246 of the State Government Article.

Sincerely,



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

PM:pmgl

Enclosures



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

2015 ANNUAL REPORT



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



2015
ANNUAL REPORT
LEAD POISONING PREVENTION COMMISSION

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 9. HUD Grant Award Notice—Embargoed
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 11. Washington Post Article: How Companies Make Millions off Lead-Poisoned, Poor Blacks
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 13. Baltimore Sun Article: Protecting Baltimore’s Lead Paint Victims
 14. Washington Post Article: Tighter Rules Sought for MD Settlement Buyouts
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- D. Handouts
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 - 2. PPP Baltimore City Lead Poisoning Prevention Program

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD POISONING PREVENTION COMMISSION OVERVIEW

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

COMMISSION MEMBERSHIP

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

- (i) One shall be a member of the Senate of Maryland, appointed by the President of the Senate;
- (ii) One shall be a member of the Maryland House of Delegates, appointed by the Speaker of the House; and
- (iii) 17 shall be appointed by the Governor as follows:
 - 1. The Secretary or the Secretary's designee;
 - 2. The Secretary of Health and Mental Hygiene or the Secretary's designee;
 - 3. The Secretary of Housing and Community Development or the Secretary's designee;
 - 4. The Maryland Insurance Commissioner or the Commissioner's designee;
 - 5. The Director of the Early Childhood Development Division, State Department of Education, or the Director's designee;
 - 6. A representative of local government;
 - 7. A representative from an insurer that offers premises liability coverage in the State;
 - 8. A representative of a financial institution that makes loans secured by a rental property;
 - 9. A representative of owners of rental property located in Baltimore City built before 1950;
 - 10. A representative of owners of rental property located outside Baltimore City built before 1950;
 - 11. A representative of owners of rental property built after 1949;
 - 12. A representative of child health or youth advocacy group;
 - 13. A health care provider;
 - 14. A child advocate;
 - 15. A parent of a lead poisoned child;
 - 16. A lead hazard identification professional; and
 - 17. A representative of child care providers.

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

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

COMMISSION RESPONSIBILITIES

1. The Commission shall study and collect information on:
 - The effectiveness of legislation and regulations protecting children from lead poisoning and lessening risks to responsible property owners;
 - The effectiveness of the full and modified lead risk reduction standards, including recommendations for changes;
 - Availability and adequacy of third-party insurance covering lead liability, including lead hazard exclusion and coverage for qualified offers;
 - The ability of state and local officials to respond to lead poisoning cases;
 - The availability of affordable housing;
 - The adequacy of the qualified offer caps;
 - The need to expand the scope of this subtitle to other property serving persons at risk, including child care centers, family day care homes, and preschool facilities.
2. The Commission may appoint subcommittees to study subjects relating to lead and lead poisoning.
3. The Commission shall give consultation to the Department in developing regulations to implement Environment Article 26.16 (House Bill 760).
4. The Commission will prepare or participate in the preparation of the following reports:
 - Assist MDE and HCD to study and report on methods for pooling insurance risks, with recommendations for legislation as appropriate by January 1, 1995;
 - Develop recommendations in consultation with the Department of Housing and Community Development (HCD) by January 1, 1996, for a financial incentive or assistance program for window replacement in affected properties;
 - Provide an annual review of the implementation and operation of the Lead Poisoning Prevention Program under HB 760, beginning January 1, 1996.

COMMISSION MEETINGS

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

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

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

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

Compensation; expenses. A member of the Commission:

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

LEAD POISONING PREVENTION COMMISSION MEMBERS

NAME

MEMBER CATEGORY

Nancy Egan	The Maryland Insurance Commissioner or the Commissioner's designee
Melbourne E. Jenkins, Jr.	A representative of owners of rental property located in Baltimore City built before 195
Susan DiGaetano-Kleinhammer	Lead Hazard Identification Professional
Ed Landon	Designee for the Secretary of the Department of Housing and Community Development
Patricia McLaine, RN, MPH	Representative of Child Health/Youth Advocate Group
Clifford Mitchell, M.D.	Designee for the Secretary of the Department of Health and Mental Hygiene
Paula Montgomery	The Secretary or the Secretary's Designee for MDE
Barbara Moore, MSN, RN, CPNP	Health Care Provider
Nathaniel Oaks	House of Delegates
Manjula Paul	Designee for the Director of the Early Childhood Development Division, State Department of Education
Christina Peusch	A representative of child care providers
Linda Roberts, Vice President (Resigned 9/2015)	Representative of owners of rental property built after 1949
John Scott	A representative from an insurer that offers premises liability coverage in the State
Ken Strong	A representative of A Local Government
Tameka Witherspoon	Parent of a Lead Poisoned Child
VACANT	A representative of owners of rental property located outside of Baltimore City before 1950
VACANT	A representative of a financial institution that makes loans secured by a rental property
VACANT	Child Advocate

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

LEAD COMMISSION ROSTER

Please check one:

YES – 50% COMPLIANCE MET

 NO – 50% NOT MET

BOARD NAME: GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

CALENDAR YEAR 2015

MEMBER NAME	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	% OF ATTENDANCE
EGAN	✓	X		X	✓	X	✓	✓	X	✓	X	X	45%
JENKINS	✓	✓		X	✓	✓	✓	X	✓	X	✓	✓	73%
KLEINHAMMER	X	✓		✓	✓	X	✓	X	✓	✓	X	✓	64%
LANDON	✓	✓		✓	✓	✓	X	✓	✓	✓	X	✓	82%
MCLAINE	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
MITCHELL	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
MONTGOMERY	✓	✓		X	✓	X	✓	X	✓	✓	✓	X	64%
MOORE	✓	X		✓	X	✓	✓	X	✓	✓	X	✓	64%
OAKS	✓	X		X	✓	✓	✓	X	✓	✓	X	X	55%
PEUSCH	✓	✓		✓	✓	✓	✓	✓	✓	✓	X	✓	90%
ROBERTS	✓	✓		X	✓	✓	✓	X	X	X	X	X	45%
SCOTT	✓	✓		X	✓	✓	X	X	✓	X	X	✓	55%

JANUARY 8, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

NOTICE

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

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet
January 8, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	410-514-7999 ed.landon@maryland.gov
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
ROBERTS, Linda Lee	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City, Housing	
SNYDER-VOGEL, Mary	Child Advocate	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Financial Institution	
VACANT (Cheryl Hall)	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

Guests Sign-In Sheet Lead Commission Mtg. January 8, 2015

Name	Phone #/email
Kate Malenfant	443-866-4869 / Kadenmak@gmail.com
Michelle Fransen	michellef@coagencyteam.com
Myra Kunk	
Jason Hessler	410 376 4140 / Jason.hessler@baltimorecity.gov
Tommy Tompsett	443-322-1104 / ttompsett@mmhaonline.org
Ron Winemolt	301-261-1460 rw.winemolt@carba-
Mark Kravitz	443-687-7304 mk.kravitz@ghhi.org
Joe Wright - MDE	410-537-3392
Laura Fox	410 361-9604 Laura.Fox@baltimorecity.gov
Nancy Serfaty - DHM	410-767-6712 Nancy.Serfaty@Maryland.gov
Hadi Alshankh Nasser - DHM	201-622-8200 hadi.alshankhnasser@maryland.gov
Patrick T. Connor	443.322.1206 pconnor@CONNORSOLUTIONS.com
David Skinner	443.842.5715 dskinner@ghhi.org
Jason Hessler	jason.hessler@baltimorecity.gov
Rachel Hess - Mutinda	rachel.hess-mutinda@maryland.gov

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

**Thursday, January 8, 2015
9:30 a.m. - 11:30 a.m.
MDEStat Conference Room
AGENDA**

- I. Welcome and Introductions
- II. Old business
 - Jason Hessler, Assistant Commissioner for Litigation, Baltimore City Housing Department - update on issue of permit applications requiring contractor to ID their RRP training number as part of the permit process (last discussed July 11, 2013)
- III. New Business
 - Kathryn Malenfant, CRNP, DNP – Increasing Lead Testing in Maryland: Results from a Survey of Health Care Providers
 - Cliff Mitchell, MD, DHMH – DHMH plan for universal blood lead testing of Maryland children – ideas and input for outreach
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, February 5, 2015 at MDE in the AERIS Conference Room – Front Lobby, 9:30 a.m. – 11:30 a.m.
- 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. Other Agencies
- VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDEStat Conference Room
January 8, 2015

Approved Minutes

Members in Attendance

Nancy Egan, Melbourne Jenkins, Ed Landon, Pat McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Delegate Nathaniel Oaks, Christina Peusch, Linda Roberts (via phone), John Scott, Ken Strong, and Tameka Witherspoon.

Members not in Attendance

Susan Kleinhammer and Mary Snyder-Vogel.

Guests in Attendance

Ron Wineholt – AOBA, Tommy Tompsett – MMHA, Michelle Fransen – Cogency, Myra Knowlton – BCHD, Joe Wright – MDE, Kate Malenfant, Jason Hessler – Baltimore City Housing Dept., Mark Kravatz -GHHI, Laura Fox - BCHD, Nancy Servatius - DHMH, Hadi Alshaikhnessen - DHMH, Patrick Connor – Connor Solutions, David Skinner - GHHI, and Rachel Hess-Mutinda .

Introductions

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

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, February 5, 2015 at MDE in the AERIS Conference Room, Front Lobby, 9:30 AM to 11:30 AM.

Approval of Minutes

Ed Landon made a motion to approve the minutes, seconded by Mel Jenkins. The motion was approved unanimously.

Old Business

Office of Childcare – Pat McLaine spoke with Liz Kelley, Director of the Office of Child Care, Maryland State Department of Education. She is planning to attend the February meeting of the Lead Commission to provide an update on lead in regulated child care facilities.

Laboratory Issues – Lab Corps issues seem to be resolved. Nancy Egan has invited Dr. McLure to join the February meeting by phone to provide follow-up on issue of identifying venous or capillary draw.

Lead Commission Meeting

January 8, 2014

Page Two

Permit Applications and RRP Training Number - Jason Hessler, Baltimore City Housing Department, reported that he had reviewed the permit process in 2014. The electronic filing of large permits and plans is now complete. The department is now reworking the over the counter permits, shifting to e-file and reworking the permit application. Michael Braverman has already committed to putting a place for the certificate number on the application and he is hopeful that application will launch in the next 3-6 months. Jason Hessler provided copies of what is done for violations if peeling, chipping paint is identified – the notice is considered to be a Notice of Defect. A separate letter is generated for the owner and resident. These inspections are typically triggered by complaints or escrow cases. Paula Montgomery asked if the contractor's RRP training certificate number was on the application for permit; Jason Hessler replied that no information on the training number is currently on the permit application. Ed Landon asked who would be checking applications, once the training certificate number was on the applications; would applications be rejected if there was no number? Paula Montgomery offered to provide input from MDE. Ed Landon asked if this would apply to the over the counter permits too. Jason Hessler indicated that it would be on all permits. Ed Landon noted that he is giving out information now to all codes officials. Paula Montgomery stated that all contractors must be RRP certified regardless if they are doing work on rental properties but it may take a statutory change by political subdivisions to collect this information. Jason Hessler stated that the RRP training certificate number would be on all Baltimore City permit applications in 3-6 months. He indicated that applications will be essentially the same but only e-applications would be accepted for jobs requiring plans. Ed Landon requested a copy of the electronic application. Patrick Connor suggested that if the forms are being reworked, space be provided for two numbers: one the RRP training certificate and one for MDE lead training, so the database would include both. Paula Montgomery noted that we needed at least the RRP training number. Jason Hessler stated it would be good to be able to collect both kinds of data. Jason Hessler stated that not all jobs require a contractor. An owner can do work and would not be a certified form. Paula Montgomery indicated that about 2500 firms are now certified for RRP (out of 20,000); about 1400 contractors are lead certified. Paula Montgomery indicated that 8-15,000 companies should now be in compliance.

Paula Montgomery asked if code officials monitor maintenance work. Ed Landon noted that every county is set up differently. DHCD provides information and training but all enforcement is handled locally. Paula Montgomery noted that state regulation requires code officers to follow a livability code. Ed Landon said they must follow either their own (county) livability code or the state's livability code. Building codes and livability codes are enforced at the local level. Jason Hessler asked if any county codes required compliance with the state lead law; Baltimore City does require this. Jason Hessler stated he will return to the Commission meeting in July to provide an update on this issue.

Nancy Egan noted that it would be nice to know what other counties were doing. Paula Montgomery indicated that MDE has done outreach to contractors and will mail out again to 400 existing contractors. One problem with the current list of contractors maintained by EPA is that it does not have email addresses, but EPA has plans to add something about this to their website. The Coalition is also focusing its attention on contractors. MDE is also providing investigations

on complaints for EPA. Paula Montgomery indicated that the current regulations only allow MDE to regulate abatements or risk reduction work on affected properties. With regards to bringing contractors on board, MDE can only do outreach and enforcement. Ed Landon noted that he is giving information out at a state-wide training of building code officials. Some are following up with local entities.

Patrick Connor asked if the Baltimore City Housing code violation notice and order which goes out currently would reflect the new 1978 date. Jason Hessler replied that it would be corrected. Patrick Connor noted that a code violation going to an owner clearly notes that a modified risk reduction is triggered. He asked what agency would review the certificate and dust lead testing to correct this. Jason Hessler stated that Baltimore City Housing Department refers all such code violations quarterly to MDE. Paula Montgomery indicated that MDE does not have staff to follow up all complaints. Patrick Connor asked how many chipping, peeling violations are issued by Baltimore City Housing Department every month; Jason Hessler said about 500 per quarter. Paula Montgomery indicated that MDE can determine how many qualified modified risk reduction certificates were issued in a quarter. Patrick Connor suggested that if 400 qualified modified risk reductions were issued in a quarter, this suggests that there may be about 80% compliance. Ed Landon asked if Baltimore is checking on abatement of problems identified. Jason Hessler indicated yes, but not on lead violations. Paula Montgomery stated that MDE has two inspectors for Baltimore City. MDE is not able to follow up – we are just following poisoned children. Patrick Connor stated that if the City is issuing a Notice of Defect, the owner is required to fix this. Jason Hessler agreed that yes, the City should be doing this. Someone from Baltimore City Housing does go out and see if the problem is fixed. Patrick asked if the Baltimore City Housing inspector looked for the presence of a Maryland Inspection Certificate to make sure the lead work had been done. Jason Hessler noted that the inspector cannot check for the presence of a Maryland Inspection Certificate due to lack of time. Pat McLaine expressed concern that our focus is to prevent poisoning and asked what needed to be done to focus more on prevention? Nancy Egan asked how information was sent out. Jason Hessler said that information is sent by certified and regular mail and posted on the property. Nancy Egan noted that no websites were included in the letter and suggested it would be good for the letter to reference the website. Paula Montgomery offered to assist with looking at the letter. Nancy Egan asked if MHIC has been involved in any discussion about the lead law. Paula indicated that MDE has been unable to initiate dialogue. Pat McLaine suggested that the Commission could invite MHIC to a discussion at our monthly meeting.

Mark Kravatz offered kudos for doing this. He indicated that Providence, RI is now 80-90% compliant and response to actions taken there have been really effective. David Skinner asked if the issuance of violations has increased since the Court of Appeals took away limited liability. Jason Hessler indicated that no increase was seen. Paula Montgomery stated that we are getting a lot of lead free certificates because owners don't want liability. Barbara Moore asked if Baltimore City Housing Department does verify work done to correct problems. If so, can the Commission be provided with information on the number and types of problems identified and the compliance information (30 days, 60 days, and 90 days)? Jason Hessler stated this would be doable but a report format has not been built at this time. Ken Strong thanked Jason Hessler for

coming, noting that he and Michael Braverman have been in the forefront of modernizing the City Housing Department.

New Business

Survey – Increasing Lead Testing in Maryland - Kate Malenfant, CRNP, DNP provided an excellent presentation on her work to survey health care providers about increasing lead testing in Maryland. Her research suggested confusion by some providers about the meaning of “risk” based on the current high risk zip code system. Providers that drew the blood themselves reported better test completion and lower rates of parental refusal than providers that sent children to an off-site lab. Commissioners asked if there were any counties with no practitioners and where the majority of individuals completing the survey were from. Barbara Moore asked about research on pregnant mother testing, stating she talks to many moms about this and encourages testing. This is another area of outreach that is needed. Moms are not being asked about lead exposure.

DHMH Plan for Universal Lead Testing – Cliff Mitchell stated that DHMH is developing a targeting plan to test all children at age 1 and 2 across the state for 3 years. DHMH would analyze the data and consider if revision to testing guidelines was needed. Nancy Servatius and Rachael Hess-Mutinda will coordinate an outreach campaign with MDE. Several different target audiences have been identified: parents, health care providers, child care providers, maybe even housing authorities. DHMH is preparing an outreach “folder” for providers to be mailed to Pas, NPs, family providers, pediatricians and MCOs. All children would be tested. Outreach pieces need to be developed as do key informant messages. Outreach strategy for parents would include media, website and possibly schools. Outreach for child care and schools would involve work with MSDE. DHMH is now refining clinical guidance and a report. Rollout is planned for spring 2015.

Regarding WIC doing Point of Care Testing, Cliff Mitchell said that they had information and DHMH was in discussion about opportunities. Nancy Egan asked if the state Infants and Toddlers program could distribute packets to kids; Cliff Mitchell indicated that he would like to do this. Regarding efforts in areas outside of Baltimore City, Cliff Mitchell stated that DHMH would focus on a lot of areas where lead had not been the major focus of attention.

With regard to the increased testing and probable increase in children with BLLs of 10+ and 5-9µg/dL, question was posed about how DHMH will ensure a proper infrastructure for follow-up. Cliff Mitchell felt that for housing authorities not used to this, it would be an issue. There have been many inquiries to MDE and there may be a large increase in Notice of Defects coming in. Although more BLLs of 10µg/dL are expected, a very large increase in the number of BLLs 5-9µg/dL is expected. In addition, not every county health department will have a nurse or sanitarian focused on lead. Laura Fox indicated that staff from BCHD would be willing to work with other jurisdictions. Staffs from Prince Georges County are also apparently willing to help. Barbara Moore asked what DHMH would do to contact private insurance companies. Cliff Mitchell indicated that Medicaid MCOs are in contact with DHMH about this now and DHMH

will make effort to contact insurers and the American Academy of Pediatrics. Barbara asked if there would be individual contact with providers. Pat McLaine noted that MDE had done outreach to providers using Medicaid nurses to distribute lead packet of information to providers and suggested that DHMH may want to look at electronic access to standard materials. With regards to access to testing data, Pat McLaine noted that in RI, providers have access to testing data on individuals. Cliff Mitchell indicated that there is no mechanism to directly access a BLL from the registry for an individual child but that data for counties is being made available through the Environmental Health Tracking System, but that is not available to providers. Paula Montgomery indicated that MDE was looking at requirements for a new registry now. With regards to public information available on BLL outcomes, Cliff Mitchell indicated that there were HIPPA issues about how DHMH could integrate surveillance data with housing registry data. Pat McLaine noted that an excellent database had been developed in 2003 for Baltimore, Chicago and Boston, that including mapping of BLLs at smaller geographic levels and mapping of housing compliance at the property level. David Skinner indicated that weatherization and the Department of Health programs had worked together to identify the highest priorities of housing stock within 10,000 homes based on lead and then asthma.

Pat McLaine raised the issue of a check of records for properties of children with BLLs 5-9 μ g/dL (a recommendation of the Commission to DHMH in 2013): check to see if rental (Y/N), then if rental, if registered with certificate – if no, then generate letter regarding need to comply. Paula Montgomery stated that if this was not required by regulation or statute, MDE does not have resources to do it. MDE's priority is statutory and regulatory requirements.

Pat McLaine asked what resources are available at the local health department for follow-up. Cliff Mitchell indicated that health departments were struggling to meet basic needs, maternal child health and injury prevention. Linkage of BLL results with property results will provide some capacity.

Cliff Mitchell said the goal of DHMH is to give providers resources to deal with patients, to generate a notice of defect where needed, and maybe to provide resources to help local health departments. Paula Montgomery indicated that MDE had given health departments money for case management in the past. At this time, some counties are voluntarily meeting with John Krupinsky to talk about BLLs of 5-9 μ g/dL, including the lower Eastern Shore, Baltimore County and Montgomery County. With regards to state resources for follow-up, Paula Montgomery indicated that MDE does all investigations state-wide except in Baltimore City. Baltimore City has 5 sanitarians and 1 supervisor funded with General Funds and 4-5 PHI positions. Cliff Mitchell added that Prince Georges County has one sanitarian and one nurse at 50%; he was not sure if Montgomery County had any resources. Paula Montgomery suggested that perhaps MDE should provide PHI/CHWs to work in counties. If Medicaid reimbursement was available for staff to conduct an investigation, this would be an additional resource for county health departments. DHMH has a task force looking at CHW certification, which may provide incentive for reimbursement. This will be a challenge until resources are in place.

Lead Commission Meeting
January 8, 2014
Page Six

Agency updates

Maryland Department of the Environment

Paula Montgomery included that the 50-78 property regulations are in place as of 1/1/2015. MDE received 500 voice mail messages one weekend. The RRP Regulations have not yet been posted; MDE expects to post in February at the earliest. There may be one piece of legislation from MDE allowing MDE to send out a Notice of EBL, but not make requirements of locals.

Maryland Department of Health and Mental Hygiene

Nothing more to report.

Maryland Department of Housing and Community Development

Ed Landon will track legislation for the Commission during the upcoming session -- please let him know if any legislation is/will be introduced. DHCD adopted the 2015 Building Codes as of 1/1/2015. Local jurisdictions have 6 months to amend or follow as published.

Maryland Insurance Administration

Nancy Egan is attending a State Interagency Coordinating Council and would like to coordinate.

Baltimore City Department of Housing and Community Development

Nothing more to report

Baltimore City Health Department

Laura Fox reported that new Health Commissioner Lena Wen starts 1/15/2015 and will be out in front on a number of public health issues. BCHD has re-posted for a lead director; copies of the position description were distributed.

Other

Tameka Witherspoon noted that she is organizing a Zumbathon on February 7th to raise money for fruit and vegetable baskets for families. Green and Healthy Housing and Lead-Safe Baltimore County will also be present.

A motion was made by Ed Landon to adjourn the meeting, seconded by Mel Jenkins. The motion was approved unanimously and the meeting was adjourned at 11:52 AM.



STEPHANIE RAWLINGS-BLAKE
MAYOR

PAUL T. GRAZIANO
COMMISSIONER

Notice Number: 1188057A-1

Page 1 of 2

0000

Location of Violation:

Address:

Block: 0.

Violation:

Issued: 01/07/2015

Number: 1188057A-1

Dear Owner/Resident:

A violation notice for flaking, peeling or chipping paint was recently issued for the property listed above. On the back of this letter you will find general information regarding your rights and responsibilities as a property owner or tenant under the Maryland Reduction of Lead Risk in Housing Law.

Contact information for the Maryland Department of the Environment, the Baltimore City Health Department and the Coalition to End Childhood Lead Poisoning is provided on the back of this letter. For more information on Baltimore City's Building, Fire and related codes, visit our website at www.baltimorehousing.org.

Sincerely,

Paul Graziano
Baltimore Housing Commissioner



Lead Risk Reduction: Your rights and responsibilities

Rental Property Owners:

If this property is constructed prior to 1950, the violation notice issued for peeling, chipping, flaking paint serves as a Notice of Defect under Maryland's Reduction of Lead Risk in Housing Law. Generally, rental property owners have three requirements under this law:

- 1) Register each rental unit each year with the Maryland Department of the Environment (MDE) and pay a \$15.00 annual fee to MDE for each rental unit;
- 2) Deliver to all tenants (by a verifiable method – proof of delivery) a copy of the "Notice of Tenant's Rights" and "Protect Your Family From Lead In Your Home" educational pamphlets at the initiation of a tenancy (and every two years thereafter). This is both a State and Federal requirement.
- 3) Perform Risk Reduction Measures in each rental unit built before 1950 to reduce lead hazards (all units built before 1950 are presumed to have lead-based paint) using accredited contractors. The Full Risk Reduction standard needs to be met at each change in occupancy. A copy of the Risk Reduction Certificate generated at the completion of the inspection must be delivered to the tenants at the lease signing. For existing tenants, a property owner is required to have the Modified Risk Reduction Measures performed within 30 days of receipt of a written "Notice of Defect." This Notice may state that there is chipping, peeling, or flaking paint in the property or a person at risk (child under age 6 or a pregnant woman) with an elevated blood lead level of 10 ig/dl or greater.

Tenants:

If you are a tenant renting an older property (generally pre-1950) in Maryland, you are protected by Maryland law and it is important that you know your rights. Beginning in 1996, when a tenant moves into a property built before 1950, the landlord must provide them with:

- 1) A copy of the lead risk reduction inspection certificate (issued by the Maryland Department of the Environment(MDE))
- 2) A copy of Notice of Tenants Rights
- 3) A brochure from the EPA Protect Your Family From Lead In Your Home

If the property in question is a pre-1950 rental property, the violation notice issued by Baltimore City Department of Housing and Community Development serves as a Notice of Defect and your owner has to:

- 1) Have an accredited contractor perform Modified Risk Reduction within 30 days of receiving the Notice.
- 2) Relocate you and your family temporarily if the work will take more than 24 hours.
- 3) Once the work is completed, the unit must pass a lead dust clearance test or you and the certified contractor that performed the work can sign-off on the work.

Things to remember:

The work to address the violation notice for peeling, chipping, flaking paint must be performed in accordance to the Maryland Reduction of Lead Risk in Housing Law and related regulations if this is a rental unit built before 1950.

- A tenant cannot be evicted or forced to move from the property due to a property owner receiving a violation notice.
- Tenants have the right to ask who is coming in to do the work, review identification cards and verify with MDE that the workers are qualified to do the work.
- Rental property owners have a right to access the property if they give tenant's reasonable notice, are using accredited contractors and have made temporary relocation arrangements if the work is going to take more than 24 hours.

Contact information:

- For questions concerning compliance with lead-safe laws, call Maryland Department of the Environment at 1-800-776-2706.
- If you would like more information on lead poisoning prevention, contact the Baltimore City Health Department Childhood Lead Poisoning Prevention Program at 443-984-2460 or the Coalition to End Childhood Lead Poisoning by e-mail at ceclp@leadsafe.org or by telephone at 410-534-6447 or 1-800-370-LEAD.



CODE VIOLATION NOTICE AND ORDER
By Authority of the Mayor and City Council of Baltimore

STEPHANIE RAWLINGS-BLAKE
MAYOR

PAUL T. GRAZIANO
COMMISSIONER

Notice Number: 1185352A-2

Page 1 of 6

1/5/2015

Inspector:

Name: WHITNEY DERIGGS

Phone: (410)545-7550

Area Office: 5225 York Road
Baltimore, MD 21212

Location of Violation:

Address:

Block:61

Violation:

Issued: 12/22/2014

Number: 1185352A-2

A Housing Code Enforcement Official inspected the property listed above and determined the property was in violation of the Building, Fire and Related Codes of Baltimore City or Zoning Code of Baltimore City. You are hereby ORDERED to obtain all required permits and to correct all the items cited on this notice on or before January 21, 2015. Individual items on this notice may require earlier completion as noted.

Violation

Item # 1: Complete within 30 Days
Location: FRONT OBSERVED A FRAME WITH DRY ROTTING WOOD.
Violation: Sec. 304.13, 304.15 PMCBC Defective door frame. Repair.

Item # 2: Complete within 30 Days
Location: FRONT OBSERVED CHIPPING PAINT ALONG DOOR FRAME.
Violation: Sec. 304.2 PMCBC Flaking Or Deteriorated Paint On Exterior Doors, Windows And/Or Trim. Remove And Repaint. If your property is a rental property constructed before 1950, this notice is a Notice of Defect pursuant to Maryland law (Maryland Annotated Code, Environment Article §6-819), and your receipt of this notice triggers a legal obligation to conduct a modified lead risk reduction within 30 days. Contact the Maryland Department of the Environment for more information 410-537-4199 or www.mde.state.md.us/lead. Please read the Lead Warning Statement printed at the end of this notice.

Item # 3: Complete within 30 Days
Location: LIVING ROOM OBSERVED A NON WORKING OUTLET.
Violation: Sec. 604.3 PMCBC Defective Electric Outlet. Replace.

Item # 4: Complete within 30 Days
Location: DINING ROOM OBSERVED A MISSING SWITCH PLATE.
Violation: Sec. 604.3 PMCBC Missing Switch Plate. Install.



417 East Fayette Street Suite 202 Baltimore, MD 21202

Baltimore Housing reflects the combined efforts of the Housing Authority of Baltimore City and the Baltimore City Department of Housing and Community Development.



CODE VIOLATION NOTICE AND ORDER
By Authority of the Mayor and City Council of Baltimore

STEPHANIE RAWLINGS-BLAKE
MAYOR

PAUL T. GRAZIANO
COMMISSIONER

Notice Number: 1185352A-2

Page 5 of 6

1/5/2015

than 10 days must be made before the expiration of the notice. In emergency situations this review procedure may not be available.

Separate appeal request must be made if you are appealing violations of both the Zoning Code and the BFRCBC.

Lead Warning Statement

Many homes built before 1978 were painted using lead-based paint. Lead-based paint is particularly dangerous if it is chipping or peeling. If home has been cited for chipping paint and this paint is lead-based paint, it places young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. It is recommended that in complying with this violation notice, you employ lead-safe work practices. If you would like more information on lead poisoning prevention, contact the Baltimore City Health Department Childhood Lead Poisoning Prevention Program at 443-984-2460 or the Coalition to End Childhood Lead Poisoning by e-mail at ceclp@leadsafe.org or by telephone at 410-534-6447 or 1-800-370-LEAD.

Property Registration

All non-owner occupied residential dwelling units and rooming units must be registered with the Commissioner of Baltimore Housing. The Baltimore City Code, Article 13, Subtitle 4-2, requires every owner of a non-owner occupied dwelling unit, "whether occupied or vacant, whether it is producing revenue or not producing revenue, whether habitable or not habitable" shall file a registration statement with the Housing Commissioner. This must be done upon any transfer of the property and every September 1st thereafter. Failure to register your property in the time and manner prescribed is a criminal misdemeanor subject to a fine of up to \$500 per day. A violation may also be enforced by Court Order, civil penalty and environmental citation. More information on Property Registration is available online at www.baltimorehousing.org. The Property Registration & Licensing Office is located at 417 E. Fayette Street, Room 100 and they are open Monday - Friday, 8:30 a.m. - 4:30 p.m.

For your reference:

- BFRCBC - Building, Fire and Related Codes of Baltimore City 2003
- PMCBC - Property Maintenance Code of Baltimore City
- FCBC - Fire Code of Baltimore City
- NEC - National Electric Code (1999 Edition)
- Zoning - Zoning Code of Baltimore City (2000 Edition)
- ART. 13 - Article 13 of the Baltimore City Code
- Ann. Code - Annotated Code of Maryland
- ORD - Ordinance



417 East Fayette Street Suite 202 Baltimore, MD 21202

Baltimore Housing reflects the combined efforts of the Housing Authority of Baltimore City and the Baltimore City Department of Housing and Community Development.

Increasing Lead Testing in Maryland: Results from a Survey of Health Care Providers
Kate Malenfant, CRNP, DNP

Summary of Findings

- ▶ Providers report high levels of routine blood lead testing for children insured by Medicaid :
 - * 89.7% for one year olds
 - * 89.6% for two year olds
- ▶ Providers report lower levels of routine blood lead testing for children with private insurance:
 - * 77% for one year olds
 - * 74% for two year olds
- ▶ Providers report inadequate routine testing of previously untested children aged 3-5 insured by Medicaid – 67%
- ▶ 32% of providers practicing in an at-risk zip code did not consider lead exposure to be a problem for the children in their practice
 - Consistent with 35% reported by Kemper and Clark (2005) in Michigan
- ▶ 25.5% of providers working in zip codes not identified as “at-risk” stated that they were in an “at-risk” area
- ▶ Among providers practicing in High Risk Zip Codes
 - 68% understood that lead was a problem in their area
 - 97% were aware of the Medicaid lead testing requirement for children.
 - 94% reported they routinely tested 1 year olds
 - 90% reported they routinely tested 2 year olds
 - 68% reported they routinely tested 3-5 year olds who had not been tested
- ▶ Reported testing practices for children less than 1 year of age were similar for those insured privately and by Medicaid.
- ▶ Reported routine testing of children ages 3-5 years who were not previously tested for lead was low: 67% for children insured by Medicaid, 60% for children privately insured.
- ▶ Providers who practiced in high risk zip codes report testing Medicaid enrolled children and privately insured children more frequently than providers NOT in at-risk zip codes
- ▶ Barriers to getting lead testing done
 - More than 40% of providers indicated there were **no** barriers to lead testing
 - 29% reported that parents refused to test their children
 - 29% reported that parents had difficulty accessing a laboratory
 - 16% reported that children were at low risk of lead exposure in their practice area

- ▶ Site for laboratory testing matters
 - BLL testing in the office was associated with better test completion (parents successful in completing testing >90% of the time):
 - Providers perceive offsite testing is a barrier to completing ordered blood lead testing
 - Providers perceive that offsite labs are more difficult for parents to access:
- ▶ Provider concerns regarding Lead Point of Care Testing
 - too time consuming
 - practice would lose money due to insufficient reimbursement
 - accuracy of specimen
 - not enough staff
 - would like more information:
 - ▶ start-up and supply costs
 - ▶ fees and billing
 - ▶ insurance reimbursement
 - ▶ ease of use
 - ▶ licensing
- ▶ About half (51%) knew that follow-up testing was needed for children with BLLs 5-9 μ g/dL

Implications for Practice:

- ▶ Our survey data also suggests that providers may be ordering tests, but testing is not always completed.
- ▶ There is a need for improved provider education regarding current recommendations, the risks associated with lead exposure and the need for consistent testing
- ▶ There is a knowledge deficit or confusion among the pediatric health care provider community about what constitutes risk for lead exposure and suggests that targeted lead testing approaches may be difficult to implement.
- ▶ A requirement for universal lead testing in Maryland, even if time limited, could provide better information about population lead risks and improve consistency across patient populations and across the state
- ▶ Offsite testing was associated with higher levels of parental refusal and significantly lower levels of BLL test completion
- ▶ Provider concerns about lead point of care testing can be addressed with accurate information and sharing experience of providers who successfully use lead POCT.

Lead Awareness Zumbathon
Saturday February 7, 2015
2p.m.-4p.m.

Dundalk United Methodist Church
6903 Mornington Road
Dundalk, Md 21222

Come out and join us in showing
support for Lead Awareness.
NO LEVEL IS A SAFE LEVEL.

Any questions contact:
Commissioner Tameka Witherspoon
443-622-0798

(Tickets are \$5.00 in advance, or \$7.00 at the door.)

All proceeds are going towards fresh fruit
and vegetable baskets to lead poison
victims.

FEBRUARY 5, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

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

SIGN-IN MEMBERS
 Governor's Lead Commission Meeting Attendance Sheet
 February 5, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	[Signature] <i>teacher@teacher</i>
LANDON, Edward	Dept. Housing and Community Dev.	[Signature] <i>502</i>
McLAINE, Patricia	Child Health/Youth Advocate	[Signature]
MITCHELL, Cliff	Department of Health and Mental Hygiene	[Signature]
MONTGOMERY, Paula	Secretary of the Environment or Designee	[Signature] <i>Paula.Montgomery</i>
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
ROBERTS, Linda Lee	Property Owner Post 1949	[Signature]
SCOTT, John	Insurer for Premises Liability Coverage in the State	[Signature]
STRONG, Ken	Baltimore City Housing	[Signature] <i>502</i>
SNYDER-VOGEL, Mary	Child Advocate	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT (Cheryl Hall)	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet
February 5, 2015

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
Elizabeth Kelley	MDE/OCC	elizabeth.kelley@maryland.gov
Christine Schifkowitz	CONNOR	cschifkowitz@connorinstitute.com
Patrick T. Connor	CONNOR	pconnor@connorsolutions.com
Michelle Franssen	MHA	tfranssen@mhaonline.org
Myra Knowlton	COGENCY	michelle.f@cocencyhealth.com
Suzanne Hampton-El	GHHI	SHAMPTONEL@ghhi.org
Sally Bjornholm	GHHI	sbjornholm@ghhi.org 443-842-5717

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

**Thursday, February 5, 2015
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA**

- I. Welcome and Introductions
- II. Old business
Update - Liz Kelley, Director, Office of Child Care, MSDE
- III. New Business
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, March 5, 2015 at MDE in the AERIS Conference Room – Front Lobby, 9:30 a.m. – 11:30 a.m.
- 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. Other Agencies
- VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDEStat Conference Room
February 5, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Susan Kleinhammer, Ed Landon, Pat McLaine, Cliff Mitchell, Paula Montgomery, Linda Roberts, John Scott, and Ken Strong.

Members not in Attendance

Nancy Egan, Barbara Moore, Delegate Nathaniel Oaks, Christine Peusch, and Mary Snyder-Vogel, Tameka Witherspoon

Guests in Attendance

Elizabeth Kelley – MSDE/OCC, Christine Schiffkovitz – Connor Solutions, Patrick Connor – Connor Solutions, Tommy Tompsett – MMHA, Michelle Fransen – Cogency, Myra Knowlton – BCHD, Syeetah Hampton-El – GHHI, and Sally Bjornholm.

Introductions

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

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, March 5, 2015 at MDE in the AERIS Conference Room, Front Lobby, from 9:30 AM to 11:30 AM.

Approval of Minutes

Ed Landon made a motion to approve the minutes with amendments, seconded by Barbara Moore. The motion was approved unanimously.

Old Business

Office of Child Care – Liz Kelley, Director of the Office of Child Care (OCC), Maryland State Department of Education, provided an update on lead in regulated child care facilities. The OCC has made a change in registration procedures to require that a home has met all applicable lead safe environment requirements. The application now includes the date a facility was built.

Liz Kelley passed out proposed regulation changes to Title 13A State Board of Education, Subtitle 15 Family Child Care, Chapter 01.B9 which adds the following: "Submit documentation showing that the home has met all applicable lead-safe environment requirements set forth at

COMAR 13A.15.05.02." They will be published in the Maryland Register in March and effective in late May.

The OCC website now includes a Lead Safety Noncompliance Report, available at <http://www.checkccmd.org/PublicReports/LeadSafetyViolationReport.aspx> . A copy was distributed at the meeting. It is possible to query by date range. Last month, three facilities were not in compliance. Liz Kelley indicated she was not sure if the report always indicated that a problem had been corrected and said she would check to see if re-inspections had been made to ensure facilities were in compliance.

Liz Kelley indicated that the number of Maryland child care providers is about 10,000. The OCC completed a full survey of all licensed facilities to determine when each was built and whether the property was a rental (yes/no). The OCC will be adding a data field in their internal tracking system to indicate the date of construction. OCC will also update screening for lead in children requirements based on changes with Maryland's change in screening policy. Liz Kelley indicated that OCC will take enforcement action on any lead problem identified to ensure child safety in all properties. Susan Kleinhammer asked if a property was proven to be lead free, if dust tests would be required. Liz Kelly answered no, but the operator must maintain the property. If OCC finds a problem, they will require correction. Ed Landon indicated he had gotten an email from Washington County OCC about a toilet; he asked if there were specific requirements on how to deal with this and whether OCC worked with local building code maintenance. Liz Kelley replied that OCC works closely with all local jurisdictions. Contractors must be licensed and certified. Liz Kelley was asked if facility owners know about RRP. She indicated that OCC requires a change of operation plan to be filed with OCC. When asked about requirements for lead training, Liz Kelley replied that Maryland Family Network had online training available and that they provided several conferences during the year. Maryland Public Television has partnered with OCC to develop on-line training. Liz Kelley indicated she was willing to facilitate training about maintenance for child care facilities and asked if members of the Commission would be willing to assist with technical assistance for awareness training regarding pre-1978 properties and properties undergoing maintenance.

Cliff Mitchell indicated that DHMH had a model for asthma-friendly childcare. He added that DHMH wants to do additional training of child care providers about the importance of testing at one and two years of age. Ken Strong asked if non-compliant providers with lead hazards might be able to apply for lead hazard reduction grants. Ed Landon said he thought so. Ed Landon will check with the Special Loans and Weatherization Programs at SDH and with Baltimore County (also has lead hazard control grant from HUD) and Ken Strong will check with BCHD housing and weatherization programs to see what funding is available for child care facilities.

Liz Kelley indicated that she could provide outreach to child care providers concerning the availability of funding. OCC has a partner's newsletter and is always looking for articles of interest. It is sent out and posted on their website. She would be more than happy to include information on this topic.

With regards to training of child care facility operators, Liz Kelley indicated that additional lead training would not be mandated. However, these individuals are required to take courses regularly, and courses on proper lead maintenance could be part of approved courses. Liz Kelley noted that a fall 2015 meeting for licensing specialists was planned; Paula Montgomery indicated she is willing to provide an update on lead at that meeting. Liz Kelley said they also have new hire training and would be willing to incorporate this information into the training as well. John Krupinsky suggested that a personal story from a parent, like Tameka Witherspoon, would also be a great addition.

New Business

Tameka Witherspoon indicated that Barbara Moore and Melissa Stokes have invited her to attend the Healthy Expo. She reached out to the community about concerns and will email a report. In addition, she has a lead awareness Facebook page that she tries to update twice a week; it can be accessed via "Lead Awareness" or "Tameka Witherspoon". The Zumbathon is scheduled for Saturday, February 7th. Mel Jenkins stated that he appreciates this good work and that the Commission appreciates that Tameka Witherspoon is an active member.

Legislation – Ed Landon said that no lead legislation has been introduced yet. He asked Commissioners and Guests to please let him know if they are aware that any bills have been introduced.

Potential Future Speakers – Ken Strong suggested that the Commission might invite:

- Paul Graziano, Director for Baltimore City Housing Community Development and Housing Authority. Ken Strong suggested that Mr. Graziano could follow through on Jason Hessler's report (January 2015), and update the Commission on lead in housing authority and Section 8 housing.
- Dr. Wen, Baltimore City's new Health Commissioner who could talk about the nexus between health and housing and the importance of lead prevention for young children.

Paula Montgomery asked what the Commission will work on during 2015. A number of priority areas were mentioned, including:

- housing and public health – what is the business and the public health case for eliminating lead hazards? Why are we asking people to invest more?
- Success of existing laws – MDE
- Universal screening
- Implementation of RRP
- Foreclosure and sale of non-compliant properties – Maryland has the second worst foreclosure problem in the US, behind New Jersey. Non-compliant properties are being sold. There have been changes to real estate policies for selling houses not in compliance with existing code.
- What is the human side of the story?

- What is the goal for the State of Maryland? Where do we need to be in 5 years? Why? How? What do we have to do to get there?

Ken Strong said a big picture perspective was needed but suggested the Commission needs to follow through on the myriad complex laws and regulations we have on the books. Cliff Mitchell indicated there should be a public debate, not a focus on regulations and laws. Pat McLaine noted that MDE has no plan for 2020. Susan Kleinhammer asked if we should ask for a Senator to be a member of the Commission. Pat Connor suggesting reviewing requirements for the Commission again, suggesting that the Commission should make a presentation to the General Assembly in 2016. Ed Landon said the Commission needed to focus on preventing lead poisoning; that is what is important. John Scott noted that the Court of Appeals took away limited liability, which was a problem for rental property owners. Ken Strong noted that the new CDC ruling is very important. Susan Kleinhammer stated that the numbers of children with higher lead levels will probably increase once we do more testing. Ed Landon noted that we have also changed the date for lead safety in rental housing from 1950 to 1978.

Members were asked to send ideas in writing for the Commission's 2015 agenda by February 26, 2015. The March 2015 meeting will focus on a discussion of priorities and objectives for 2015.

Agency updates

Maryland Department of the Environment

Paula Montgomery reported that the RRP Regulations were published in the Maryland Register on January 23, 2015. She will send out a copy to Commissioners.

Linda Roberts asked what percent of new properties that had to register ended up registering "lead free". Paula Montgomery indicated that it was still too soon to tell. She said that MDE also has had to look closely at what is "lead free". A property with a "lead free" certificate issued before September 23, 2003 is NOT exempt from HUD clearance or RRP requirements. Lead free certificate with the old standard received limited liability protection, but this was voluntary, and not part of the regulated universe. Now "lead free" is a regulated universe.

John Scott indicated that property owners voluntarily did this, but most owners who did so were trying to do the right thing. Paula Montgomery stated that the public had ample opportunity for comment on the latest law. Forty percent of Maryland children lead poisoned have been in owner occupied or rentals built 1950-1978.

Paula noted that there is a new piece of legislation to change the law. Mel Jenkins indicated that many owners are compliant but there are challenges in communication with the general public and legislators. We should go back to our basic mission – here is what has been done and here is what we need to do. Mel Jenkins stated that it is very confusing, and it has taken him years to understand. However, there is the perception that we have done this. We need to let them know that it's not done. Poisoned kids and exposures remain. He stated that we should recognize compliant owners.

Linda Roberts stated that she works with many compliant owners. They did it again in the 1990s. She spent hours explaining to owners why they are paying twice. But she said she is curious to know about the statistics, especially for owner occupied properties. What is the approach to help owner occupants understand that older houses pose problems?

Maryland Department of Health and Mental Hygiene

Cliff Mitchell reported that DHMH has started to review regulations on lead testing and is thinking about a targeting plan roll-out. He stated that DHMH wants one public meeting to solicit public input on (1) change in DHMH regulations from action at 10µg/dL to 5µg/dL, which drives what health care providers have to do; (2) for Office of Child Care, kindergarten and pre-kindergarten children must be screened or tested – is there a mechanism to enforce? There is none now; schools will not keep a child out. Where should we put the emphasis? On child care or health care providers?; (3) when would regulations go into effect for providers, for schools – probably 2016? Paula Montgomery will check to see what space is available for the Commission's April Meeting, which could be one option for a public meeting.

Asked about the Point of Care testing regulations, Cliff Mitchell stated that they were put out in December and January; he will provide Tracy Smith with both sets of regulations to send out to the Commissions.

Patrick Connor inquired if DHMH could confirm that Lab Corp is currently reporting at or under 5 ug/dl. Cliff Mitchell indicated that the reporting regulations are both DHMH (Point of Care) and MDE. Patrick asked if the labs can report accurately at 5µg/dL: is their calibration based on 0.25 Level of Detection? Cliff Mitchell stated that the labs are now reporting numerical results down to the Level of Detection and that he was not worried about the Analytics. Patrick Connor stated that Lab Corps was not yet at 5µg/dL.

Maryland Department of Housing and Community Development

Ed Landon stated that education and outreach on existing regulations pertaining to lead is lacking. The Commission needs to know what every state department has in regulation and what they are giving out. We should understand what both the state and city regulations are.

Maryland Insurance Administration

No one present to report.

Baltimore City Department of Housing and Community Development

Nothing to report.

Baltimore City Health Department

Everything is going well. The Department is interviewing for a coordinator this month.

Office of Child Care

Liz Kelley indicated that the Office was in the process of hiring a new nurse consultant.

Lead Commission Meeting

February 5, 2015

Page Six

Ed Landon indicated that he had received an email from his delegate asking for people to apply to open Maryland Boards and Commissions. He asked if anyone was interested in participating in the Maryland Building Rehab Council to please apply. Ed Landon will send the list to Tracy Smith to distribute to Commissioners.

No public comments were offered.

A motion was made by Ken Strong to adjourn the meeting, seconded by Linda Roberts. The motion was approved unanimously and the meeting was adjourned at 11:25 AM.

Licensed Child Care Programs - Lead Safety Noncompliance Report

Web-site - Marylandpublicschools.org

- ▶ Division of Early Childhood Development
- ▶ Publications and Reports
- ▶ Data and Reports

Direct link: <http://www.checkcmd.org/PublicReports/LeadSafetyViolationReport.aspx>

MARYLAND STATE DEPARTMENT OF EDUCATION - DIVISION OF EARLY CHILDHOOD DEVELOPMENT - OFFICE OF CHILD CARE
LEAD SAFETY VIOLATION REPORT

Facility/Provider Type: **All** From: 1/1/2015 To: 2/6/2015 Open / Closed: **All Open** View Report
 Find / Next Select a format Export
 14 of 1 100%

**Maryland State Department of Education - Division of Early Childhood Development - Office of Child Care
Lead Safety Violation Report**

2/5/2015

License / Case Number	Facility Name	Facility Type	Open / Closed	Facility Status	Capacity	County	Address	City	Zip Code	Inspection Date	Regulation Reference	Reinspection	Non-Compliance Finding
150149	Learning To Blossom Child Care Center, LLC	Center	Open	Continuing - Full	40	Baltimore City	3401 Mennasota Ave	Baltimore	21213	02/02/2015	13A.16.05.05C(1)	In a pre-1978 center that is not certified lead free, there shall be no chipping, peeling, rubbing, chalking, or deteriorated paint on any surface of an interior or exterior area used for child care.	There was chipping, peeling, rubbing, chalking, or deteriorated paint on a surface of an interior area used for child care.
57099	Hydo Fagbryi	Home	Open	Continuing - Full	8	Baltimore County	9815 Memotawake Road	Randallstown	21133	01/20/2015	13A.15.06.02C(1)	If the home was built before 1978 and is not certified lead-free, there shall be no chipping, peeling, rubbing, chalking, or deteriorated paint on any surface of an interior or exterior area of the home that is used for child care.	Chipping, peeling, rubbing, chalking, or deteriorated paint was observed on interior and exterior surfaces.

Title 13A STATE BOARD OF EDUCATION

Subtitle 15 FAMILY CHILD CARE

Chapter 02 Registration Application and Maintenance

Authority: Family Law Article, §§5-550, 5-557.1, and 5-560; State Government Article, §10-617; Article 88A, §6(b); Annotated Code of Maryland Agency Note: Federal Statutory Reference—Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.)

.02 Initial Registration.

A. (text unchanged)

B. An applicant for an initial registration shall:

(1)—(6) (text unchanged)

(7) As applicable, submit documentation that:

(a) (text unchanged)

(b) If the home is located in a condominium or residence which requires homeowners' association membership, the applicant has homeowner's liability insurance coverage as required by Maryland law; [and]

(8) Submit documentation that the applicable training requirements specified in COMAR 13A.15.06.02 have been met[.]; and

(9) Submit documentation showing that the home has met all applicable lead-safe environment requirements set forth at COMAR 13A.15.05.02.

C. (text unchanged)

Chapter 03 Management and Administration

Authority: Family Law Article, §§5-550, 5-557.1 and 5-560; State Government Article, §10-617; Article 88A, §6(b); Annotated Code of Maryland Agency Note: Federal Statutory Reference—Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.)

.02 Admission to Care.

A. The provider may not admit a child to the home for child care or allow a child to remain in care unless the provider has received:

(1) An emergency form for the child as required in Regulation .04A(1) of this chapter; and

(2) [A written report of a health assessment of the child on a form supplied or approved by the office; and

(3) Evidence, on a form supplied or approved by the office, that the child has had immunizations appropriate for the child's age that meet the immunization guidelines set by the Maryland Department of Health and Mental Hygiene.] Unless the child is temporarily admitted or retained pursuant to §D of this regulation:

(a) A written report of a health assessment of the child on a form supplied or approved by the office; and

(b) Evidence, on a form supplied or approved by the office, that the child has had immunizations appropriate for the child's age that meet the immunization guidelines set by the Maryland Department of Health and Mental Hygiene.

B.—C. (text unchanged)

D. Temporary Admission.

(1) A provider may temporarily admit or retain a child in care if the child's parent or guardian is unable to provide documentation of immunization as required at §A(3)(a) and (b) of this regulation.

(2) For a child to be temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to:

(a) Receive a medical evaluation to include, if applicable, a lead screening;

(b) Receive a required immunization;

(c) Acquire evidence of age-appropriate immunizations on a form approved by the office; or

(d) Reconstruct a lost record.

(3) The date of appointment, set pursuant to §D(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained in care.

(4) A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide the documentation required by §A(2) of this regulation within 3 business days after the date of the appointment made pursuant to §D(2) of this regulation.

.03 Program Records.

APRIL 2, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

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

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet
 April 2, 2015

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

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

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

April 2, 2015

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
Mike O'Leary	Balt City Housing	Michael.o'leary@baltimorecity.gov
James Kandrak	MDE-LRPF	james.kandrak@mde.maryland.gov
Ingru Knauth	RCHD	
Michelle Franzen	Cogency	michelle.fcogencyteam.wm
Christine Schifkowitz	CONNOR	@connorinstitute.com
Patrick T. Cannon	CONS USR	
ERICA Pelt	DHED-CIF	ERICA.KIRA@Maryland.Gov
Keller	MSDE-OC	elizabeth.kolley@maryland.gov
Suzanne Hampton-El	GHH I	SHAMPSTONE@GHHI.org
Francis Tablada	MDE	
Marc Keavatt	GHH	mkeavatt@ghh.org

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

**Thursday, April 2, 2015
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA**

- I. Welcome and Introductions
- II. Remembering Mary Snyder-Vogel
- III. Old business
Legislation Update – Ed Landon, DHCD
Update – Funding for Child Care Facilities (Baltimore City Housing and DHCD)
- IV. New Business – Lead Commission Priorities for 2015
- V. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, May 7, 2015 at MDE in the AQUA Conference Room – Front Lobby, 9:30 a.m. – 11:30 a.m.
- VI. 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. Other Agencies
- VII. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDEStat Conference Room
April 2, 2015

APPROVED Minutes

Members in Attendance

Susan Kleinhammer, Ed Landon, Pat McLaine, Cliff Mitchell, Barbara Moore, Christina Peusch.

Members not in Attendance

Nancy Egan, Melbourne Jenkins, Delegate Nathaniel Oaks, Paula Montgomery, Linda Roberts, John Scott, Ken Strong, and Tameka Witherspoon.

Guests in Attendance

Michelle Fransen – Cogency, Myra Knowlton – BCHD, Mark Kravatz -GHHI, Patrick Connor – Connor Solutions, Horacio Tablada – MDE, Mike O’Leary – BC Housing, Jonathan Klanderud – MDE/LPPP, Christine Schiffkovitz – Connor, Erica Kea – DHCD, Liz Kelley – MSDE, and Syeetah Hampton-El .

Introductions

Pat McLaine called the meeting to order at 9:40 AM with welcome and introductions.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, June 4, 2015 at MDE in the AERIS Conference Room, Front Lobby, from 9:30 AM to 11:30 AM.

Approval of Minutes

The minutes were reviewed; no changes were proposed. The Commission did not have a quorum and deferred approval to the May meeting.

Remembering Mary Snyder-Vogel

Pat McLaine reported on the Celebration of Life for Mary Snyder-Vogel organized by Kennedy Krieger Institute. Pat shared comments about Mary’s service on the Commission and many contributions to protecting the health and future of Maryland’s children. A short video with pictures, from the memorial, was played and Commissioners shared thoughts and feelings about our colleague, who served actively as a member of the Lead Commission for 15 years. Donations were collected after the meeting and sent to Kennedy Krieger.

Old Business

Maryland Legislation: Ed Landon presented an update on legislation currently before the Maryland General Assembly. SB 859 is now stalled. HB 1158 has been amended. MDE supports

HB 1158 as amended, per Jonathan Klanderud. This would change the exterior inspection requirement for "Limited Lead Free" properties from 2 years to 5 years. Susan Kleinhammer noted that the term "Lead Free" used in this legislation is different from Federal language. MDE staff noted that if problems were identified with a property, the property could be issued a notice of defect and 2-year certificate. Patrick Connor commented that this had been tied to multi-family property with lead-free units. What is there was a problem on the exterior of Building 12: are all units in Building 12 affected? All units in the development? How will we physically apply a notice of defect? Patrick Connor suggests that from an accreditation inspection perspective, it is not clear where the violation ends. Is the intent to fix exteriors only? MDE staff replied that 6-819 is unit based. The content of lead does not matter for deteriorated paint (P3, line 28 to end, p4). No one was at the meeting from multi-family housing with affected properties, but the question was posed: would a non-conforming inspection trigger a new survey? Erica Kea indicated that GHH had submitted written testimony against the bill. Their concerns: what is the scientific reason to go from 2 to 5 years? No one has explained this. Is there any information to support this change? Jonathan Klanderud (MDE) stated he thought it was administrative process and also to close the loophole to be able to deal with any problems on the exterior. A notice of Defect would trigger action within 3 months. Susan Kleinhammer asked if a Notice of Tenant Rights was required to be given out to tenants in these properties; as the bill is currently written, tenants would not be notified of their rights. Pat McLaine suggested that an amendment could be added to ensure tenant rights. Erica Kea noted that the Senate hearing is April 7. Ed Landon stated that this bill may affect many of the properties managed by Asset managers of DHCD and they will need to know what will be required.

Funding for Child Care: no information was available from BCHD or DHCD; Pat McLaine requested that information be provided for the May meeting. Of concern: are there obstacles to using funds because these are businesses? There are differences between "target housing" and "child-occupied facilities" and HUD rarely is asked for money for child care facilities. John Krupinsky will contact Buck Thompson from Baltimore County to provide comments on this matter for Baltimore County. Liz Kelly clarified that the child care subsidy is the only funding payable by the state on behalf of individual children who are under care. DBED is very limited and for most facilities, it has not often been worth their time and effort to request assistance.

New Business

Lead Commission Priorities for 2015

Copy of the Overview of the Lead Poisoning Prevention Commission and list of priorities already submitted by email were distributed to participants. Already on the list of priorities for 2015 are childcare (compliance, funding) and housing permits (Baltimore City Housing).

Other ideas discussed: (1) evaluation of how well existing loan/grant programs are meeting needs of owner-occupants: how many families have applied, how many have been turned down, could we streamline the process to make more money available to families? (2) Issue of homeowner's insurance for low income owner occupants; (3) number of children with higher

BLLs – estimate that there may be 500+ new children with BLLs of 10µg/dL+ ID every year (300+ identified now) but 4,000 kids with BLLs of 5-9µg/dL. At what level might we get the biggest public health value?; (4) RRP rule; (5) universal testing and follow-up with case management.

Cliff Mitchell indicated that DHMH needed public input on their draft targeting plan noting that the regulatory review process is beginning. DHMH may drop the requirement for BLL testing at entry to first grade. The school nurse can't communicate with the public health department. Not clear what implications are of dropping this requirement. Is there any better way to facilitate getting lead testing information to school nurses?

Susan Kleinhammer indicated that we have political, regulatory, economic and public health issues of concern.

Barb Moore noted that in the past we had 2 sub-committees, then we did a 2010 review, breaking our review down into 4-5 categories. However, when we tried to get data from state agencies, there were discrepancies, incomplete information and resistance to providing information. Ed Landon noted that people were very reluctant to share their funding information. He stated that he sees outreach and regulation issues being the big items.

Because the Commission did not have a quorum, a decision about priorities was deferred to the May meeting.

Request for Letter Supporting Funding of CDC and HUD

Pat McLaine requested that the Commission send letters of support for funding by CDC and HUD. Because we did not have a quorum, the letters will be sent out to members for a vote by email.

Agency updates

Maryland Department of the Environment

MDE worked with the Housing Authority to improve HB 1158. MDE believes this is a good bill. For "old" lead – free properties certified prior to 2009, Maryland only required testing of 10 units. Following that, MDE has adopted HUD standard. This will terminate certificates of homes by 2020 to meet the new HUD requirements. A Notice of Defect is needed for limited lead free properties. The Certificate will go to every 5 years to reduce administrative burden. The owner must provide an affidavit and keep pictures showing that the exterior is intact. MDE will look at the issue of notification over the summer; the system using registered mail is archaic. Patrick Connor asked if a property had a Notice of Defect for the exterior of a limited lead-free property+, would the owner need to complete an entire modified risk reduction; answer provided: no, just fix the outside. Patrick Connor asked if all lead had to be removed to get a lead free certificate – answer was no, just fix the outside. Question was asked about differences between the Federal regulation and Maryland regulation: must all lead be removed to get a lead

Lead Commission Meeting
April 2, 2015
Page Four

free certificate – answer was no. MDE staff noted that Limited Lead Free status is not exempt from 820 and 823. Patrick Connor suggested the addition of two exemption amendments to better cover these concerns; Horacio Tablada indicated that it was too late to accomplish this but the Department can do by regulation.

April 2, 2015
Page Four

Maryland Department of Health and Mental Hygiene

Cliff Mitchell requested to come back in May with a fleshed out requirements for a revised targeting plan, follow-up and requirement for testing of school-aged children. Tentative timeline: regulations in place by January 2016, new screening in place by January 2016, new regulations in place for schools September 2016, roll-out Fall 2015.

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

Baltimore City Department of Housing and Community Development -nothing to report.

Baltimore City Health Department

The Department has hired a new lead director; name was not available.

Office of Child Care – no one present to report

Maryland Insurance Administration - no one present to report.

Mount Washington Pediatrics – Barbara Moore went to Baltimore City Health Expo with a booth for lead poisoning. Tameka was there and provided education for many parents. Good News Baltimore is rolling out a video on lead poisoning today, focusing on long term effects (law suit, compensation, violence), also focused on housing stock. Available at www.goodnewsbalimore.org

Michael O’Leary indicated that Ken Strong will be on the Dan Rodericks radio show today.

A motion was made by Ed Landon to adjourn the meeting, seconded by Christina Peusch. The motion was approved unanimously and the meeting was adjourned at 11:50 AM.

HOUSE: Dear Chairman Diaz-Balart, Ranking Member Price, Chairman Cole and Ranking Member DeLauro,

SENATE: Dear Chairman Blunt, Ranking Member Murray, Chairman Collins and Ranking Member Reed,

On behalf of the Maryland Lead Poisoning Prevention Commission, I am writing to express our vigorous support for continued federal funding for the HUD Office of Lead Hazard Control and Healthy Homes and fully restored federal funding for the CDC Healthy Homes and Lead Poisoning Prevention Program. We respectfully urge you to provide \$120 million for HUD's Office of Lead Hazard Control and Healthy Homes, including \$25 million for the Healthy Homes Program, and \$29 million for CDC's Healthy Homes and Lead Poisoning Prevention Program in the Fiscal Year (FY) 2016 appropriations bill. Robust support for these programs is essential in supporting communities seeking to protect children at the highest risk of lead poisoning from hazards in their homes and in ensuring that children at the highest risk of lead poisoning will have access to critical services that can prevent the onset of future disability.

In 2015, lead poisoning, which is 100% preventable, remains a significant environmental public health threat. CDC estimates that 535,000 children from one to five years old have blood lead levels above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in the U.S. In Maryland in 2013, 1,724 children tested for the first time had blood lead levels above 5 $\mu\text{g}/\text{dL}$; 304 children had first-time blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more. Childhood lead exposure can lead to lifelong consequences, including decreased cognitive function, developmental delays, and behavior problems; very high levels can cause seizures, coma, and even death. Children exposed to lead can lose I.Q. points and are six times more likely to drop out of school than children without harmful lead levels. The annual economic costs to society of lead poisoning alone are over \$50 billion. There is no "safe" level of lead for a child.

There are 24 million homes in the U.S. with lead-based paint hazards jeopardizing the health and development of millions of children. Since their inception in 1993, HUD's Office of Lead Hazard Control and Healthy Homes has successfully developed programs that created over 208,000 lead-safe units through grants and over 186,000 lead-safe units through settlements of lead disclosure violation cases, and addressed health and safety conditions in over 20,000 substandard housing units. Additionally, HUD estimates that without their programs' actions to control hazards in over 370,000 housing units, over 800,000 children would have been included in CDC's estimate of the number of young children with blood lead levels above 5 $\mu\text{g}/\text{dL}$; an increase of 265,000 children. Providing \$120 million in FY 2016 to the Office of Lead Hazard Control and Healthy Homes is crucial to its continued success.

HUD's Office of Lead Hazard Control and Healthy Homes activities to reduce health and safety hazards in housing units saves billions of dollars by increasing productivity and decreasing medical and special education costs. Educational system costs alone are estimated at \$38,000 over three years per child with lead poisoning. Studies show a return of \$17-\$221 per dollar invested in lead hazard control and a net savings of \$181-269 billion. Funding for HUD's Office of Lead Hazard Control and Healthy Homes at \$120 million in FY 2016 will reduce preventable medical and education costs, strengthen the economy, and keep children healthy.

During the last two decades, CDC has delivered a cost-effective program to prevent lead poisoning and help children who have already been exposed to lead. CDC is the only agency that houses the information about where and when children are poisoned, maintaining it through a national surveillance system that monitors blood test results for four million children each year. State health and housing agencies rely on this surveillance system to best target funds and enforcement to the highest risk areas. An FY 2016 funding level of \$29 million for CDC's Healthy Homes and Lead Poisoning Prevention Program would allow 36 sites to go beyond surveillance activities to implement critical prevention strategies to control or eliminate sources of lead in environments of at-risk children. CDC's lead poisoning prevention and healthy homes efforts prevent approximately 100,000 children from being lead poisoned each year. Providing \$29 million in FY 2016 to CDC's Healthy Homes and Lead Poisoning Prevention Program is crucial to allowing CDC to fund state and local health departments, screen children, ensure that lead-poisoned infants and children receive medical and environmental follow-up, and prevent childhood lead poisoning through neighborhood-based approaches.

Again, we urge your support in funding these critical programs and continuing to support lead poisoning prevention and healthy housing efforts. We appreciate your consideration of these requests. For additional information, please do not hesitate to contact XXX

Sincerely,

HOUSE BILL 1158

M3

5lr2780

By: Delegate Stein

Introduced and read first time: February 20, 2015

Assigned to: Rules and Executive Nominations

Re-referred to: Environment and Transportation, March 9, 2015

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 2015

CHAPTER _____

1 AN ACT concerning

2 **Lead Risk Reduction Standards – Maintenance of Exemptions**

3 FOR the purpose of altering the time period when an owner of certain residential rental
4 property is required to submit a certain certification to the Department of the
5 Environment in order to maintain a certain exemption from certain lead-based paint
6 risk reduction standards; requiring an owner of certain residential rental property
7 to submit a certain certification to the Department within a certain time period after
8 receiving a written notice of chipping, peeling, or flaking paint on the exterior of the
9 property in order to maintain a certain exemption; requiring an owner of a certain
10 residential rental property to submit a certain affidavit on or before a certain date
11 and annually thereafter in order to maintain a certain exemption; ~~providing that a~~
12 ~~failure to possess or maintain certain records does not invalidate a certain exemption~~
13 requiring an owner of a certain residential rental property to maintain a copy of each
14 affidavit for a certain time period, and, on request, to submit a copy of an affidavit
15 to the Department; requiring a certain written notice of chipping, peeling, or flaking
16 paint be sent in a certain manner; providing that a certain exemption for a
17 multifamily rental dwelling expires on a certain date unless a certain inspection for
18 the presence of lead-based paint was conducted in accordance with certain standards
19 established by the U.S. Department of Housing and Urban Development regulations
20 adopted by the Department; and generally relating to exempting lead-free
21 residential rental property from certain lead-based paint risk reduction standards.

22 BY repealing and reenacting, with amendments,
23 Article – Environment

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Section 6-804
 2 Annotated Code of Maryland
 3 (2013 Replacement Volume and 2014 Supplement)

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

6 **Article - Environment**

7 6-804.

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

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

14 (2) States that:

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

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

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

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

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

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

32 (II) **ON OR BEFORE THE FIRST ANNIVERSARY OF THE DATE OF**
 33 **THE INSPECTION AND ANNUALLY THEREAFTER, ~~AN~~ A NOTARIZED AFFIDAVIT, ON A**

1 FORM APPROVED BY THE DEPARTMENT, AFFIRMING THAT THE EXTERIOR OF THE
 2 AFFECTED PROPERTY REMAINS FREE OF CHIPPING, PEELING, OR FLAKING PAINT.

3 (2) ~~A FAILURE TO POSSESS OR MAINTAIN RECORDS OF ANY~~
 4 ~~CERTIFICATION OR AFFIDAVIT REQUIRED UNDER PARAGRAPH (1) OF THIS~~
 5 ~~SUBSECTION DOES NOT INVALIDATE THE EXEMPTION~~ THE OWNER SHALL:

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

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

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

14 (I) CERTIFIED MAIL, RETURN RECEIPT REQUESTED; OR

15 (II) A VERIFIABLE METHOD APPROVED BY THE DEPARTMENT.

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

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

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

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

28 (D) ON OCTOBER 1, 2020, AN EXEMPTION FOR A MULTIFAMILY RENTAL
 29 DWELLING UNDER SUBSECTION (A) ~~OR (C)~~ OF THIS SECTION SHALL EXPIRE UNLESS
 30 THE NUMBER OF RENTAL DWELLING UNITS, ~~COMMON AREAS, AND EXTERIOR~~
 31 ~~SURFACES TESTED FOR THE INSPECTION REPORT WAS IN ACCORDANCE WITH TABLE~~
 32 ~~7.3: NUMBER OF UNITS TO BE TESTED IN MULTIFAMILY DEVELOPMENTS IN THE~~
 33 ~~GUIDELINES FOR THE EVALUATION AND CONTROL OF LEAD-BASED PAINT~~
 34 ~~HAZARDS IN HOUSING (1997 REVISION) PUBLISHED BY THE U.S. DEPARTMENT OF~~

HOUSE BILL 1158

1 ~~HOUSING AND URBAN DEVELOPMENT~~ REGULATIONS ADOPTED BY THE
2 DEPARTMENT.

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
4 October 1, 2015.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.

Suggestions for 2015 and future work of Commission

Tameka Witherspoon

Commissioner

1. Efforts in licensed child care
2. Follow up of problems ID in rental housing: extent to which problem exists, to which fines levied, number of properties with problem fixed
 - a. Notice of defect – follow up on all reports received by BCHD and MDE
 - b. Properties failing to re-register annually
 - c. Properties failing to report dust test results
 - d. Tenant ability to report defects

Linda Roberts

Commissioner

1. Outreach to older owner-occupied property owners
2. Evaluation of funding: how dollars were spent, which programs worked.
3. Based on evaluation, develop and recommend best practices

Ken Strong

Commissioner

1. Focus on follow-up of BLLs in 5-9 μ g/dL in Baltimore City
 - a. Consider issuing violations
 - b. Involve new Health Commissioner and Commissioner Graziano
2. Efforts to inform the legislature and the public that the battle to prevent lead poisoning is not over despite much progress.
 - a. Should be more proactive and outspoken
 - b. Decrease at higher levels plus increase in number affected at lower level
3. Promote better education of health care providers about lead so families will have more information about how to protect their children
 - a. Public sector funding has decreased and prospect for increased funding now is bleak
 - b. Unclear that local health departments and health care providers are prepared for additional responsibilities for health education and prevention efforts that should accompany expanded blood lead testing, as proposed by DHMH
4. Increase funding for home visiting to families with young children to focus on prevention efforts (and possibly on compliance).
5. Request the Legislature to broaden the scope of the Commission's authority to "Healthy Homes", so as to deal comprehensively with home-based health problems (including lead, asthma, fall/injury, fire, CO) and energy conservation.
 - a. Would have broader appeal, broader results
 - b. Would be more efficient and effective done together

Pat McLaine

Commissioner

1. Examine the ability of state and local officials to respond to lead poisoning cases
 - a. Adequacy of follow up for children with BLLs of 10 μ g/dL and higher
 - b. System for support to families of children with BLLs of 5-9 μ g/dL
2. Examine the effectiveness of legislation and regulations protecting children from lead poisoning

- a. Analysis of risk of exposure to children living in affected properties in compliance vs not in compliance with Maryland lead laws
 - b. Analysis of risk of exposure to children living in older owner-occupied properties
 - c. Analysis of rental property owner compliance with EA 6-8 (registration, compliance)
 - d. Analysis of compliance with RRP (training of contractors)
3. Coordinated plan for new universal BLL testing
- a. Outreach to providers, parents
 - b. Follow-up of children ID with BLLs 5-9µg/dL
 - c. Examination of results, including GIS mapping and Medicaid match

Cliff Mitchell

Commissioner

1. Policy issues associated with expansion of blood lead testing including:
 - a. Follow-up (BLLs 5-9µg/dL)
 - b. Outreach and education
 - i. Health care providers
 - ii. Parents

Patrick Connor

Interested party, former Commissioner

1. The effectiveness of lessening risks to responsible owners covered under Environmental Article 6-8.
2. Availability of 3rd party bodily injury liability insurance and premises liability insurance for Affected Property, including waivers of lead hazard exclusion and coverage for qualified offers
3. The adequacy of the qualified offer caps
4. 6-844 – Lead Poisoning Prevention Fund, including effectiveness of 6-848
 - a. When is next Request for Proposal coming out?
 - b. What is the competitive bid process?
 - c. In light of changes to Affected Properties, can housing related organizations apply for educational assistance funds?
5. 6-809 – Window Replacement Program – what is the current status?

Thomas Tompsett, Jr.

Director of Governmental Affairs

Maryland Multi-Housing Association

1. Lessening of risks to responsible owners (6-810(a)(1)(ii) of Environmental Section of Maryland Annotated Code)

“Our responsible owners have gone to great lengths and great expense to comply with the Maryland lead laws and such efforts should be rewarded. The study we are requesting is one way to accomplish that.”

KENNEDY KRIEGER INSTITUTE

A Celebration of Life ~Mary Snyder-Vogel~

The Social Work department will be hosting a gathering to celebrate the life and memory of Mary Snyder-Vogel

Date: Thursday, March 26

Time: 11:30-12:30pm

Place: Turner Concourse, Fountain area

Light fare and refreshments



For those wishing to send a card to Mary's husband Dave:
Please send the card to Linda Friend in the Social Work Department

For those wishing to make a donation:

Tallahassee Big Dog Rescue

P.O. Box 15571

Tallahassee, Florida 32317

Kennedy Krieger Institute Social Work Family Fund:

- Visit supportus.kennedykrieger.org/goto/MarySnyderVogel to make online donations
- Send directly to: Andrea DiGiacomo, Office of Philanthropy

For questions regarding the Celebration, please contact the Social Work Department



Disclaimer:

The materials in this e-mail are private and may contain Protected Information. Please note that e-mail communication is not encrypted by

<https://mail.google.com/mail/u/0/?ui=2&ik=bafcc4e321&view=pt&search=inbox&th=14c3cb0a76e73a37&siml=14c3cb0a76e73a37>



Tracy Smith -MDE- <tracy.smith@maryland.gov>

FW: Celebration of Life Event: Mary Snyder- Vogel

1 message

Sat, Mar 21, 2015 at 10:15 AM

Friend, Linda <friend@kennedykrieger.org>
To: "Tracy Smith -MDE- (tracy.smith@maryland.gov)" <tracy.smith@maryland.gov>

Hi Tracy,

Please see information below regarding the celebration that's planned for Mary.

If you have any questions, please let me know.

Thanks,

Linda Friend

Social Work Department

Kennedy Krieger Institute

friend@kennedykrieger.org

443-923-2802 (office)

443-923-9575 (fax)

From: Shepley, Patricia
Sent: Friday, March 20, 2015 2:34 PM
To: Distribution
Subject: Celebration of Life Event: Mary Snyder- Vogel

Lead Commission Donations on behalf of Mary Snyder-Vogel

Name	Amount	Fund: KKI Family/Big Dog Rescue	Send date
PATRICIA L. McLaine	\$40-	KKI	✓
PATRICK T. CUNNOR	250-	KKI	✓
Ed Handson	20-	KKI	Cash
John + Kristie Scott <small>COMPANY</small> WESTMINSTER AMERICAN INSURANCE	25-	KKI	✓
Christine Peusd MSCA	20	KKI	Cash
Maryland State Child Care Ass.			
BARBARA MOORE	20-	KKI	Cash
TOTAL \$	375		

Pat McLaine
P + Connor

MAY 7, 2015

**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 7, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	410 468 2488
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	301-429-7650
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	NOAKS@DELWEDAM
ROBERTS, Linda Lee	Property Owner Post 1949	301-410-8201
SCOTT, John	Insurer for Premises Liability Coverage in the State	301-351-5068
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

NOTICE

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

May 7, 2015

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

Name	Representing	Address/Telephone/Email
PT GANNON	GANNON	
LOHRY LEMBERT	MHTA	
DAVID SKINNER	GHTT	
Carnie E Burke	BCHLD	Eannie.burke@baltimorecity.gov
Nia Mill	SINKINS	
BOB WINTERST	AODK	
Hilary Miller	MDELMA	hilary.miller@maryland.gov
Michelle Prager	AGENCY	michellef@agencybaltimore.com
Christine Schiffritz	CONDR	
Megan Kowal	KOWAL	
Laura Fox	BOHD	Laura.Fox@BaltimoreCity.gov
Rachel Hess-Muthinda	DHM	
Nancy Servatius	DHMH	
Ann Lin	DHMH	ann.lin@maryland.gov
Liz Kelly		

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, May 7, 2015
9:30 a.m. - 11:30 a.m.
AQUA Conference Room
AGENDA

- I. Welcome and Introductions
- II. A Moment to Reflect – Freddie Gray and Lead Paint's Tragic Legacy
- III. Old business
 - Funding for Child Care Facilities
 - Letter to Federal Legislators
 - Priorities for 2015
- IV. New Business
 - DHMH Lead Targeting Rollout – review and comment
- V. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, June 4, 2015 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am
- VI. 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. Other Agencies
- VII. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AQUA Conference Room
May 7, 2015

APPROVED Minutes

Members in Attendance

Nancy Egan, Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Del. Nathaniel Oaks, Christina Peusch, Linda Lee Roberts, John Scott, Ken Strong, Tameka Witherspoon

Members not in Attendance

Barbara Moore

Guests in Attendance

Camille E. Burke, Patrick Connor, Laura Fox, Michelle Fransen, Rachel Hess-Mutinda, Liz Kelly, Myra Knowlton, Ann Liu, Nia Mill, Hilary Miller, Christine Schifkovitz, Nancy Servatius, David Skinner, Tommy Tomsett, Jr., Ron Wineholt.

Introductions

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

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, June 4, 2015 at MDE in the AERIS Conference Room, Front Lobby, from 9:30 AM to 11:30 AM.

A Moment to Reflect

In light of the recent tragic events in Baltimore and noting an article in the Washington Post that Freddie Gray was lead poisoned, with a BLL of $37\mu\text{g}/\text{dL}$ when he was 22 months old, Pat McLaine noted the importance of our work as a Commission and asked individuals in attendance to share their thoughts with the group. Ken Strong said that connections with the faith community would be helpful. Paula Montgomery noted that MDE has a Primary Prevention Unit in 3 areas of Baltimore City, one being Sandtown, and that several delegates have approached MDE to discuss the issue. Laura Fox said that the City Health Department was looking back at data, at maps and addresses, to focus on areas where we have problems. Camille Burke noted that churches are holding services outside now and are open to resources to assist. Ed Landon noted that FEMA has a program and that the City needs to open up to working with new groups. The Small Business Administration will provide support to 150 affected businesses. Faith-based groups may be able to figure out how they can help out in identifying funding resources.

Thank You to Tracy Smith

Today is Tracy Smith's last day providing administrative support to the Commission. She has accepted a position as the Executive Associate in the Office of the Secretary. Pet Grant,

Lead Commission Meeting
May 7, 2015
Page Two

Assistant to Paula Montgomery in the Lead Poisoning Prevention Program, will take over for Tracy. Commissioners thanked Tracy for her long service and excellent support to the Lead Program and the Lead Commission and wished her well in her new position.

Approval of Minutes

Ed Landon made a motion to approve the February minutes as written, seconded by Christina Peusch. The motion was approved unanimously.

Cliff Mitchell made a motion to approve the April minutes with one change, seconded by Nancy Egan. The motion was approved unanimously.

Old Business

Funding for Child Care Facilities – Ed Landon provided written information from DHCD but indicated there will be changes since focus is now being placed on long term efforts in Baltimore. Maryland Unites will provide opportunity for 0% loans for small businesses. Ed indicated he is willing to follow up if there is a case of a child care facility denied loan money. He urged that child care centers in West Baltimore contact Maryland Unites.

Ken Strong indicated that his program in Baltimore City is only dealing with residential properties and could consider licensed child care homes. Myra Knowlton indicated that unlicensed child care homes are a bigger problem. Ed Landon stressed the need for a comprehensive healthy housing approach. Ken Strong indicated that the City has made a lot of progress in terms of having funding for roofs and heating systems, since energy and weatherization funds are now in the mix. If several licensed child care facilities need help, the City can work on helping to identify solutions. Liz Kelly indicated that the Regional Manager for Baltimore City will be involved, suggesting a work group to identify barriers associated with lead, to include Baltimore City Health Department, Baltimore City Housing, MSDE Child Care Administration, Christina Peusch, Len Hull and Ed Landon. The work group will report back to the Commission in July.

Paula Montgomery noted many problems with Federal Funding; Ed Landon noted that the same problems existed with state dollars. John Scott stated that if state/local programs have money and individuals can't qualify for that money, we need to address the requirements. Nancy Egan noted that the group will identify barriers associated with lead and this will be a great opportunity to find solutions.

Letter to Federal Legislators – following discussion, the Commission approved unanimously to send letters to our Federal delegation, including EPA in the letter requesting Federal level support for lead poisoning prevention efforts. Paula Montgomery will provide text to add to the letter and Pat McLaine will send it out for one more review by Commissioners.

Priorities for 2015 – Commissioners submitted their top 3 priorities in writing. The votes will be tallies and sent back to the Commission by email.

New Business

DHMH Lead Targeting Rollout – review and comment

Cliff Mitchell provided the review, using powerpoint slides which were not distributed to the Commission. He reviewed the goals: to increase testing rates, to identify a larger proportion of children who are exposed, to understand current distribution of children at risk in Maryland, to prevent lead poisoning. He reviewed current Maryland laws on testing: children in at-risk zip codes to be tested at 12 and 24 months; children living in low-risk zip code to be assessed for risk using risk questionnaire at 12 and 24 months and tested if positive; children on Medicaid to be tested at 12 and 24 months of age, regardless of where they live; on entry to school or childcare, children must provide document of a lead test or document that they have never lived in an at-risk area. Although the law includes a requirement that school systems report to the local health department if a child living in an at-risk area has not been tested, the Attorney General has stated that schools can't release this information to the health department, so there is no enforcement mechanism for any action if there is no test provided at school entry.

DHMH is proposing a new targeting strategy as of 1/1/2016: all Maryland children born after 1/1/15 will be tested at age 1, all Maryland children born after 1/1/14 will be tested at age 2. DHMH is planning outreach to providers, schools, childcare and the public in Fall 2015.

Point of Care testing (POC II) is now on the excepted list, with a requirement for proficiency testing and for reporting to the Childhood Lead Registry.

The regulations were adopted for COMAR 10.10.03.02 (CLIFF - PLEASE CLARIFY). Proposed regulations will change the definition of EBL to $5\mu\text{g}/\text{dL}$ or greater. The rules to require testing will only apply to pre-K programs (e.g. child care). Older children and immigrants would still be tested in not previously tested.

DHMH is developing provider guidelines for children with BLLs of $5\text{-}9\mu\text{g}/\text{dL}$, anticipated to be around 4,000 children. The initial draw would be confirmed by a venous draw. Children would receive some evaluation for potential environmental risks, and providers would perform repeat testing on a recommended schedule. The roll-out for providers will include a one page chart for providers, school nurses, child care providers, MSDE Office of Child Care. The Coalition is helping to develop materials.

Cliff Mitchell asked if there was a role for local health departments? Were regional resources needed? Medicaid reimbursement for home investigation for lead is not now available. Increased numbers of Notice of Defects may significantly increase MDE's workload.

Cliff Mitchell requested comments on the regulations and the roll-out.

Ron Wineholt asked if the General Assembly has considered but not approved going from 10 to $5\mu\text{g}/\text{dL}$. Cliff Mitchell said that the official regulation is based on 10 or any other level set by CDC. CDC lowered the recommended level in 2012 based on 97.5%ile. What will be the

ramifications on MDE? Cliff Mitchell noted that this does not affect MDE's statute or regulations, it only affects clinicians. Paula Montgomery stated that MDE will continue to provide intervention at 10µg/dL. Ed Landon asked if the Federal guidelines will change for Public Housing. Cliff Mitchell noted that most children living in public housing are already being tested, most are covered by Medicaid. Paula Montgomery stated that both Section 8 and the Housing Authority follow Federal and State rules. Susan Kleinhammer noted that there is a practical dilemma: should owners of rental property do more? This may increase the number of notices of defects. Perhaps Notice of Defect should be issued for owner occupants?

Paula Montgomery noted that packets should be designed for owner occupied and rental properties. Cliff Mitchell noted that there would be regional resource centers (not local health departments) to help.

Ed Landon asked if a child has a BLL of 5-9, will anything happen automatically? Cliff Mitchell indicated that if a BLL was 7, the provider would talk with the parents about potential sources of lead, confirm the BLL, talk about diet, check siblings. If the parent reports that the house has peeling, flaking, chipping paint, provider will complete a NOD or contact the regional office if the property is rental and if the property is owner-occupied, ask when the house was built and recommend that the house be checked for lead. Cliff Mitchell thinks that testing will identify more areas with older housing that had not been previously identified because testing was low, but that more cases will also be identified in Baltimore City.

Paula Montgomery expressed concern about the increased number of children with 10µg/dL and higher that will trigger environmental investigation and increase visits and enforcement actions. Cliff Mitchell stated that the number may go from 300 to 450 or 500 cases per year. Pat McLaine suggested that Medicaid reimbursement for case management (CM) and environmental investigation (EI) for Maryland children with BLL of 10+µg/dL is needed. Criteria for reimbursement for EI would include the inspecting agency using a MDE certified lead inspector and having enforcement authority. Baltimore City is now trying to figure out how they will bill or if they can bill. No provider in MDE's lead program can bill. Local Health Departments can't bill for any clinical services under the ACA. It is unlikely that a private agency can provide EI services because they would not have enforcement authority. With regards to reimbursement for CM, Cliff Mitchell there is a code for billing that could be used. But billing for CM visits is the policy of Medicaid insurers and varies across insurers.

Cliff Mitchell indicated that there is an issue of schools – should there be a requirement for testing prior to entry to school, in K or 1st grade? Discussion was cut off due to lack of time remaining. The Chair asked Cliff Mitchell to please provide the Commission with written information concerning other questions/topics for which he would like comment and feedback.

Lead Commission Meeting
May 7, 2015
Page Five

Agency updates

Maryland Department of the Environment

Nothing more to report.

Maryland Department of Health and Mental Hygiene

Nothing more to report.

Maryland Department of Housing and Community Development

Ed Landon reported that resources for businesses would be available at www.mdhousing.org. Additional resources for businesses are available: <http://governor.maryland.gov/mdunites/>.

Maryland Insurance Administration

Nancy Egan reported that MIA is talking with businesses about claims. Some require police reports and MIA is asking for that to be waived. Nancy Egan will help if people have problems.

Baltimore City Department of Housing and Community Development

Ken Strong indicated that 25 people are going through Healthy Housing rating system training. The Department does not yet have the NOFA for the next round of HUD funding but would like support from the Commission for the application.

Baltimore City Health Department

BCHD asked Commissioners to welcome Camille Burke, new director for the Baltimore City Lead Program. The Commission looks forward to future opportunities to work together.

Office of Child Care

Nothing more to report.

Public Comment

Tameka Witherspoon reported that she had spoken at her local elementary school on Tuesday, met with local gardener and is looking to develop a flower garden in Dundalk to be focused on lead awareness. She has also contacted the Fourth of July parade organizers in Dundalk, to request a participation of a contingent for lead awareness. Ed Landon suggested that Tameka Witherspoon also contact legislators in Dundalk to request their support for participation in the parade.

A motion was made by Ed Landon to adjourn the meeting, seconded by Christina Peusch. The motion was approved unanimously and the meeting was adjourned at 11:37 AM.

Approved

HOUSE: Dear Chairman Diaz-Balart, Ranking Member Price, Chairman Cole and Ranking Member DeLauro,

SENATE: Dear Chairman Blunt, Ranking Member Murray, Chairman Collins and Ranking Member Reed,

On behalf of the Maryland Lead Poisoning Prevention Commission, I am writing to express our vigorous support for continued federal funding for the HUD Office of Lead Hazard Control and Healthy Homes and fully restored federal funding for the CDC Healthy Homes and Lead Poisoning Prevention Program. We respectfully urge you to provide \$120 million for HUD's Office of Lead Hazard Control and Healthy Homes, including \$25 million for the Healthy Homes Program, and \$29 million for CDC's Healthy Homes and Lead Poisoning Prevention Program in the Fiscal Year (FY) 2016 appropriations bill. Robust support for these programs is essential in supporting communities seeking to protect children at the highest risk of lead poisoning from hazards in their homes and in ensuring that children at the highest risk of lead poisoning will have access to critical services that can prevent the onset of future disability.

In 2015, lead poisoning, which is 100% preventable, remains a significant environmental public health threat. CDC estimates that 535,000 children from one to five years old have blood lead levels above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in the U.S. In Maryland in 2013, 1,724 children tested for the first time had blood lead levels above 5 $\mu\text{g}/\text{dL}$; 304 children had first-time blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more. Childhood lead exposure can lead to lifelong consequences, including decreased cognitive function, developmental delays, and behavior problems; very high levels can cause seizures, coma, and even death. Children exposed to lead can lose I.Q. points and are six times more likely to drop out of school than children without harmful lead levels. The annual economic costs to society of lead poisoning alone are over \$50 billion. There is no "safe" level of lead for a child.

There are 24 million homes in the U.S. with lead-based paint hazards jeopardizing the health and development of millions of children. Since their inception in 1993, HUD's Office of Lead Hazard Control and Healthy Homes has successfully developed programs that created over 208,000 lead-safe units through grants and over 186,000 lead-safe units through settlements of lead disclosure violation cases, and addressed health and safety conditions in over 20,000 substandard housing units. Additionally, HUD estimates that without their programs' actions to control hazards in over 370,000 housing units, over 800,000 children would have been included in CDC's estimate of the number of young children with blood lead levels above 5 $\mu\text{g}/\text{dL}$; an increase of 265,000 children. Providing \$120 million in FY 2016 to the Office of Lead Hazard Control and Healthy Homes is crucial to its continued success.

HUD's Office of Lead Hazard Control and Healthy Homes activities to reduce health and safety hazards in housing units saves billions of dollars by increasing productivity and decreasing medical and special education costs. Educational system costs alone are estimated at \$38,000 over three years per child with lead poisoning. Studies show a return of \$17-\$221 per dollar invested in lead hazard control and a net savings of \$181-269 billion. Funding for HUD's Office of Lead Hazard Control and Healthy Homes at \$120 million in FY 2016 will reduce preventable medical and education costs, strengthen the economy, and keep children healthy.

[\(#ctl00_SiteMap1_SiteMapPath1_SkipLink\) Home \(/Website/Default.aspx\)>> Programs \(/Website/Programs/Default.aspx\)>> Improving a Home \(/Website/Programs/ProgramList.aspx?sel=2\)>> Lead Hazard Reduction Grant and Loan Program \(/Website/Programs/LHRGLP/Default.aspx\)>> SLP Local County Contacts](#)

Special Loan Programs (SLP)

Local County Contacts

SLP Partners provide Program and Application information on the Lead Hazard Reduction Grant and Loan Program (LHRGLP (<http://www.mdhousing.org/lead>)).

County	Phone number	County	Phone number
Allegheny	301-783-1713	Garrett	301-334-9431
Anne Arundel	410-222-7600	City of Hagerstown	301-739-8577 X134
City of Annapolis	410-222-7600	Harford	410-638-3045
Baltimore City (DHCD)	410-396-4153	Howard	410-514-7530
Baltimore City (NHS)	410-327-1200	Kent	410-479-3000
Baltimore County	410-887-3124	Montgomery	240-777-3600
Calvert	410-535-4606	Prince George's	301-883-5570
City of Cambridge	410-221-1900	Queen Anne's	410-758-3977
Caroline	410-479-3000	City of Salisbury (NHS)	410-543-4626
Carroll	410-514-7530	Somerset	410-651-1424
Cecil	410-514-7530	St. Mary's	301-866-6590
Charles	301-934-9305	Talbot	410-514-7530
Dorchester	410-514-7530	Washington	301-797-4161
Town of Easton	410-822-5358	City of Westminster	410-876-6322
Frederick	301-600-3530	Wicomico	410-548-4861
City of Frederick	301-600-2842	Worcester	410-632-3112



Licensed Day Cares

State of Maryland -Department of Housing and Community Development (DHCD)- Community Development Administration (CDA)

- Licensed Child Care Facilities may participate in the Lead Hazard Reduction Grant and Loan Program administered by the State Department of Housing and Community Development (DHCD).
- According to Shawn Kingston, Deputy Director, CDA Single Family Programs, this is the only program in the State's Community Development Administration (CDA) that can be used by Licensed Day Care Providers for renovations to a property.
- For this Lead Hazard Reduction Grant and Loan Program, both the local contacts and the Maryland Community Development Administration (CDA) can take the applications.
- See attached list for local county contacts.
- See attached list for CDA's requirements for loans and grants.

State of Maryland -Department of Housing and Community Development (DHCD)- Neighborhood Redevelopment (NR)

- Neighborhood BusinessWorks Program Colleen –Cord Malone, Business Lending Program Coordinator for DHCD NR department, has provided a facts sheet (attached) and said they have funded Licensed Day Care Providers. (No details)
- She also said that the following people are good resources. (No details on programs).
 - DBED – Mr. Les Hall, lhall@choosemaryland.org, 410-767-6356
 - Maryland Capital Enterprises (MicroEnterprise Lending Partner) – Mr. Joseph Morse, www.marylandcapital.org 410-546-1900
 - FSC First (MicroEnterprise Lending Partner), Mr. Steward Smith, smith@FSCfirst.com , 301-883-6900



Maryland Department of Housing & Community Development
Division of Neighborhood Revitalization

Lawrence J. Hogan Jr
Governor
Boyd K. Rutherford
Lt. Governor

Neighborhood BusinessWorks Loan Program Fact Sheet

Purpose of the Program

The Neighborhood BusinessWorks program (NBW) provides a revitalization resource to help stimulate investment in Maryland's older communities. The NBW loans provide flexible gap financing to small businesses locating or expanding in locally designated neighborhood revitalization areas throughout the State.

Eligible Applicants

- Maryland-based small businesses (small business as defined by the U.S. Small Business Administration)
 - Nonprofit organizations whose activities contribute to a broader revitalization effort and whose projects are intended to promote investment in commercial districts or town centers
- Note: Local governments are not eligible applicants.

Amount of Financing Available

- Loans up to \$500,000
- Each project assessed for financial need, up to 50 percent of total project cost (Refinancing will not be considered part of the project cost)

Eligible Projects

- Retail businesses, including franchises
- Manufacturing businesses
- Service-related businesses
- Mixed-use projects, consisting of a commercial or retail use at street level and no more than 12 residential units

Note: Some restrictions apply. See Restrictions section which follows.

Eligible Uses of Funds

- Market/planning/feasibility studies
- Real estate acquisition
- New construction or rehabilitation
- Leasehold improvements
- Machinery and equipment
- Working capital (when part of total project cost)
- Certain other costs associated with opening or expanding a small business

Notes:

- (1) A Minority Business Enterprise Plan is required for those projects where NBDP funds will exceed \$250,000 for construction or rehabilitation.
- (2) Construction projects are reviewed by this Department's offices of Maryland Historical Trust and Codes Administration prior to funding.

Loan Terms

- Interest rate is below market, based on underwriter's analysis
- Loan term up to 15 years, depending on loan size and underwriting
- Minimum 5 percent applicant capital cash contribution is required (based on total project cost)
- Personal guarantees and collateral are required
- No prepayment penalties



The Maryland Department of Housing and Community Development (DHCD) pledges to foster the letter and spirit of the law for achieving equal housing opportunity in Maryland

Criteria Considered

- Project viability and potential
- Impact of the project on its neighborhood
- Significant exterior improvements
- First floor commercial or retail space use which generates street level activity
- Improvements to a vacant/underutilized building or site
- Introduction of needed goods or services to a neighborhood
- Creation of new jobs
- Readiness to proceed

Restrictions & Considerations

Priority is given to projects that strengthen neighborhood commercial districts and are part of a greater revitalization strategy. The following types of projects and activities will not be considered for NBW financing:

- Speculative developments (All properties must be pre-leased for a minimum of 51% of the leasable space prior to loan closing.)
- Refinancing
- Residential or transient living facilities (other than mixed-use projects described in Eligible Projects section), e.g., multifamily or single-family housing developments, nursing homes, assisted living facilities, crisis care centers, group homes, transitional housing, and homeless shelters
- Facilities such as community halls, fire stations, hospitals, colleges, or universities
- Adult bookstores, adult video shops, other adult entertainment facilities, gambling facilities, gun shops, liquor stores, massage parlors, pawn shops, tanning salons, or tattoo parlors

Application

A complete NBW loan application consisting of the items on the Required Documentation Checklist in the application package must be submitted before a project can be fully processed. If the application for funds is approved, additional documentation will be necessary to close the loan.

For Additional Information

Please contact:

Michael J. Haloskey III
Director Business Lending Programs
Phone: 410-514-7237 Email: michael.haloskey@maryland.gov
Maryland Department of Housing and Community Development
Neighborhood BusinessWorks Program
100 Community Place
Crownsville, Maryland 21032
Phone: 410-514-7237 Fax: 410-514-7925
<http://www.neighborhoodrevitalization.org/Programs/NBW/NBW.aspx>
MD Relay for the Deaf: 1-800-735-2258

Employment Opportunities

As part of Maryland's continuing efforts to provide successful Welfare-to-Work opportunities, the Department of Housing and Community Development encourages Neighborhood Business Development Program applicants to make jobs available to Temporary Cash Assistance recipients. For further information on how to reach these resources, please contact the Department of Human Resources, Office of Work Opportunities at 410-767-7976 or the Department of Labor, Licensing and Regulation, Office of Employment Training at 410-767-2800 or the Maryland Job Service at 410-767-3416. Maryland also maintains a job bank on the internet at <https://mve.dlir.state.md.us/JobSeeker/JobSeekerHome.asp>

[\(#ctl00_SiteMap1_SiteMapPath1_SkipLink\) Home \(/Website/Default.aspx\)>> Programs \(/Website/Programs/Default.aspx\)>> Improving a Home \(/Website/Programs/ProgramList.aspx?sci=2\)>> Lead Hazard Reduction Grant and Loan Program \(/Website/Programs/LHRGLP/Default.aspx\)>> Special Loan Table](#)

SPECIAL LOAN PROGRAMS

	Grants	Loans Amortizing	Deferred
Special Requirements	<ul style="list-style-type: none"> Must be in target area or must plan to utilize an innovative lead hazard reduction treatment Underwriting must show no affordability to repay loan or property does not have sufficient value to secure debt 	N/A	<ul style="list-style-type: none"> Only if underwriting shows no affordability to repay loan
Annual Sponsor Maximum	\$100,000	N/A	\$100,000
Unit Maximum	\$25,000	\$25,000	\$25,000
Loan Terms	N/A	0%-7%, 20 Years	0%, 20 Years
Match Requirement	<ul style="list-style-type: none"> 20% For-Profit sponsor 10% Nonprofit sponsor 10% Owner-Occupants with income above 80% of median N/A Owner-Occupants with limited incomes (i.e. income is less than 80% of median) 	N/A	N/A
Fees	<ul style="list-style-type: none"> For-Profit sponsor must pay Nonprofit sponsor and Owner-Occupants of limited income may include fees in financing 	<ul style="list-style-type: none"> For-Profit sponsor must pay Nonprofit sponsor and Owner-Occupants of limited income may include fees in financing 	<ul style="list-style-type: none"> For-Profit sponsor must pay Nonprofit sponsor and Owner-Occupants of limited income may include fees in financing
Debt-to-Value	N/A	100%	100% Exceptions for Owner-Occupant property with lead-affected household
Loan Forgiveness	N/A	N/A	If no equity is available to repay the loan upon resale, transfer or after 20 years, then forgiveness may be considered.

Notes:

- Licensed day care centers are eligible to apply.
- Clearance testing is required.
- Unless otherwise noted, the sponsor will be responsible for all fees and charges associated with application and closing.



[\(#ctt00_SiteMap1_SiteMapPath1_SkipLink\) Home \(/Website/Default.aspx\)>> Programs \(/Website/Programs/Default.aspx\)>> Improving a Home \(/Website/Programs/ProgramList.aspx?sci=2\)>> Lead Hazard Reduction Grant and Loan Program \(/Website/Programs/LHRGLP/Default.aspx\)>> SLP Local County Contacts](#)

Special Loan Programs (SLP)

Local County Contacts

SLP Partners provide Program and Application information on the Lead Hazard Reduction Grant and Loan Program (LHRGLP (<http://www.mdhousing.org/lead>)).

County	Phone number	County	Phone number
Allegany	301-783-1713	Garrett	301-334-9431
Anne Arundel	410-222-7600	City of Hagerstown	301-739-8577 X134
City of Annapolis	410-222-7600	Harford	410-638-3045
Baltimore City (DHCD)	410-396-4153	Howard	410-514-7530
Baltimore City (NHS)	410-327-1200	Kent	410-479-3000
Baltimore County	410-887-3124	Montgomery	240-777-3600
Calvert	410-535-4606	Prince George's	301-883-5570
City of Cambridge	410-221-1900	Queen Anne's	410-758-3977
Caroline	410-479-3000	City of Salisbury (NHS)	410-543-4626
Carroll	410-514-7530	Somerset	410-651-1424
Cecil	410-514-7530	St. Mary's	301-866-6590
Charles	301-934-9305	Talbot	410-514-7530
Dorchester	410-514-7530	Washington	301-797-4161
Town of Easton	410-822-5358	City of Westminster	410-876-6322
Frederick	301-600-3530	Wicomico	410-548-4861
City of Frederick	301-600-2842	Worcester	410-632-3112



JUNE 4, 2015












**LEAD POISONING PREVENTION
COMMISSION MEETING**

NOTICE

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

SIGN-IN MEMBERS
 Governor's Lead Commission Meeting Attendance Sheet
 June 4, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne 	Property Owner Pre 1950	
KLEINHAMMER, Susan 	Hazard ID Professional	
LANDON, Edward 	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff 	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara 	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina 	Child Care Providers	410 820 9196 mrcar
ROBERTS, Linda Lee 	Property Owner Post 1949	Same
SCOTT, John 	Insurer for Premises Liability Coverage in the State	
STRONG, Key 	Baltimore City Housing	
WITHERSPOON, Tameka 	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

June 4, 2015

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

Name	Representing	Address/Telephone/Email
Michelle Hansen John Kirk Dunsley	Cognitive WDC	Michelle@cognitive.team.com
Nancy Servatius	DHMIT	Nancy.Servatius@maryland.gov
Sally Bronholm	GHHI	sbronholm@ghhi.org
Paul Winkler	ADSD	
Arlene Winkler	AMT	awinkler@americon.org
Nick Carey	MIA	nick.carey@maryland.gov
Lynette Wallace	RCCC	lw.wallace@maryland.gov
Mark Kravatz	GHHI	mkravatz@ghhi.org

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, June 4, 2015
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

- I. Welcome and Introductions
- II. Old Business
 - Funding for Child Care Facilities Workgroup
 - Letter to Federal Legislators
 - Priorities for 2015
 - DHMH Lead Targeting Rollout
 - Dundalk 4th of July Parade
- III. New Business
 - Baltimore City HUD Application
 - Education/Outreach campaign to faith-based community
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, July 2, 2015 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. 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 4, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Edward Landon, Patricia McLaine (via phone), Cliff Mitchell, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, Linda Lee Roberts, John Scott, Ken Strong, Tameka Witherspoon

Members not in Attendance

Nancy Egan, Susan Kleinhammer, Paula Montgomery

Guests in Attendance

Michelle Franken (Cogency), Liz Kelly (OCC), Myra Knowlton (BCHD), John Krupinsky (MDE), Nancy Servatius (DHMH), Sally Bjornholm (GHHI), Mark Kravatz (GHHI), Ron Wineholt (AOBA), Arla Washington (AMA), Nick Cavey (MIA), Loretta Wallace (BCoCC)

Welcome and introductions

Ed Landon called the meeting to order at 9:35 a.m. with welcome and introductions. Minutes of May 7, 2015 were reviewed and accepted. Mel Jenkins made a motion to accept and the motion was seconded by John Scott. All present commission members were in favor.

Old Business

Funding for Child Care Facilities Workgroup

The group has not yet met. Ed Landon asked for a chair for the group and suggested Liz Kelly. Loretta Wallace will ask Liz Kelly to coordinate a meeting. Pat McLaine feels a Commissioner should chair the group. Ken Strong wants to be more involved but has another deadline of 6/23, therefore unable to lead this child care workgroup. Commission is asking for a report from workgroup for the August meeting. Liz Kelly will set up a meeting with the plan for a Commission member to be the chair.

Letter to Federal Legislators

Letter was drafted to request Federal level support for lead poisoning prevention efforts and sent to Commission members by email for approval. The letter included a statement about Freddie Gray's history of lead poisoning. Though not all Commission members were in agreement with including the statement about Freddie Gray, the majority did agree. The letter was sent to Legislators the last week of May. So far Pat McLaine has received one positive response and will report on the feedback received to the letter at the July Commission meeting.

Priorities for 2015

The Commissioners reviewed handout "Lead Commission Priorities for 2015" which listed the tallied votes. First priority (14 points) is outreach/education to child care, older property owners, health care providers. Second priority (12 points) is MDE resources for additional response for children with BLL 5-9, including issuing violations. There is a tie for third priority (each with 11 points) are blood lead testing, including outreach/education of health care providers, follow-up of 5-9, universal testing approach; and evaluation of regulation compliance, including rental properties and follow-up of lead poisoning cases.

Cliff Mitchell noted the list provides a nice summary of issues, and there are several duplicates/overlapping goals. The top 5 priorities (all ≥ 10 points) involve some outreach, and #1 and #3 address education. Commission is very clear that priority is outreach and education. New guidelines target education to providers and parents. Ken Strong pointed out that #2 (MDE resources) are needed so to support other priorities.

What's next? Should there be a workgroup to determine how to proceed? Pat McLaine has started a list of items from previous meetings and plans to talk to Paula Montgomery about issues that have recurred and need to be addressed – such as screening and permitting. Jason Hessler will present about permitting at the July 2nd meeting.

DHMH Lead Targeting Rollout

Cliff Mitchell presented a "lists of asks" regarding the rollout of the new targeting plan that will change the landscape of testing/screening:

- Expanded testing rollout – ways to communicate to providers? Parents? Child care providers? Non-licensed child care providers?
- How to get information to communities with large immigrant population?
- How to get information to insurance companies?

Cliff Mitchell asked that Commission members provide guidance and input to DHMH about the most effective means of communication and requested that Commissioners let him know if there are any other areas that need to be addressed – such as "should there be testing before kindergarten or first grade?"

Cliff Mitchell asked specifically about suggestions for strategies to address health care providers: with whom should DHMH communicate? What is the best media for each targeted groups? Are society newsletters effective means for communications?

John Scott suggested using Public Service Announcements (PSAs). Ed Landon emphasized using social media/technology such as twitter. After additional discussion, it was thought that Twitter may be good for the public but not health care providers. Ed Landon feels public will drive what needs to be done. So far he has not seen anything about lead poisoning on his twitter account. John Scott noted that providers have so many other issues to address they can forget about blood lead levels. John Krupinsky noted that MDE has had conversations with providers

but that information about the need for testing was not clear. Information alone is not sufficient; we will need to ensure follow-through.

Linda Roberts suggested using Housing Organizations as a means of communicating with housing stakeholders. Barbara Moore stated that the Maryland Chesapeake NAPNAP (Pediatric nurse practitioners) online alerts could be used to notify NPs. Barbara Moore stated that she has been working with a group of pediatricians from Hopkins Community Partners on a provider education program, developed because a child was recently admitted to an acute care facility from an ER with lead poisoning and then subsequently discharged to home on chelation without home status being confirmed as lead free, which it was not. Primary Care Providers (PCPs) are not currently aware of resources available in the community. Maryland should consider in-services for other practice groups. Cliff Mitchell reported that he has developed a slide presentation with the public health residents which can be taken anywhere; Barbara Moore requested a copy of the slide presentation.

Pat McLaine asked for a clearer statement about what DHMH wants to do; are resources sufficient? Cliff reported that he is developing materials with the Green and Healthy Homes Initiative (GHHI) and has contracts with them. They are developing a one-page information sheet on "how to manage..." for health care providers.

John Krupinsky asked about outreach to MCOs and if problems related to families getting to blood draw sites/transportation are being addressed. Cliff reported he had discussions with Medical Assistance and MCOs, to determine if Point of Care (POC) lead testing will be reimbursed. Some insurers bundle reimbursement for lead testing with other tests.

Dundalk 4th of July Parade

Tamika Witherspoon has completed the application for a group to participate in the parade. She is planning for the group "Dallas and Friends Lead Free Zone" to make a float. Commission members are invited to participate as individuals to support Tamika's efforts. John Scott has made a donation to support Tamika's group.

New Business

Baltimore City HUD Application

Ken Strong presented a letter to Matt Ammon at Office of Lead Hazard Control and Healthy Homes, UD Dept of Housing and Urban Development supporting Baltimore City's application for the "Lead Hazard Reduction Demonstration Grant Program (FR-5900-N-13), and the Baltimore City Lead Hazard Reduction Program abstract. Pat McLaine asked Ken what the supplemental healthy homes funding could be used for. Ken Strong reported that the program has the Healthy Homes Rating System on a tablet and can easily identify the highest needs in a home, which will be used to help decide what needs to be done for individual homes and how money will be spent. So far, 33 people have been trained on using the rating system.

John Krupinsky asked about application:

- Who can apply? Ken Strong reported that families with children under the age of 6, living in a house with hazards can apply; the application is given priority if the child has an elevated blood lead level. Baltimore City Health Department will provide a list of families for outreach and recruitment.
- Has the form been streamlined? Ken Strong noted that the local application has been streamlined but the HUD part is tedious/long/detailed – if any part is missing, the application may be tossed.
- What percent of applications get approved? Ken Strong stated a lot of applications have been incomplete and have been withdrawn due to inconvenience of relocation. It has been difficult to meet goals because many houses have structural damage, including a current pilot case with GHHI. In these situations, the program has gone to the house with scanner, tried to identify problems and to stretch resources

Mark Kravatz indicated that sometimes the deed is not available, for instance with when there is an estate following the death of a family member who willed the house to someone in family.

Ken Strong reports that so far the field visits have gone well.

Ed Landon asked if additional letters of support are needed and Ken responded yes. Pat McLaine made a motion that the Commission send a letter of support for the grant application, seconded by Barbara Moore; Mel Jenkins abstained, all other commissioners voted to in support of sending a letter.

Education/Outreach Campaign to Faith-Based Community

Ken Strong noted that Freddie Gray and his sister had a history of lead poisoning. Baltimore City is considering working with the faith-based community to inform at-risk communities about lead poisoning. Ken Strong and Michael O’Leary of Baltimore City Health Department have developed a 2 page flyer “Prevent Lead Poisoning” to be distributed to church communities. Ken Strong requested that the Commission review the draft and provide feedback. The flyer addresses what is lead, what can lead do to you, who is most at risk, how does someone become poisoned by lead, what can you do, and local resources.

Ken Strong asked if there are any additional resources. Is the best education material highlighted? Is it better to do at one time or better to spread education out over time? They are willing to send speakers out to groups as well. Mayor’s Office of Neighborhoods should be contacted for support. It was suggested to add MDE and for resources to use email addresses. Also under resources, change “Benefits Screening” to “Service Coordination”

Pat McLaine asked who will follow-up with an increased number of Notices of Defects, if filings by families are encouraged? What strategies will we use to handle the increase? She suggested that we need to look at what can be put into place to address the increased workload. Ken Strong will assure that someone available to answer calls and questions.

Lead Commission Meeting
July 2, 2015
Page Five

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, July 2, 2015 at MDE, 9:30am – 11:30am.

Agency Updates

Maryland Department of the Environment –nothing to report per John Krupinsky

Maryland Department of Health and Mental Hygiene – Cliff Mitchell indicated he is asking for suggestions from several groups including Office of Child Care, Children’s Environmental Health Advocacy Council, Commission on Environmental Justice/Sustainable Communities, with the focus on how to communicate to providers and how to reach “hard to reach” communities, especially immigrants and older children who may have had inadequate health care earlier and were not tested at a younger age.

Ed Landon asked about the time line for implementation. Cliff Mitchell stated that a formal process with timeline is in place with regulatory review and draft regulations this year (Summer/Fall 2015), and implementation to begin January 1, 2016. Pat McLaine asked that Cliff Mitchell provide slides from the presentation in May to the Commission, as requested and promised previously.

Maryland Department of Housing and Community Development - Ed Landon reported that a meeting will be held at Morgan State on June 4, 2015 to discuss funding for West Baltimore.

Baltimore City Health Department – nothing to report per Myra Knowlton

Office of Child Care – Liz Kelly reported that the Office is in the process of hiring a new nurse consultant with interviews to be held next week.

Maryland Insurance Administration – nothing to report

Public Comment

Tameka Witherspoon reported that 2 months ago she invited the major to attend a Commission meeting to discuss city’s plans on handling the large number of old/abandoned houses in the city. However, she has not been able to make it due to other commitments, but the Health Commissioner may be able to attend the meeting on 7/2/15. Pat McLaine indicated she will follow up with an invitation to the Health Commissioner to attend an upcoming meeting.

Ken Strong reported he has spoken with Jason about presenting at July meeting.

Green and Healthy Homes Initiative, Mark Kravatz – discussed a former Rhode Island program in which research students identified community resources in the state. The program is being started in Maryland with students for Johns Hopkins this summer. There are 74 applications.

Lead Commission Meeting
July 2, 2015
Page Six

They will identify agencies available in the city and lead resources in the state of Maryland.
www.wikihousing.org

Adjournment

A motion was made by Linda Roberts to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:20 AM.

Baltimore City Lead Hazard Reduction Program

ABSTRACT

Baltimore City has the highest rate of children testing with elevated blood lead levels in the state of Maryland and one of the highest rates among urban centers in the nation. The highest rates of childhood lead poisoning are in the lowest income neighborhoods of Baltimore City, with the most distressed older housing, disproportionately impacting African-American children. Over the years, in partnership with HUD, great progress has been made locally and nationally to reduce the incidence of childhood lead poisoning. But our work is not done and the guidance from the Centers for Disease Control in recent years emphasizes that even low levels of lead in the blood of children compromises their health and undermines their future. The City of Baltimore aims to continue its long history of partnership with HUD to complete our shared mission and bring an end to lead poisoning for all of our children.

The Baltimore City Department of Housing and Community Development (HCD) is seeking \$3,825,000 from the HUD's Office of Healthy Homes and Lead Hazard Control under the Lead Hazard Reduction Demonstration Program in response to the Notice of Funding Availability FR-5900-N-13 dated April 28, 2015. Matching funds in excess of 50% are committed primarily from the State of Maryland (\$1.1 million) and the Baltimore City Community Development Block Grant Program (\$1.2 million). This funding application includes a Healthy Homes Supplemental request of \$325,000.

The Baltimore City Lead Hazard Reduction Program (BC-LHRP) will remove lead hazards in the homes of at least 230 low income families with young children at risk of lead paint

poisoning. HCD is currently implementing a HUD-funded Lead Hazard Reduction Demonstration Program, Grant # MDLHD024812, which will end June 30, 2015 and which will have removed lead paint poisoning hazards in at least 210 homes. HCD has consistently met production and performance benchmarks over the past three years.

HCD's principal partners in the BC-LHRP are the Baltimore City Health Department (BCHD) and the Green and Healthy Homes Initiative (GHHI). The BCHD will conduct home visits to 300 families that are prospective applicants to the BC-LHRP, families with children under six and blood lead level test results of concern, 5 ug/dL and above, as reported by the Maryland Department of the Environment. GHHI will provide post-remediation services to families served by the BC-LHRP as well as broad community outreach and education.

The Healthy Homes Supplemental funding will complement leveraged funds from HCD weatherization and housing rehabilitation programs and be targeted to the highest priority needs identified through the Healthy Homes Rating System (HHRS). For example, HCD has dedicated \$200,000 in leveraged funds to GHHI for asthma reduction measures in homes that are being weatherized; in conjunction with the BC-LHRD, we will especially target and braid those services with lead hazard reduction. Additionally, in homes receiving both lead hazard reduction and weatherization services, HCD has access to \$1,000 per home in healthy home improvements from energy-related programs that can complement the Healthy Homes Supplement to meet HHRS priority needs. Thirty-three HCD, BCHD, GHHI and partnering agency staff recently completed HHRS training provided by the National Center for Healthy Homes.

MARYLAND LEAD POISONING PREVENTION COMMISSION

June 3, 2015

Dear Senator/Representative:

On behalf of the Maryland Lead Poisoning Prevention Commission, I am writing to express our vigorous support for continued federal funding for the HUD Office of Lead Hazard Control and Healthy Homes, fully restored federal funding for the CDC Healthy Homes and Lead Poisoning Prevention Program, and continued funding for the EPA Lead Enforcement and Compliance Assurance Program. We respectfully urge you to provide \$120 million for HUD's Office of Lead Hazard Control and Healthy Homes, including \$25 million for the Healthy Homes Program, \$29 million for CDC's Healthy Homes and Lead Poisoning Prevention Program, and \$14 million for EPA's Lead State and Tribal Assistance Grant Program in the Fiscal Year (FY) 2016 appropriations bill. Robust support for these programs is essential in supporting communities seeking to protect children at the highest risk of lead poisoning from hazards in their homes and in ensuring that children at the highest risk of lead poisoning will have access to critical services that can prevent the onset of future disability.

In 2015, lead poisoning, which is 100% preventable, remains a significant environmental public health threat. CDC estimates that 535,000 children from one to five years old have blood lead levels above 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in the U.S. In Maryland in 2013, 1,724 children tested for the first time had blood lead levels above 5 $\mu\text{g}/\text{dL}$; 304 children had first-time blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more. Childhood lead exposure can lead to lifelong consequences, including decreased cognitive function, developmental delays, and behavior problems; very high levels can cause seizures, coma, and even death. Children exposed to lead can lose I.Q. points and are six times more likely to drop out of school than children without harmful lead levels. The annual economic costs to society of lead poisoning alone are over \$50 billion. There is no "safe" level of lead for a child.

There are 24 million homes in the U.S. with lead-based paint hazards jeopardizing the health and development of millions of children. Since their inception in 1993, HUD's Office of Lead Hazard Control and Healthy Homes has successfully developed programs that created over 208,000 lead-safe units through grants and over 186,000 lead-safe units through settlements of lead disclosure violation cases, and addressed health and safety conditions in over 20,000 substandard housing units. Additionally, HUD estimates that without their programs' actions to control hazards in over 370,000 housing units, over 800,000 children would have been included in CDC's estimate of the number of young children with blood lead levels above 5 µg/dL; an increase of 265,000 children. Providing \$120 million in FY 2016 to the Office of Lead Hazard Control and Healthy Homes is crucial to its continued success.

HUD's Office of Lead Hazard Control and Healthy Homes activities to reduce health and safety hazards in housing units saves billions of dollars by increasing productivity and decreasing medical and special education costs. Educational system costs alone are estimated at \$38,000 over three years per child with lead poisoning. Studies show a return of \$17-\$221 per dollar invested in lead hazard control and a net savings of \$181-269 billion. Funding for HUD's Office of Lead Hazard Control and Healthy Homes at \$120 million in FY 2016 will reduce preventable medical and education costs, strengthen the economy, and keep children healthy.

During the last two decades, CDC has delivered a cost-effective program to prevent lead poisoning and help children who have already been exposed to lead. CDC is the only agency that houses the information about where and when children are poisoned, maintaining it through a national surveillance system that monitors blood test results for four million children each year. State health and housing agencies rely on this surveillance system to best target funds and enforcement to the highest risk areas. An FY 2016 funding level of \$29 million for CDC's Healthy Homes and Lead Poisoning Prevention Program would allow 36 sites to go beyond surveillance activities to implement critical prevention strategies to control or eliminate sources of lead in environments of at-risk children. CDC's lead poisoning prevention and healthy homes efforts prevent approximately 100,000 children from being lead poisoned each year. Providing \$29 million in FY 2016 to CDC's Healthy Homes and Lead Poisoning Prevention Program is crucial to allowing CDC to fund state and local health departments, screen children, ensure that lead-poisoned infants and children receive medical and environmental follow-up, and prevent childhood lead poisoning through neighborhood-based approaches.

The EPA's Enforcement and Compliance Assurance Program provides grant funding and assistance to states, territories, the District of Columbia, and tribes to develop and implement authorized programs for lead-based paint abatement and lead renovation, repair and painting (RRP) activities. States use these funds to help accredit training programs, certify individuals and firms, and provide education and compliance assistance to individuals subject to the abatement and RRP regulations and to the general public. Lead abatement and RRP activities conducted in pre-1978 properties can generate significant levels of leaded dust, which are significant hazards for children. Proper lead safe work practices and cleanup are essential to protect young children from exposure to lead hazards. Without this funding, Maryland's ability to ensure that lead safe work practices are being performed will be significantly hindered.

Page three

According to the Washington Post, Freddie Gray was severely lead poisoned when a young child. Many other Freddie Grays still live in Maryland. We urge your support in funding these critical programs and continuing to support lead poisoning prevention and healthy housing efforts. We appreciate your consideration of these requests. For additional information, please do not hesitate to contact me at 443-520-9678.

Sincerely,



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

CC: Senator Barbara Mikulski, Senator Ben Cardin, Congressman Elijah Cummings, Congressman Andy Harris, Congressman C. A. Dutch Ruppersberger, Congressman John P. Sarbanes, Congressman Donna F. Edwards, Congressman Steny H. Hoyer, Congressman John Delaney, Congressman Chris Van Hollen, Jr.

Congressman Mario Diaz-Balart, Chairman, Congressman David E. Price, Ranking Member, House Appropriations Committee, Transportation, Housing and Urban Development and Related Agencies Subcommittee

Congressman Tom Cole, Chairman, Congressman Rosa DeLauro, Ranking Member, House Appropriations Committee, Labor, Health and Human Services, Education and Related Agencies Subcommittee

Senator Roy Blunt, Chairman, Senator Patty Murray, Ranking Member, Senate Appropriations Committee, Labor, Health, and Human Services, Education and Related Agencies Subcommittee

Senator Susan Collins, Chairman, Jack Reed, Ranking Member, Senate Appropriations Committee, Transportation, Housing and Urban Development and Related Subcommittee

Lead Commission Priorities for 2015

Points	Priority
14	Outreach/education to child care, older property owners, health care providers
12	MDE resources for additional response for children with BLL 5-9, including issuing violations
11	Blood lead testing, including outreach/education of health care providers, follow-up of 5-9, universal testing approach
11	Evaluation of regulation compliance, including rental properties and follow-up of lead poisoning cases
10	Outreach/education to owners of older properties, including properties built 50-78
8	Outreach/education to health care providers
8	Evaluation of funding, including funding for families and home visiting
3	Expansion of strategy for use of Notice of Defect
3	Identification of agencies that issue permits/licenses for remodeling/renovation
3	Outreach/education to families

Points based on individual priority: 1st priority = 3 points, 2nd priority = 2 points, 3rd priority = 1 point

Recommended Priorities for 2015

1. Evaluation of compliance with existing regulations
 - a. rental properties (pre-50, 50-78)
 - b. child care
 - c. RRP
 - d. Blood lead testing
2. Evaluation of follow-up of children with higher BLLs
 - a. Cases 10+ (Baltimore City, Counties)
 - b. Response for BLL 5-9
 - i. Options for response, recommendation for approach
 - ii. Resources for planned approach
 - iii. Evaluation of effort
3. Evaluation of outreach/education efforts with recommendations
 - a. Health care providers
 - b. Owners of older properties
 - i. Pre-50, 50-78
 - ii. Owner occupied and rental
 - c. Child care providers
 - d. Families

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

June 8, 2015

Mr. Matt Ammon, Director
Office of Lead Hazard Control and Healthy Homes
U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

Re: Lead Hazard Reduction Demonstration Grant Program (FR-5900-N-13)
Letter in Support of Baltimore City Lead Hazard Reduction Program – Application

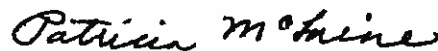
Dear Mr. Ammon:

The Governor's Lead Poisoning Prevention Commission enthusiastically endorses the application of the Baltimore City Department of Housing and Community Development (HCD) in seeking \$3.825 million in federal funding over the next three years to make at least 230 homes lead safe for children at risk of lead paint poisoning. The Commission recognizes that HCD has secured matching from the State of Maryland in the amount of \$1.1 million and from the City's Community Development Block Grant program in the amount of \$1.2 million to make the program successful.

HCD's Deputy Commissioner for Green, Healthy and Sustainable Homes, Kenneth Strong, was appointed by the Governor as a Commission member and he actively participates in Commission meetings and projects. HCD's two principal partners in its application to HUD, the Baltimore City Health Department and the Green and Healthy Homes Initiative also participate actively in Commission meetings. Mr. Strong keeps the Commission informed about the progress of HCD's program to make homes lead safe for children at risk and he frequently seeks our advice on strategies. The Commission brings state agencies for health, housing and the environment to the table and coordinates efforts related to lead poisoning prevention that cut across state and local agencies.

The Governor's Lead Poisoning Prevention Commission will continue to serve as a broad-based advisory group to HCD as it works to implement HUD's Lead Hazard Reduction Program in Baltimore City. Please support HCD's efforts to make homes healthy and bring an end to childhood lead poisoning in the city. Thank you.

Sincerely,



Patricia McLaine, DrPH, MPH, RN
Chairperson,
Governor's Lead Poisoning Prevention Commission

Prevent Lead Poisoning

(What can you do? Please see the back of this flyer)

What is lead?

Lead is a highly toxic metal found naturally in the earth.

What can lead do to you?

- Learning disabilities
- Developmental disabilities
- Aggressive behavior
- Attention deficit disorder
- Reduced coordination
- Hearing loss
- Damage to internal organs
- And in some cases death

Who is most at risk?

- Children under the age of 6, but especially children under the age of 2
- Pregnant women

How does someone become poisoned by lead?

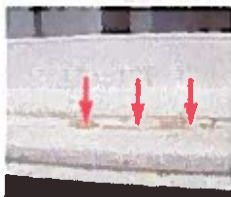
- Swallowing or eating lead paint dust, chips, or flakes, or small toys and jewelry made with lead or lead paint
- Paint made before 1978 contains lead. This includes paint dust, paint flakes & paint chips
- Children touch dusty surfaces, floors, furniture, window sills, etc. - and put their fingers (which are covered in lead paint dust) in their mouths

***** if you live in an old home, watch out for CHIPPING, PEELING, or FLAKING paint, especially on:**

Window sills



Door Frames



Porches & Balconies



Please see the back of this flyer for more information

Prevent Lead Poisoning

What can you do?

1. **Get your child tested (especially children 2 years old and younger)**
A blood test is the only way to know if they have been exposed to lead.
2. **Wash your child's hands, toys and clothing frequently.** Lead dust is invisible and can be on children's hands, toys, and clothing.
3. **Damp clean your floors and windows often.**
Be sure to use damp—not dry - cleaning materials.
4. **Practice good nutrition (and limit foods that are high in fat).**



Resources

Advocacy, Tenants' Rights, & Legal Services

Green & Healthy Homes Initiative— 410-534-6447
Legal Aid Bureau— 410-951-7777

Lead Abatement (for Homeowners)

Baltimore City Housing Department, Lead Hazard Reduction Program— 443-984-1613

Health Insurance and Health Care Providers

Health Care Access of Maryland— 410-649-0521 [general assistance]
410-649-0500 [special care for pregnant women & infants]

Nutrition Resources

Department of Social Services—Food Stamp Program (SNAP) - 1-800-332-6347
WIC (Women, Infants and Children) - 410-396-9427

Benefits Screening

Community Action Partnership, Mayor's Office of Human Services—410-396-3228
LIGHT Program, Baltimore City Housing Department—410—396—3023

Lead Education, Outreach, and Environmental Home Inspections

Baltimore City Health Department Lead Program — 410-396-2470

JULY 2, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

NOTICE

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

SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet
July 2, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	Nancy.Egan@Maryland.gov
JENKINS, Melbourne	Property Owner Pre 1950	SJS
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	410 537-3317
MONTGOMERY, Paula	Secretary of the Environment or Designee	410 537 3317
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	Christina.Peusch@maryland.gov
ROBERTS, Linda Lee	Property Owner Post 1949	Same
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

JULY 2, 2015

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

Name	Representing	Address/Telephone/Email
PT CONNOR	CONNOR	
Victor L. Powell	HENS	800-408-7591
Mike Deary	Balt. City ACD	
Rush Barnett	Amur	
Peter Asmley	UVB	202-402-7545
CE Burne	BHCD	410 396-8207
RON WINTER	403A	
Moua Sennaly	Balto ed	410-887-3668
Christine Schickwitz	CONNOR	
Laura Fox	BCHD	410-361-9604
Hannah	BCHD	
Rachael Nutvel	DMH	
Ben Morse	DHMT	
Neghan Smith	DHMH	
ANDY HOFFMAN	DHMH	
Suzanna HAWKOR-EL	GHHI	
Scott Sured	GHHI	
SMITH - ADAMS	GHHI	
MARCUS RICHARDSON	Balto Co	410-887-3982

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, July 2, 2015
9:30 a.m. - 11:30 a.m.
AQUA Conference Room
AGENDA

- I. Welcome and Introductions
- II. Old Business
 - a. Funding for Child Care Facilities Workgroup
 - b. Letters to Federal Legislators
 - c. DHMH Lead Targeting Roll-out – communication strategies
 - d. Dundalk 4th of July Parade
 - e. Education Outreach Campaign to Faith-Based Community
 - f. Invitation to Health Commissioner Wen
- III. New Business

Update on Lead Enforcement Efforts including HUD support to Local and State Governments;
Update on HUD's Lead and Healthy Homes Program Strategies
Victor Powell and Peter Ashley
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, August 6, 2015 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. 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 2, 2015

APPROVED Minutes

Members in Attendance

Nancy Egan, Melbourne Jenkins, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, Linda Lee Roberts and Tameka Witherspoon

Members not in Attendance

Edward Landon, John Scott, Ken Strong

Guests in Attendance

Shante Adams (GHHI), Peter Ashley (HUD), Rush Barnett (AMA), C.E. Bure (BCHD), Hanna Chen (BCHD), Patrick T. Connor (Connor), Laura Fox (BCHD), Monica Grinnage (Baltimore County), Syeetah Hampton-EI (GHHI), Amy Hoffman (DHMH), Mike O'Leary (BCHCD), Ryan Monroe (DHMH), Rachel Multinde (DHMH), Victor L. Powell (HUD), Marcus Richardson (Baltimore County), Christine Schifkovitz (Connor), Meghan Smith (DHMH), Scott Surrell (GHHI), Ron Wineholt (AOBA).

Welcome and introductions

Pat McLaine called the meeting to order at 9:35 am with welcome and introductions. Minutes of June 4, 2015 were reviewed. Cliff Mitchell made a motion to accept and the motion was seconded by Nancy Egan. All present commission members were in favor.

Old Business

Funding for Child Care Facilities Workgroup

The Workgroup (Liz Kelly, Christina Peusch, and Ken Strong) has not yet had a chance to meet. Christina indicated that money appears to be available for loans and grants according to DHCD.

Letters to Federal Legislators

Pat McLaine reported that the Commission had heard back only from Representative Van Hollen and read the email from his staff person.

DHMH Lead Targeting Roll-out – Communication Strategies

Cliff Mitchell reported that DHMH was still working on regulations and may be ready to discuss this at the August meeting (this would include change in targeting strategy, change in requirements for "at risk" area, change in testing requirements prior to school entry). Students will have to show that they had a lead test. Emphasis for the roll-out will be on providers. Doctor Monroe from Hopkins will assist with the roll-out.

Lead Commission Meeting
July 2, 2015
Page Two

Dundalk 4th of July Parade

Tameka Witherspoon circulated copies of the flyer for the parade, encouraging Commissioners and guests to join, if possible. Mel Jenkins sent out emails and indicated that the property manager and team members from Dundalk would join the parade.

Education Outreach Campaign to Faith-Based Community

A flyer prepared for the Mondawmin Festival on July 11 was distributed; Baltimore City (Health and Housing Departments), Maryland Insurance Administration and Green and Healthy Homes Initiative will all be participating. Notices of Defect (NOD) paperwork will be available from Baltimore City and GHHI tables. Blood lead testing will not be provided. Work is still being done on another educational flyer on which Commission members have been given input.

Invitation to Baltimore City Health Commissioner Wen

Pat McLaine reported that Health Commissioner Wen plans to attend the August meeting at 10:30. Laura Fox asked Commissioners to let her know about any questions or concerns.

New Business - Update on Lead Enforcement Efforts including HUD support to Local and State Governments; Update on HUD's Lead and Healthy Homes Program Strategies

Victor Powell provided an overview of HUD 1018 enforcement efforts, including Lead Disclosure Rule, Lead Safe Housing Rule and Federally Funded Housing. HUD targets high risk addresses and assists in follow up with owners who fail to disclose. HUD is also interested in RRP enforcement. Paula Montgomery indicated that MDE has provided notice for Maryland's RRP regulations and is responding to comments now. Many small contractors in Baltimore are doing work without any training or certification. Paula Montgomery indicated that MDE would like to strategize a coordinated effort with Baltimore City. Rochester and Buffalo have done a very good job lately. With money being cut, maybe Maryland can increase information about the need for proper training, cleaning and inspections. Paula Montgomery indicated that Maryland law requires federal disclosure for pre-1978 housing and MDE has worked with HUD for targeted enforcement; Victor Powell indicated that HUD is interested in continuing this. Victor reported that in Buffalo, enforcement focused on an owner with 200 units where 2 children had been poisoned. As a result of efforts, all units will be made safe. Nancy Egan asked if there was any connection with home improvement licensure. Paula Montgomery stated that MDE has previously reached out to the Maryland Home Improvement Commission (MHIC) and the Department of Licensing and Regulation (DLR) but have gotten no response. Existing law requires that any jurisdiction that offers rental licenses to ensure that properties are in compliance with state law. A GHHI spokeswoman indicated that GHHI provides training to tenants, owners and contractors. Paula Montgomery indicated that contractors are a difficult group to reach. Susan Kleinhammer stated that more enforcement would be good. Paula Montgomery stated that MDE has few oversight staff for enforcement but does follow-up on complaints. However, it is difficult to catch offenders. Susan Kleinhammer suggested that Baltimore City's Department of Housing could also do enforcement. Laura Fox stated that Baltimore City Health and Housing Departments have been going out on complaints, noting that individuals are sending in videos. Baltimore City Health Department has also discussed intentional cleaning with clients and is

sponsoring 18 block parties (June 30 – August) that are family-oriented, youth led and driven, and include messages on lead. Linda Roberts and Mel Jenkins stated they would like to see cleaning information and samples that are being handed out. Baltimore City will bring CHW/PHI team to a Commission meeting to talk about how they outreach to families.

Following additional discussion about MHIC, Paula Montgomery moved and Nathaniel Oakes seconded that the Commission send MHIC and DLR a letter identifying gaps and the need for RRP training and inviting them to attend a Commission meeting. The motion passed with one no vote (Susan Kleinhammer), all others voting yes. Paula Montgomery agreed to draft the letter, to be reviewed and approved at a later time by the Commission. Patrick Connor expressed concern about what MHIC can do – they have no enforcement ability, they have not updated their website since 2010. Should there be legislation that home improvement contractors be required to get RRP training? Possibly a legislative approach should be considered. Linda Roberts stated that the focus should be on customer service and outreach; we need to have the right people at the table. Barb Moore asked what was needed for a contractor to get a home improvement license – liability insurance, training. Patrick Connor indicated there is an exam but there are no environmental questions on the exam. Susan Kleinhammer indicated that unlicensed individuals are not following any laws and enforcement on these individuals is needed; larger licensed entities are trying to comply but get dinged. Paula Montgomery stated that many municipalities that receive HUD Section 8 do not have lead certificates on the properties. She asked if there was a list of properties that receive Section 8 funding, outside of Baltimore City. Victor Powell said that HUD has asked about HQS inspections and recommended that housing authorities require all housing authority inspectors to be RRP certified. HUD will check to see what they can do to identify these properties.

Peter Ashley reviewed information about HUD's Lead and Healthy Homes Program Strategies provided on a handout. Nationally, there are approximately 23 million homes with lead based paint hazards. Support for lead is bi-partisan. HUD will repeat its national survey in 2017-2018 and hopes to see additional changes in the national scope of the problem. Barb Moore asked about national data regarding rental and owner-occupied housing; Peter Ashley will send information. Upcoming activities include a new dust lead standard (HUD grantees have provided information about what is feasible, there is an issue of lead capability to detect lower levels) and tracking national progress (HUD is exploring metrics other than NHANES). Patrick Connor noted that Baltimore City Housing Authority implemented a program after working with the Commission's Housing Subcommittee. HQS-Section 8 inspections require that 1018 disclosure must be provided as well as all available reports and records related to lead based paint and lead hazards must be provided (MD form 330). So, Baltimore City stopped accepting applications if there was no Form 330. However, other Housing Authorities around the state did not jump on this and did not encourage a similar approach at their local levels. Victor Powell indicated that HUD can do more enforcement of Housing Authorities in Maryland and can request tenant files where there are children under age 6. Linda Roberts asked if this was for pre-78 housing; Victor Powell stated yes, but they would also narrow checks to properties with

children less than 6 years old. Linda Roberts asked if HUD's public housing database has the date a house was built; Victor Powell responded it did not. Victor Powell said HUD could assist with training in smaller jurisdictions. Barb Moore stated that health care practitioners think that Section 8 housing is "safe", but sometimes it is not. This needs to be part of the message about the importance of lead safety. Susan Kleinhammer asked if tenants are required to keep a property clean in order to keep their voucher; Linda Roberts indicated that their lease was between the resident and the owner. Peter Ashley stated that HUD funded research every other year and was looking at lead spot testing. Rhode Island found their law was effective where it was enforced. Peter Ashley stated that the "Healthy Homes" approach started with lead grantees but had been tougher to sell to Congress; federal agencies have had to break it down to individual issues. HUD's strategy has been to request a Healthy Homes supplement to lead grants to fund specific items, for example smoke detectors. Cliff Mitchell noted that CDC funding for healthy homes has been eliminated at NCEH and asked if there was any possibility to develop a combined funding announcement (CDC and HUD). Peter Ashley stated this was not being planned and asked if the Injury Center was funding interventions. Peter Ashley noted that an intra-agency Healthy Homes Workgroup had met recently to identify priority actions going forward, including IPM, bedbugs and a weatherization/Healthy Homes model (GHHI). The Department of Energy had funds to sponsor training through the National Healthy Homes Training Network so that homes could be addressed holistically. Michael O'Leary stated that Baltimore City Housing Department had just trained 23 people to use the Healthy Homes rating system. The Health Department is sending additional people for training and has a few extra slots available. Paula Montgomery asked if HUD had considered lessening their requirements so local programs could get houses fixed. Maryland has had definite issues in matching applicants to available funding. Peter Ashley encouraged Maryland stakeholders to put such concerns in writing to HUD. He also indicated that the Healthy Homes website would open this month (July) and spoke about the Smoke Free Housing Initiative, which began in 2009, noting that smoking is another source for lead exposure.

Agency Updates

Maryland Department of the Environment – nothing new to report

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

Maryland Department of Housing Community Development – not present

Maryland Insurance Administration – Nancy Egan reported that she is still trying to track down Quest to follow-up meetings held earlier. She also noted that the agency has been asked to re-examine all commissions that their staff sit on to identify if they are a valuable member of the commission. She asked if the Insurance Administration's input was required on a monthly basis, noting that most insurers exclude lead from policies they cover, and indicated she would like to discuss this at an upcoming meeting.

Maryland Lead Commission
July 2, 2015
Page Five

Baltimore City Health Department – Baltimore City has recently issued two press releases concerning lead in children’s jewelry, from Target and Five Below. This remains an exposure problem for children.

Office of Child Care – Liz Kelly was not present but Christina Peusch stated that a Childcare Symposium would be held on October 22, 2015. She requested assistance with training for owners/directors of child care programs. Assistance was offered by MDE, DHMH and Barb Moore from Mount Washington Pediatrics

Public Comment

GHFI reported that they are helping Lead Safe Baltimore County to identify families to take advantage of HUD grant funding received by the County. Ruth Ann Norton would like to update the Commission on the Pay for Success Initiative.

Adjournment

Barbara Moore made a motion to adjourn, seconded by Paula Montgomery. The motion was approved unanimously and the meeting was adjourned at 11:35 AM.

Overview of HUD's Lead Hazard Control and Healthy Homes Initiatives

Maryland Lead Poisoning Prevention Commission (7/2/15)

I) National Picture of Residential Lead-Based Paint Hazards (from American Healthy Homes Survey, 2005/06)

Note: all percentages have been rounded to the nearest whole number.

- 37 million homes (35%) had some detectable some lead-based paint (LBP).
- 23 million (22%) had one or more LBP hazards (peeling LBP, a dust-Pb hazard, and/or a soil-Pb hazard).
- The highest prevalence of LBP hazards was in the Northeast (30%) and Midwest (27%) with lowest in the West (10%).
- 3.6 million homes with children under 6 years of age had LBP hazards, including 1.1 million low-income households (< \$30,000/yr).
- More low-income households had LBP hazards (29%) than higher income households (18%).
- Households not receiving Government housing assistance had a higher frequency of LBP hazards (22%) than households not receiving such assistance (22%).
- LBP hazards were more frequently found in single family dwellings (25%) vs. multifamily (7%).

II) HUD Lead Hazard Control Grant Programs

Approximately \$1.9 billion in funds have been awarded since program inception in 1993. In Fiscal Year 2014 the following awards were made:

- 1) Lead-Based Paint Hazard Control Grant Program: \$62 M in funds awarded to 26 recipients.
- 2) Lead Hazard Reduction Demonstration Grant Program: \$47 M awarded to 13 grantees. Targets higher need locations and requires a 25% match from applicants. Applicant must have at least 3,500 housing pre-1978 housing units in target area.

III) Other Lead-Related Activities of Possible Interest

a) Review of current federal definition of lead-based paint and lead-based paint hazards: the EPA was petitioned in 2010 to lower the current dust-lead hazard standards and to lower the lead content of "LBP". HUD is working with the EPA in responding to the petition. We recently completed a survey of our LHC program grantees to determine dust-lead clearance levels that they are routinely attaining on floors and window sills.

b) How to track national progress in reducing children's lead exposure? The current benchmark identifying an elevated blood-lead level is based on the 97.5th percentile of children's blood-lead data from combining 4 consecutive years of the NHANES survey (the current level of 5 ug/dL is based on data

from 2009-2012). HUD and federal partners are currently in discussion to identify other metrics that could be used to track progress at a national level.

c) Research:

c.1) Competitively awarded Lead Technical Studies grants have been awarded every 1-2 years at ~\$1M in total fundings. The following two were awarded in FY14:

Enhancing the Performance of Spot Test Kits for Lead Based Paint Using Solid-Phase Dilution.

Exploring the Geographic, Economic & Social Impacts of Childhood Lead Poisoning in Rhode Island.

c.2) American Healthy Housing Survey II: will fund a planning contract in FY16 for the next national survey of lead hazards in U.S. housing.

d) Enforcement Program: Vic Powell will cover.

IV) Healthy Homes Funding/Program Implementation

The Healthy Homes Program was funded at \$10-\$15M/yr (\$10M in FY15). Most HH program funding is used to provide "Healthy Homes Supplement" funding to the LHC program grants at up to \$400,000 per grant in FY14. This allows the grantees to address hazards unrelated to lead-based paint. In FY14 \$11.4 in HH funds were used to supplement LHC grants. These funds are also used to fund Lead Technical Studies Program grants at \$2 - \$3M/yr.

National Healthy Homes Training Network: funded through a contract with Healthy Homes Solutions (Columbia, MD). Training provided by providers throughout the U.S.

Healthy Homes website: planning has been an interagency effort; HUD will host and will be launched this month.

Implementation of *Advancing Healthy Housing: A Strategy for Action*: The federal healthy homes strategy was launched in February, 2013 and is implemented by the federal Healthy Homes Work Group. Recent discussion of focus areas for next 2-3 years identified priorities including: continued promotion of the Weatherization/Healthy Homes model; integrated pest management and bedbug control in low income housing; and tribal healthy housing efforts.

V) Smoke-Free Housing Initiative

HUD has been promoting smoke-free multifamily housing since 2009 through official program notices and the development of guidance materials. To date, about 570 public housing agencies (PHAs) out of ~3,100 PHAs have adopted smoke-free policies in at least some of their buildings. Secretary Castro directed HUD's office of Public and Indian Housing to develop regulations that would mandate that all PHAs implement indoor smoke-free policies for their federally supported public housing.

Lead connection: research has demonstrated that secondhand smoke (SHS) is a significant source of lead exposure for children (e.g., previous HUD-funded research in conjunction with NHANES found that SHS was a significant predictor of both dust-lead and blood-lead levels in multivariate models).

MARYLAND DHMH Lead Targeting Rollout – Review and Comment

Presentation to the

Maryland Lead Poisoning Prevention Commission

May 7, 2015

Baltimore, Maryland



MARYLAND

DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

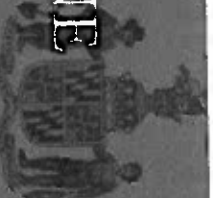


Overview

- Discuss overall lead targeting, testing strategy
- Goals
 - Increase testing rates
 - Identify larger portion of children exposed
 - Understand current distribution of lead exposure in Maryland so as to better target risks in the future
 - Eliminate lead exposure in all Maryland children



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HEALTH AND MENTAL HYGIENE

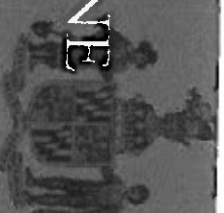


Components of Strategy

- Revised testing targeting strategy
- Revised DHMH regulations (COMAR 10.11.04)
- Expansion of point-of-care testing
- Strengthening of care integration between providers, local health departments, MDE, DHMH regarding children exposed to lead
- Drive screening towards younger children



DEPARTMENT OF
HEALTH AND MENTAL HYGIENE



COMAR 10.11.04.02

- Elevated blood lead level defined as 10 micrograms/deciliter or greater, or a blood lead level designated by the Department under the guidance of the CDC



MARYLAND

DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

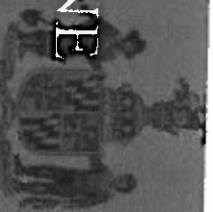


COMAR 10.11.04.03

- Currently requires PCP to complete lead exposure risk questionnaire at 12, 24 months for children NOT in EPSDT (Medicaid) and NOT living in at-risk areas; AND
- At each well-child visit for children 6 months – 6 years for children in at-risk areas; AND
- As specified by EPSDT requirements for children enrolled in Medicaid.



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COMAR 10.11.04.04

- Blood tests required for:
 - Children in at-risk areas during 12, 24 month visits
 - Children in at-risk areas older than 24 to 72 months if no prior test or no documentation of prior test
 - Indicated by risk questionnaire (positive or unknown response)
 - Children enrolled in Medicaid at 12, 24 months



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COMAR 10.11.04.05

- Documentation of blood lead analysis required for entry to prekindergarten, kindergarten, or first grade for children who have ever lived in an at-risk area
- For children who have never lived in at-risk areas, documentation also required



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COMAR 10.11.04.06

- School administrators required to report to local health departments the name and address of children who have ever lived in at-risk areas who have not reported documentation of blood lead analysis



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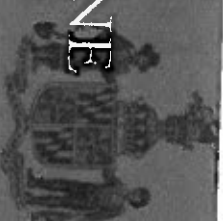


Rollout – Revised Testing Targeting Strategy

- For a period of three years, starting 1/1/16, testing of all Maryland children age 12 months starting with births after 1/1/15, and all children age 24 months with births after 1/1/14.
- Outreach to providers, schools, child care, parents/public in Fall, 2015



DEPARTMENT OF
HEALTH AND MENTAL HYGIENE



Rollout – Revised Point of Care Testing Regulations

- Regulations adopted on point of care testing adopted (COMAR 10.10.03.02), effective April 13, 2015
- Outreach to providers
- Concerns about reimbursement
- Consideration of pilot expansions to additional venues



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Proposed Revision of COMAR 10.11.04

- Change definition of elevated blood lead level to 5 micrograms/deciliter or greater
- Incorporate revised testing targeting strategy for births after 1/1/14, 1/1/15 (all children required to have testing)
- Revise 10.11.04.05 to apply only to pre-kindergarten programs for children covered by new testing strategy (previous requirements would still apply to older children, immigrants)



Enhancement of Clinical Integration

- Expansion of testing, lowering of level means additional children will be identified
- Provider guidelines for 5 – 9 micrograms/deciliter emphasize confirmation, evaluation of possible risks, repeat testing
- DHMH evaluating models with local health departments (possible regional consultation)



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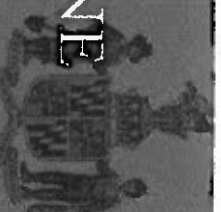


Rollout – Providers

- Outreach to providers through Med Chi, AAP, AAFP, Nursing organizations, Medicaid managed care organizations, private insurers
- Durable materials – one page laminated chart of new requirements, clinical management guidelines, resources



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Rollout – Schools, Child Care

- School nurses, child care associations, MSDE Office of Child Care
- Would apply to Fall, 2016 school year
- Simplifies procedures for schools, school nurses



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MARYLAND

Department of Health
and Mental Hygiene

Clinical Vignette

Childhood Lead Poisoning



Learning Objectives

- ▶ Review Maryland screening recommendations for childhood lead poisoning.
- ▶ Review the blood lead reference value.
- ▶ Review DHMH recommendations for the clinical management and follow-up of blood lead levels 5–9µg/dl.
- ▶ Provide patient and provider educational resources for lead poisoning prevention and management.

Case History

A 18-month old girl, who resides in Montgomery county, presents to her PCP for a well-child check. History and physical exam are unremarkable. The child is growing well and meeting all age-appropriate developmental milestones.

Does she need blood lead screening?



<http://www.cdc.gov/features/leadpoisoning/>

Maryland Childhood Lead Screening Recommendations

1. All children insured under Maryland's Medicaid EPSDT program should have screening at 12 and 24 months of age.
2. Children residing in an at-risk area should have screening at 12 and 24 months of age [insert hyperlink to at-risk areas].
3. Any child with a “Yes” or “Don’t know” response on the childhood lead risk assessment questionnaire [insert hyperlink to questionnaire].

Case History

Review of the child's medical record reveals that she has not received 12-month blood lead screening, despite being enrolled in Maryland's Medicaid EPSDT program.

Next Step: Blood lead screening is ordered.



<http://www.cdc.gov/features/leadpoisoning/>

Case History: Lab Results

A capillary blood lead screening test shows a blood lead level of 7µg/dl.

What should you do next?

- ✓ Order a confirmatory venous blood lead test.



<http://www.cdc.gov/features/leadpoisoning/>

The Blood Lead Reference Value

In May 2012, the CDC adopted the ACCCLPP's recommendations that the term "blood lead level of concern" be replaced with a "reference value" based on the 97.5th percentile of blood lead level distribution in children 1–5 years of age in the U.S.

A blood lead level reference value of **$\geq 5 \mu\text{g}/\text{dL}$** should trigger a healthcare provider to order a confirmatory venous blood lead assay.

Guidelines for Confirmatory Venous Blood Lead Analysis

Screening blood lead level ($\mu\text{g}/\text{dL}$)	Confirm diagnosis with venous sample within:
5-9	3 months
10-14	3 months
15-19	1 month
20-44	1 week
45-69	IMMEDIATELY as an emergency lab test; no more than 48 hours
>70	IMMEDIATELY

Case History

A confirmatory venous blood test is ordered per recommended follow-up guidelines. The venous blood lead result is 9µg/dl.

What should you do next?

- ✓ Clinical management per recommended guidelines [insert hyperlink to guidelines].
- ✓ Take a lead exposure history. [insert website link]



<http://www.cdc.gov/features/leadpoisoning/>

Clinical Management of Childhood Lead Poisoning: 5-9 µg/dl *

Clinical Responsibilities	Provider	Local Health Department
Confirm the elevated blood lead level with a venous blood test within 3 months.	X	
Monitor blood lead levels per CDC/DHMH guidelines.	X	
Investigate potential sources of lead exposure in the child's environment by taking an environmental history.	X	
Determine the test status of siblings.	X	
Provide caregiver education regarding sources of lead exposure, reducing/eliminating lead exposure, and resources for further information.	X	X
Coordinate issuance of Notice of Defect of elevated blood lead levels for rental properties.		X
Coordinate home environmental inspection by MDE.		N/A for <10µg/dl

***Note: Provider is Primarily Responsible for all Clinical Management Activities.**

Blood Lead Testing Follow-up Schedule

Diagnostic Venous blood lead level ($\mu\text{g}/\text{dL}$); Test #1	Follow up venous blood level (Test #2-4 after diagnosis)	Late-follow-up (after blood level declines or is stable on ≥ 2 tests)
5-9	Every 3 months	6-9 months
10-14	Every 3 months	3-6 months
15-19	Every 2 months	3-6 months
20-44	Every 4-6 weeks	1-3 months
45-69	Consult with lead specialist	Consult with lead specialist
>70	Consult with lead specialist	Consult with lead specialist

What if the child's blood lead level was $\geq 10\mu\text{g}/\text{dl}$?

Clinical Management of Childhood Lead Poisoning: $\geq 10 \mu\text{g/dl}$ *

Clinical Responsibilities	Provider	Local Health Department
Confirm the elevated blood lead level with a venous blood test within 3 months	X	X
Monitor blood lead levels per CDC/DHMH guidelines.	X	X
Investigate potential sources of lead exposure in the child's environment by taking an environmental history.	X	X
Determine the test status of siblings	X	X
Provide caregiver education regarding sources of lead exposure, reducing/eliminating lead exposure, and resources for further information	X	X
Coordinate issuance of Notice of Defect of elevated blood lead levels for rental properties.		X
Coordinate home environmental inspection by MDE.		X

**Home visiting only req'd for ≥ 15

*Note: Local Health Department Involvement with Clinical Management at Blood Lead Levels $> 10 \mu\text{g/dl}$.

Case History

The child's exposure history reveals that her family's rental apartment complex was built in 1956. Peeling paint has been observed inside the building.

The child and her family also recently returned from visiting relatives in Laos for 3 months. Her family used bottle spring water to prepare formula during their visit, but did purchase several new toys. The child is often seen chewing on her toys.



<http://www.cdc.gov/features/leadpoisoning/>

Resources to Assist with Lead Poisoning Prevention and Environmental Remediation

<p>MD Department of the Environment</p>	<p>http://www.mde.state.md.us/programs/Land/LeadPoisoningPrevention/Pages/Programs/LandPrograms/Leadcoordination/index.aspx</p>
<p>MD Department of Health and Mental Hygiene</p>	<p>http://phpa.dhmh.maryland.gov/OEHHP/EH/StepPages/lead.aspx</p> <p>Environmental Health: 1 (866) 703-3266</p>
<p>MD Department of Housing and Community Development Lead Hazard Reduction Program</p>	<p>http://www.dhcd.state.md.us/Website/programs/lhrglp/</p>
<p>MD Local Health Department Lead Prevention Programs</p>	<p>http://www.mde.state.md.us/programs/Land/Documents/LeadFactSheets/LeadfsHealthDeptNursingContacts.pdf</p>
<p>Green and Healthy Homes Initiative</p>	<p>http://www.greenandhealthyhomes.org/</p>
<p>Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit</p>	<p>(410) 534-6447 or 1 (800) 370-5323</p> <p>http://www.childrensnational.org/macche/</p> <p>(202) 471-4829 or 1 (866)-622-2431</p>

Case History: Follow-up

The family receives education on lead poisoning prevention, including a discussion of lead in toys.

You also call the local health department to assist with issuing a notice of defect (notice of elevated blood level) to the family's landlord. Environmental remediation is subsequently pursued using certified contractors.

Is your management complete?



<http://www.cdc.gov/features/leadpoisoning/>

Case Closure

Case closure shall be defined by:

- (1) 2 consecutive blood lead tests $< 5 \mu\text{g}/\text{dl}$ separated by at least 3 months.
- (2) Medical record documentation that all probable lead sources or hazards in the child's current environment have been investigated and/or remediated.

Case Resolution

You continue to monitor the child's blood lead levels. Over the course of several months, the child's blood lead levels decline. The case is closed after two blood tests $< 5 \mu\text{g}/\text{dl}$ and environmental remediation by the property landlord.

What should you do next?

- ✓ Document a history of elevated blood lead levels on the child's problem list.
- ✓ Monitor for long-term neurodevelopmental sequelae of lead poisoning.



<http://www.cdc.gov/features/leadpoisoning/>

Key Learning Points

- ▶ A screening blood lead level of $\geq 5 \mu\text{g}/\text{dl}$ should trigger a healthcare provider to order a confirmatory venous blood lead assay.
- ▶ An exposure history should be taken to investigate possible sources of lead.
- ▶ Providers, rather than the local health department, are primarily responsible for the clinical management of children with blood lead levels $5\text{--}9 \mu\text{g}/\text{dl}$.
- ▶ A number of state and local resources are available to assist with childhood lead poisoning prevention and remediation.



PREVENTION AND HEALTH PROMOTION ADMINISTRATION

<http://phpa.dhmh.maryland.gov/SitePages/phpa.aspx>

Mayor Stephanie Rawlings-Blake Invites You to the...

MONDAWMIN FESTIVAL

Saturday, July 11, 2015

10AM-3PM at Mondawmin Mall 2401 Liberty Heights Ave

FREE &

Open to the Public!

JOIN US FOR A FUN FILLED DAY!

Music & Entertainment
Fun Activities for the Kids
Free Food & Drinks
Shopping & Sales
Tons of Resources for Families & Communities
Community Leaders

- Youth programs & services
- Job training & placement services
- Housing Resources
- Energy and water bill programs
- Neighborhood support & public works
- Community Associations

**Youth Commission Block Party, Local Music Talent,
Boxing Showcase, 92Q's DJ Pork Chop and much MORE!**

#MondawminFestival



STEPHANIE
RAWLINGS-BLAKE
MAYOR

#MondawminFestival





DALLAS AND FRIEND'S LEAD FREE ZONE

INVITES YOU AND YOUR FAMILY TO JOIN US IN THE

DUNDALK 4TH OF JULY PARADE

THIS COMING SATURDAY

LOCATED AT: 3409 DUNDALK AVE

DUNDALK, MD 21222

THE PARADE WILL START AT 8:15A.M.

FOR MORE DETAILS AND INFORMATION

PLEASE CONTACT YAMEKA WITHERSPOON

AT (443) 622-0798

HOPE TO SEE YOU THERE!!!



AND REMEMBER, GO OUT AND GET YOUR CHILDREN TESTED!!!

AUGUST 6, 2015

**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 6, 2015

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	<i>Nancy Egan</i> 910 468 2488
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	301-424-7650
McLAINE, Patricia	Child Health/Youth Advocate	<i>Patricia McLaine</i>
MITCHELL, Cliff	Department of Health and Mental Hygiene	<i>Cliff Mitchell</i>
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	<i>Nathaniel Oaks</i>
PEUSCH, Christina	Child Care Providers	
ROBERTS, Linda Lee	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	<i>Ken Strong</i>
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

August 6, 2015

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
LORETTA THOMPSON	MTHA	1421 CLEARVIEW RD, SUITE 100B 21209 / 443-322-1104 / ThompsonL@mta.com
Deborah Royler	MSDE	200 W. Baltimore St 4101332-0814 / deborah.royler@maryland.gov
Marilyn Paul	MSDE	200 W Baltimore St. Maryland. Paul M@maryland.gov
Hilary Miller	MBELMA	1800 Washington Blvd. Baltimore MD 21230
John Kowalsky	MDE	1800 WASH BLD, Rm 21230
Duane Johnson	MDE	1800 WASH BLD, Rm 21230
Liz Kelley	MSDE	
Christine Schifkirt	CANNOR	1421 Clearview Road Baltimore, MD 21209
Ron W. Webster	ANSIA	
Sue Kelly Hamner-El	SHAI	
Monica Grinnage	Balto. CO	
Marcus Richardson	Balto. CO	
PAUL SKINNER	SHAI / BALTO. CO	
MARK KRAVITZ	SHAI	
Ryan Monroe	SHAI	201 Preston, 4th Floor, Snow, MD
Sherrin Myers	SHAI	1155 West Chesapeake

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, August 6, 2015
9:30 a.m. - 11:30 a.m.
AERIS Conference Room
AGENDA

- I. Welcome and Introductions
- II. Old Business
 - Dundalk 4th of July Parade
 - Educational Outreach to Faith-Based Community
 - Draft letter to MHIC
 - Update on DHMH Lead Targeting Rollout
 - Other
- III. New Business
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, September 3, 2015 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. 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 6, 2015

APPROVED Minutes

Members in Attendance

Nancy Egan, Edward Landon, Patricia McLaine, Cliff Mitchell, Christina Peusch, Ken Strong, Tameka Witherspoon

Members not in Attendance

Melbourne Jenkins, Susan Kleinhammer, Paula Montgomery, Barbara Moore, Del. Nathaniel Oaks, Linda Lee Roberts, John Scott

Guests in Attendance

Monica Grinnage (Baltimore County), Syeeta Hampton-El (GHHI), Duane Johnson (MDE), Liz Kelley (MSDE), Mark Kravatz (GHHI), John Krupinsky (MDE), Hilary Miller (MDE), Ryan Monroe (DHMH), Mangula Paul (MSDE), Deborah Royster (MSDE), Marcus Richardson (Baltimore County), Christine Schifkovitz (CONNOR), David Skinner (GHHI), Tommy Tompsett (MMHA), Marcia Willis (DHMH), Ron Wineholt (AOBA)

Welcome and introductions

Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions. Minutes of July 2, 2015 were reviewed and no changes were recommended. Approval of the minutes was deferred to September because a quorum was not present.

Old Business

Dundalk 4th of July Parade – Tameka Witherspoon reported that there had been a great turn-out for the parade with balloons and flyers, with good response from the Dundalk community. The Dallas and Friends Lead Free Zone entry received a 3rd place ribbon.

Educational Outreach to the Faith-Based Community – Baltimore City has slowed this effort down, pending news about the HUD grant. The initiative was discussed in a meeting of One Baltimore. HUD is willing to be part of the speaker's bureau. The event at Mondawmin Mall was a huge success: more than 125 non-profit and government tables were available with information, 13,922 contacts were made with citizens in one day.

MHIC Letter – Paula Montgomery is still working on the letter so further discussion was deferred until the September meeting. Pat McLaine distributed an article from *Professional Remodeler*, June 2015, focusing on compliance with RRP, citing Freddie Gray's lead poisoning. Professional Remodeler has agreed to allow us to use the article in outreach. Victor Powell from HUD met with Baltimore City and GHHI, talking about RRP and the need for more training. Ken Strong said he was willing to commit up to \$25,000 to increase training in Baltimore. Pat McLaine suggested that it might be possible to get public-private partnership support to increase

Lead Commission Meeting
August 6, 2015
Page Two

training. HUD is willing to write a letter of support to MHIC. Paula Montgomery is working with the AG's office to coordinate work with HUD, and to focus on the counties with the largest buildings built 1950-1977 to ensure staff have been properly trained and licensed. Hilary Miller reported that the Federal Government wants Maryland to take on the RRP. EPA is looking to reallocate how they distribute money and is interested in allocating more money to lead based paint issues. MDE does not receive any money now from EPA.

DHMH Lead Targeting Roll-out – proposed draft language was circulated to the Commission. DHMH requests public comment and commissioners are encouraged to circulate widely; this will be posted on the DHMH website. Comments are due August 19 at 5 PM. Cliff Mitchell asked for input on three issues: education, requirement to apply to pre-school but not kindergarten/first grade and whether there should be a backstop if children are not screened. Pat McLaine indicated that additional language needed to be added regarding requirements for testing childcare/preschool children, with is already required. Liz Kelly agreed, indicating that she was not concerned about a burden on schools: if lead screening is important, it is important. Mangula Paul stated that it would be a lost purpose if we do not require documentation at school. Cliff Mitchell stated that school nurses can't share information with local health departments, per FERPA. However, CDC released new guidelines for lead exposed children in schools this spring, clearly indicating that these children have rights to streamlined developmental assessment and appropriate educational intervention consistent with the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA), including an individualized education plan (IEP). Pat McLaine stated that she had reviewed MDE annual reports and estimated that more than 12,000 Baltimore children under the age of 18, many who would still be in the Baltimore City Schools, have been exposed at blood lead levels of 10µg/dL or higher. John Krupinsky indicated that health department nurses were following up with children who had not been tested and the number of such children was very large. Pat McLaine noted that the issue of sharing data could be looked at in another way: in Rhode Island, the health department indicated that they were willing to share health information about individual children (elevated blood lead level history) with the Providence Public schools if the schools were willing to provide educational treatment for the children; the issue then was, what treatment would be provided. Cliff Mitchell said that it may be possible to share lead testing data with CRISP or ImmuNet. What other ways could be used to facilitate such transfer of information? What could be the mechanism to do this? John Krupinsky indicated that many children with elevated blood lead levels had been referred to Early Intervention, but if their early milestones are OK, they will not get services. Pat McLaine suggested that we think about how we might approach this to ensure that children with EBLs have access to early education, since the return on investment is high – about \$7-8 for every \$1 invested.

Cliff Mitchell indicated that children entering schools for the next 3 years would not be affected by these new rules. Ken Strong asked about the issue of BLLs rising: how can we identify these children? It is not clear what the Lead Registry could do about children with BLLs of 5+ to ensure additional testing and to identify children with rising BLLs. Cliff Mitchell indicated that he is working with GHFI to outreach to providers.

Lead Commission Meeting
August 6, 2015
Page Three

Proposed changes were reviewed. Pat McLaine encouraged members to provide comments to DHMH.

Maryland Insurance Agency – Nancy Egan raised the issue about MIA participation in the Lead Commission last month. She distributed a copy of the final report from the November 2012 workgroup. The function of the Insurance Commissioner and designee outlined in the law is the insurance of properties. The Qualified Offer was struck down in 2011. Coverage has been expanded to pre-78 properties. Insurers are able to exclude coverage for lead liability, so many insurers excluded this. MIA looked at this issue and looked at setting up a state fund. Some coverage is available but it is expensive and may be based on certified lead free. Pollution exposure coverage is available for larger landlords. The marketplace is essentially the same as in 2012. Does MIA need to be on the Commission? They are not clearly part of the solution to decrease BLLs in children. Tommy Thompson noted that the Commission has never been in full compliance with the statute: there has never been a senator on the Commission. The Commission would need to agree and this would need legislative change. Ron Wineholt indicated that Nancy Egan's input would be missed. Cliff Mitchell asked when this would take place – 2016 or 2017. Would there be insurance implications for children with BLLs 5-9 μ g/dL if we expand testing? The change in insurance concerns to health care insurers may also increase liability because more kids are being identified. Ed Landon suggested that maybe we should look at this. The Commission will discuss this matter with Horatio Tablada.

Invitation to Baltimore City Health Commissioner Wen - Pat McLaine indicated that Dr. Wen will attend the September 3, 2015 meeting.

New Business

Nutrition – Ken Strong raised an issue about nutrition for families who are being relocated while their home is being abated. Baltimore City Housing will provide vouchers to families if they self-relocate with family or friends. Ken Strong asked if nutrition education classes might be helpful or food vouchers or other incentives to provide healthy foods. Syeetah Hampton-El indicated that the problem is for HUD and enforcement cases. Philadelphia has been offering vouchers that can cover food. Families who relocate to hotels have had the most problems, for many reasons including transportation, food, childcare, and school. Perhaps a grant application to A.E Casey would be warranted. Manjula Paul said the issues were similar for families of individuals with active tuberculosis – where health departments need to support families staying home until TB cultures were negative. John Krupinsky indicated there were limited resources for families during relocation, which may last 2 weeks; this may be a good place to have a voucher. Perhaps HUD or CDC has examples of how this has been handled innovatively for lead hazard control work or case follow-up, respectively.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, September 3, 2015 at MDE, 9:30am – 11:30am.

Lead Commission Meeting
August 6, 2015
Page Four

Agency Updates

Maryland Department of the Environment – John Krupinsky noted that it is great to hear about outreach to the faith-based community. MDE continues to provide funding for outreach to decrease lead risks in housing.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell and John Krupinsky are planning meetings in the fall with local health departments to talk about proposed changes in the regulations. The meetings will include private providers. DHMH will also meet with childcare and school personnel.

Maryland Department of Housing and Community Development – Ed Landon indicated he had nothing to add. Faith-based community was a great partner in this effort. Churches may be able to partner in efforts to safely relocate families and ties with the Red Cross may also be helpful.

Baltimore City Health Department – not present

Baltimore City Department of Housing and Community Development – Ken Strong reported that HUD came to Baltimore City and is doing a video on lead hazard reduction using Baltimore footage.

Office of Child Care – Liz Kelley reported that Manjula Paul is the new nurse consultant. OCC just emailed regulations on healthy eating to child care facilities across the state, including emphasis on milk with meals and no sugar added.

Maryland Insurance Administration – nothing more to report

Public Comment – no public comment

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by Ken Strong. The motion was approved unanimously and the meeting was adjourned at 11:25 AM.

Baltimore City's HUD Application for the Lead Hazard Reduction Program Update

1. Baltimore City's HUD application for the Lead Hazard Reduction Program – A decision on our application for \$3.825 million in federal funding over the next three years is still pending. A decision is expected in September. One federal official inquiring about the status of our application was told by HUD that Baltimore City had a very strong application. My fingers remain crossed, it is hard to type like this but I'm keeping them crossed.

The lead safety flyer outreach and distribution through faith-based organizations is on hold until we see the results from the city's application to HUD. We want to make sure the federally-supported services are there before advertising the less substantial State resources for lead hazard reduction.

2. HUD came to Baltimore City to tape clients, staff and partners of our Lead Hazard Reduction Program as part of their production of a video to be posted on their national website. The fact that they chose Baltimore as part of their video production is a sign of their respect and confidence in us.

3. At a meeting that HUD officials had with state and city officials about lead poisoning prevention, especially as it relates to children testing in the 5-9 range, Cliff Mitchell raised the idea that we might best prioritize children testing in that range when we have evidence that their blood lead levels are rising. If we can discuss how practically to implement that sensible notion, I would be willing to invest outreach and recruitment efforts to that population for the City's lead hazard reduction program.

4. Victor Powell and Ed Thomas from HUD met last week with MDE, City health and housing, GHHI and others about how HUD could be helpful mainly from the MDE perspective. One idea that arose from the meeting was the need for basic contractor training in lead law compliance. It was mentioned that this was done in the past, I think through Connor, but that funding was an obstacle to another round of training. If a program can be designed that helps meet contractor lead-related training in Baltimore City, I said I would explore if Baltimore Housing could support such training. I am prepared to commit up to \$25,000 for this effort if it can focus extra effort on training for MBE/WBE firms.

5. The Baltimore City lead hazard reduction program is preparing to implement an alternative to hotel stays for families relocated during lead contracting in their home. If families agree to self-relocate with family or friends, the City will provide a voucher of close to \$600 for food and other expenses while they are away from home. I'm thinking that food vouchers open up an opportunity to educate and promote lead – sensitive nutrition. Nutrition classes and vouchers for healthy foods might also be organized for families in the 5-9 range visited by the health department. I wanted to bounce this idea off Commission members.

6. Since the end of June 2015 when the three year federal grant ended, we have finished 8 houses that were under contract at the end of June (the federal funding allows for that) and we have been completing post-remediation education with our partner GHHI. With only State funding for lead hazard reduction, we have 10 houses in the pipeline - 6 houses waiting for a State check and 4 houses waiting for State approval.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INVITES PUBLIC COMMENTS ON CHANGES TO THE LEAD POISONING SCREENING PROGRAM

The Maryland Department of Health and Mental Hygiene (the Department) invites public comment on changes to COMAR 10.11.04 – Lead Poisoning Screening Program.

Background: While Maryland has made significant progress in reducing exposure to lead, childhood lead exposure remains a significant, widespread, and preventable environmental hazard in the State. The current Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning (2004) identifies areas considered to be “at risk” because of their housing stock and population.

Maryland law and regulations require that children in Maryland must be tested for lead:

- At the 1 year (12 months) and 2 year (24 months) visits, if either (1) they are living or are known to have lived in an “at-risk area” (as defined in in the Department’s 2004 Targeting Plan); or (2) they are enrolled in the Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) program;
- If they are 2 years old or older and younger than 6 years (72 months), have lived in an at-risk area, and have not previously been tested for lead or are unable to document previous testing;
- If the health care provider is unable to acquire the results of previous blood lead tests;
- If a required lead screening questionnaire indicates a possible risk for lead exposure; or
- If a parent or guardian requests a blood lead test.

In addition to requirements for testing, pursuant to COMAR 10.15.04.05, parents are also required to provide documentation of lead testing results to a school upon the child’s entrance to a Maryland public prekindergarten program, or to a public school system at the level of prekindergarten, kindergarten, or first grade.

The Department invites the public to comment on the following questions:

1. *Should the Department revise its current Targeting Plan for Areas at Risk for Childhood Lead Poisoning and amend its blood testing requirements so that for the next three years, all children ages 1 year and 2 years would be tested for lead, regardless of where they live?*

The Department is considering changing the current regulation so that for the next three years all children in Maryland would be tested for lead exposure at the ages of 1 year (12 months) and 2 years (24 months). The Department believes all areas in Maryland carry some risk, and these proposed changes would provide a more accurate picture of where lead exposure is occurring, would help the State develop a more precise targeting strategy in the future, and would assist in identifying children at risk of lead exposure before they become lead poisoned. At the end of the three years, the Department would use the more complete information on lead levels to revise the Targeting Plan.

The Department welcomes comments on mechanisms and approaches to increase the likelihood that these children will be tested.

The Department requests written comments by 5:00 PM, Friday, Wednesday, August 19, 2015, on these issues and any other recommendations related to testing requirements for blood lead contained in COMAR 10.11.04. Written comments may be submitted by mail to Clifford S. Mitchell, Maryland Department of Health and Mental Hygiene, 201 West Preston Street Room 327, Baltimore, MD 21201. Comments may also be submitted by email to dhmvhealth@maryland.gov

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 11 MATERNAL AND CHILD HEALTH

Chapter 04 Lead Poisoning Screening Program

Authority: Education Article, §7-403; Environment Article, §6-303; and Health-General Article, §18-106; Annotated Code of Maryland

DRAFT LANGUAGE – NOT TO BE QUOTED OR CITED

10.11.04.01

.01 Purpose.

The purpose of this chapter is to set forth requirements for conducting lead poisoning risk assessments, blood tests for lead poisoning of minor children, and the reporting of blood lead analysis in accordance with applicable State law.

10.11.04.02

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Administer a blood test for lead poisoning" means to:

(a) Draw a blood specimen, by either venous or capillary methodology, and:

(i) Send the specimen to a medical laboratory for blood lead analysis; or

(ii) Conduct a blood lead analysis at a health care provider's office subject to licensing, certification, and approval by the Laboratories Administration of the Department; or

(b) Order a blood specimen to be drawn by a third-party health care provider, by either venous or capillary methodology, and sent to a medical laboratory for blood lead analysis.

(2) "At-risk area" means any geographic area within the State that has been designated as high-risk, moderate-risk, or low-risk for lead poisoning by the Department in the current Targeting Plan.

(3) "Blood lead analysis" means the analysis and determination by a medical laboratory of the blood lead level in a blood specimen.

(4) "CDC" means the federal Centers for Disease Control and Prevention.

(5) "Child" means an individual younger than 18 years old.

(6) "Child at high-risk" means a child who resides, or has previously resided, in an area within the State that has been designated as high-risk for lead poisoning by the Department in the current Targeting Plan.

(7) "Department" means the Department of Health and Mental Hygiene.

(8) "Elevated blood lead level" means:

(a) A blood lead level of 10 micrograms per deciliter or greater; or

(b) Any blood lead level designated by the Department under the guidance of the CDC.

(9) "EPSTD" means the Early and Periodic Screening Diagnosis and Treatment program governed by COMAR 10.09.23.

(10) "Health care provider" means a person who is licensed, certified, or otherwise authorized to provide health care services under the Health Occupations Article, Annotated Code of Maryland.

(11) "High-risk area" is an area within the State that has been designated by the Department as high-risk for lead poisoning according to the current Targeting Plan.

(12) "Immunization registry" means an immunization registry established and maintained by the Department.

(13) "Lead exposure risk questionnaire" means the set of questions used to determine an individual's risk for lead exposure and lead poisoning, as approved by the Department and based on the recommendations from the CDC.

(14) "Local health officer" means the county health officer in each of the 23 counties of Maryland and the Commissioner of Health in Baltimore City, or their designated representative.

(15) "Medical laboratory" means a licensed medical laboratory as defined by Health-General Article, §17-201(b), Annotated Code of Maryland.

(16) "Nonprimary care" means health care that:

(a) Is given or recommended by a health care provider that is not the individual's primary care provider; and

(b) Includes but is not limited to episodic health care for acute illness or injury or health care that is given in an emergency room or other urgent care setting.

(17) Prekindergarten Program.

(a) "Prekindergarten program" means a public educational or public early intervention program that enrolls or serves children below the level of kindergarten.

(b) "Prekindergarten program" includes:

(i) Programs that operate within a school and those that operate outside of a school;

(ii) Preschool special education programs governed by COMAR 13A.05.01;

(iii) Extended Elementary Education Programs governed by COMAR 13A.06.02.01;

(iv) Local Infant and Toddler Programs as defined in COMAR 13A.13.01;

(v) Head Start and Early Head Start Programs as authorized under the Head Start Act, 42 U.S.C. §9801 et seq.;

(vi) Judith P. Hoyer Early Child Care and Education Centers established by Education Article, §5-215, Annotated Code of Maryland; and

(vii) Any other educational or early intervention program as determined by the Department.

(18) "Primary care" means health care that:

(a) Is continuous, comprehensive and coordinated;

(b) Emphasizes prevention of illness and injury; and

(c) Includes but is not limited to the following services;

(i) Age appropriate screenings;

(ii) Diagnosis and treatment of acute and chronic disorders;

(iii) Growth and developmental assessments;

(iv) Health care supervision;

(v) Immunizations;

(vi) Patient and parent health and psychosocial counseling;

(vii) Physical examinations; and

(viii) Referrals to specialty health care providers.

(19) "Primary care provider" means a health care provider that provides primary care.

(20) "Targeting Plan" means the current Targeting Plan for Areas at Risk for Childhood Lead Poisoning developed by the Department that includes but is not limited to:

(a) Methodology for determining levels of risk for childhood lead poisoning;

(b) Maps of the State designating at-risk areas;

(c) Zip code and census tract lists indicating each zip code and census tract's designated level of risk; and

(d) Recommendations regarding the prevention of childhood lead poisoning.

(21) "12-month visit" means a well-child evaluation by a health care provider that occurs when a child is between 12 months old and 14 months old.

(22) "24-month visit" means a well-child evaluation by a health care provider that occurs when the child is between 24 months old and 26 months old.

(23) "Well-child evaluation" means a periodic primary care assessment of a child by a primary care provider in accordance with the:

(a) American Academy of Pediatrics' guidelines; or

(b) Periodicity schedule established under EPSDT requirements.

10.11.04.03

.03 Administration of Lead Exposure Risk Questionnaire.

A primary care provider for a child shall complete a lead exposure risk questionnaire:

A. During the 12-month visit and again during the 24-month visit if the child does not reside in an at-risk area;

B. If the child does not reside in an at-risk area and is 24 months old or older and younger than 6 years old, and the provider does not have documentation that a blood test for lead poisoning or a

lead exposure risk questionnaire has been previously administered to, or completed on behalf of, the child;

C. At each well-child check for a child who is 6 months old or older and younger than 6 years old, and resides in an at-risk area; and

D. In accordance with the EPSDT requirements for a child insured under the Maryland Medicaid program regardless of the child's area of residence.

10.11.04.04

.04 Blood Tests for Lead Poisoning.

A. A primary care provider for a child who resides, or who is known to have previously resided, in an at-risk area shall administer a blood test for lead poisoning[:

(1) D]during the 12-month visit and again during the 24-month visit. [; and]

B. A primary care provider for a child who is 24 months old or older and younger than 6 years old who resides, or who is known to have previously resided, in an at-risk area as defined in the 2004 Targeting Plan for Areas at Risk for Childhood Lead Poisoning shall administer a blood test for lead poisoning if:

(a) The child has not previously received a blood test for lead poisoning;

(b) The child's parent or guardian fails to provide documentation that the child has previously received a blood test for lead poisoning; or

(c) The provider is unable to obtain the results of a previous blood lead analysis.

[B]C. A primary care provider for a child shall administer a blood test for lead poisoning to a child if:

(1) An affirmative answer, or a response indicating that the parent or guardian does not know the answer, is given for any question on a lead exposure risk questionnaire that is completed for the child pursuant to Regulation .03 of this chapter; or

(2) The child's parent or guardian requests that the child receive a blood test for lead poisoning regardless of the child's age or area of residence.

[C]D. If a child is insured under Maryland's Medicaid program, the child's primary care provider shall administer a blood test for lead poisoning to the child at the 12-month visit and again at the 24-month visit in accordance with EPSDT requirements regardless of the child's area of residence.

[D]E. A primary care provider shall administer a blood test for lead poisoning, by venous methodology, if the results of a capillary blood test for lead poisoning indicate an elevated blood lead level.

[E]F. For each blood test for lead poisoning administered by a health care provider, the provider shall provide on the lab order form the information for blood lead reporting that is required under Environment Article, §6-303, Annotated Code of Maryland, to the medical laboratory that:

(1) Draws the blood specimen; or

(2) Performs the blood lead analysis.

[F]G. Physician offices and other point-of-care laboratories shall comply with the requirements under COMAR 10.10.03.02B(36) and C.

[G]H. Bona Fide Religious Beliefs[— At Risk].

(1) If the parent or guardian of a child [who resides or has previously resided in an at-risk area that is not a high risk area] refuses to consent to a blood test for lead poisoning due to the parent or guardian's stated bona fide religious beliefs and practices, a primary care provider shall:

(a) Counsel the parent or guardian that the blood test for lead poisoning is required by law due to the fact that their child is at risk for having an elevated blood lead level;

(b) Complete a lead exposure risk questionnaire for the child in the presence of the child and the child's parent or guardian.

(2) If an affirmative response to the questionnaire under §[G]H(1)(b) of this regulation, or a response indicating that the parent or guardian does not know the answer, is entered for any question on the lead exposure risk questionnaire for the child, the provider shall:

(a) Further counsel the parent or guardian regarding the risks of lead poisoning, including the potential physical, behavioral, developmental, and intellectual effects, and again request the parent or guardian to consent to a blood test for lead poisoning;

(b) Document in the child's medical record any continued refusal by the parent or guardian to consent to a blood test for lead poisoning despite counseling, and the grounds for the parent or guardian's refusal;

(c) Write and sign an order for a blood test for lead poisoning on a medical laboratory order form; and

(d) Give the child's parent or guardian the completed order for the medical laboratory to draw a blood specimen for blood lead analysis.

[(3)](4) If all the responses to the lead exposure risk questionnaire are negative, the provider shall:

(a) Follow procedures set forth in §G(2)(b) of this regulation; and

(b) Complete a form issued by the Department indicating that the questionnaire was completed.

[H. Bona Fide Religious Beliefs — High Risk.

(1) If the parent or guardian of a child at high risk refuses to consent to a blood test for lead poisoning due to the parent or guardian's stated bona fide religious beliefs and practices, a primary care provider shall:

(a) Follow the procedures set forth in §[G]H(1) and (2) of this regulation; and]

[(b)](e) *If a provider determines that a child* [Make a determination whether the child] is at a substantial risk of harm from lead exposure, *the provider shall* [and] follow applicable law if the child's parent or guardian continues to refuse to have the child tested.

[(2)](3) If all the responses to the lead exposure risk questionnaire are negative, the provider shall complete the form issued by the Department indicating that the questionnaire was completed.

I. This regulation does not limit the duties of the child's health care provider, with respect to any child who resides or has previously resided in an at-risk area, under any other provision of the law.

J. A health care provider giving nonprimary care to a child may, but is not required to, administer a blood test for lead poisoning, even if a blood test for lead poisoning is not medically indicated.

10.11.04.05

.05 Documentation Requirements on Entry into a Prekindergarten Program[, Kindergarten Program, or First Grade].

A. [Beginning not later than September 2003, t]The parent or guardian of a child who currently resides, or has previously resided, in an at-risk area shall provide to the administrator of the child's school or program, or the administrator's designee, certified documentation of the child's blood lead analysis, as specified in §F of this regulation, on first entry into a [:

(1)]Maryland public prekindergarten program. [; or

(2) Maryland public school system at the level of prekindergarten, kindergarten or first grade.]

B. A health care provider shall:

(1) Document and certify by signature the dates of the blood lead analysis administered to a child pursuant to Regulation .04A of this chapter on a form developed by the Department; and

(2) Upon request by the child's public school or program administrator, or the administrator's designee, for a child who resides or has previously resided in an at-risk area, provide to the school or program the certified documentation of the child's blood lead analysis, as specified in §F of this regulation, in order to facilitate the Department's public health surveillance activities relating to lead poisoning.

C. The child's parent or guardian shall provide certified documentation of the child's blood lead analysis, as specified in §F of this regulation, administered in connection with the 12-month visit and 24-month visit to a Maryland public prekindergarten program [or Maryland public school] not later than:

(1) 20 calendar days from the 12-month visit or 24-month visit; or

(2) 20 calendar days from first entry into the program or system.

D. Pursuant to Regulation .04A of this chapter, if the child's first blood test for lead poisoning was administered after the child is 24 months old, then only certified documentation of the most recent blood lead analysis is required to be reported pursuant to §B of this regulation.

E. Pursuant to Regulation .04A of this chapter, if a child has more than two blood tests for lead poisoning done between the ages of 12 months and 24 months, then only certified documentation of the two most recent blood lead analyses shall be reported.

F. The information sent to or received by a program or school pursuant to §A of this regulation shall be recorded and certified by a health care provider's signature on a form issued by the Department that includes the following:

(1) Name of the child;

(2) Date of the blood lead analysis; and

(3) The signature of the:

(a) Child's primary care provider or designee; or

(b) School health professional or designee that transcribed the information onto the form issued by the Department.

G. If a child is not required to receive a blood test for lead poisoning pursuant to Regulation .04A or B of this chapter, then the child's parent or guardian shall provide to the administrator of the

child's school or program, or the administrator's designee, on a form issued by the Department, documentation that the child does not reside and has never resided in an at-risk area.

H. If a parent or guardian does not consent to a blood test for lead poisoning pursuant to Regulation .04F of this chapter, the child's parent or guardian shall:

(1) Take their child to a primary care provider for the provider to complete a lead poisoning risk assessment questionnaire; and

(2) Submit to the administrator of the child's school or program, or the administrator's designee, a written, signed statement of exemption on a form issued by the Department.

I. Notice Required.

(1) The program or school shall give notice in accordance with §I(2) of this regulation to the parent or guardian of a child who resides or has resided in an at-risk area who does not provide:

(a) The certified documentation of the child's blood lead analysis, as specified in §F of this regulation; or

(b) A signed statement of exemption.

(2) The notice required under this section shall state that the parent or guardian is required by law to provide the information under §I(1)(a) or (b) of this regulation at the time of enrollment.

10.11.04.06

.06 Blood Lead Analysis Reporting Requirements.

[A. Beginning not later than September 2003, for a child for whom certified documentation of blood lead analysis is not provided in accordance with Regulation .05A of this chapter, an administrator of a school or program, or the administrator's designee, shall report to the local health department in the jurisdiction in which the child resides:

(1) The child's name;

(2) The child's last known address; and

(3) The name and phone number of child's parent or guardian.]

A[B]. Notwithstanding §C of this regulation, a medical laboratory shall report, to the Department of the Environment, the information required under Environment Article, §6-303, Annotated Code of Maryland.

C. A medical laboratory that performs blood lead analysis shall report the results of all blood tests for lead poisoning, performed pursuant to Regulation .04 of this chapter for a child who resides in Baltimore City, to the Commissioner of the Baltimore City Health Department in accordance with Article-Health, §4-607, Baltimore City Revised Code.

D. The Commissioner of the Baltimore City Health Department may report the information received under §C of this regulation to the Baltimore Immunization Registry Program.

E. The Department may report the results of blood lead analysis to an immunization registry developed by the Department.

F. The Department of the Environment may report the results of blood lead analysis to an immunization registry developed by the Department.



Report of the Workgroup on
Lead Liability Protection for Owners of
Pre-1978 Rental Property
MSAR No. 9267

November 2012

For more information concerning this document, please contact:

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I. EXECUTIVE SUMMARY

In 2011, the Court of Appeals of Maryland decided *Jackson v. The Dackman Company*, 422 Md. 357 (2011), a case that addressed the constitutionality of Maryland's Reduction of Lead Risk in Housing Act, passed in 1994, that protected landlords who met specific criteria in the Act from personal injury from lead-related lawsuits. The Court found that a key provision of the Act was unconstitutional.

Concerned that the Court's decision would cause problems for the housing market and landlords that had relied on provisions in the 1994 legislation that had been deemed unconstitutional, members of the Maryland General Assembly introduced legislation during the 2012 Session to establish a Lead Poisoning Compensation Fund. Fashioned loosely on the model used to create the Maryland Automobile Insurance Fund, the Lead Poisoning Compensation Fund would have provided "a means for owners of residential rental property to obtain coverage for liability for injuries arising out of lead poisoning." The Fund would have been established through a \$50 or \$100 per unit fee "paid by each owner of residential rental property location in the State that was built before 1978."

Because of concerns about the financial viability of such a fund, House Bill 472 was amended to mandate that the Maryland Insurance Commissioner establish the Lead Liability Protection Workgroup (Chapter 373, Acts of 2012). The purpose of the Workgroup was "to evaluate and make recommendations to the General Assembly relating to lead liability protection for owners of pre-1978 rental property." House Bill 472 contained four specific tasks for the Workgroup:

1. Feasibility of encouraging the existing insurance marketplace to provide lead liability coverage for owners of pre-1978 rental property.
2. Feasibility of establishing other mechanisms for providing lead liability insurance coverage for owners of pre-1978 rental properties.
3. Feasibility of establishing an Insurance Fund for lead liability insurance coverage including financial and underwriting requirements.
4. Current availability of private risk management tools such as insurance and bonds in the commercial market.

The Workgroup studied these issues and the members have reached the following conclusions.

- While there is some insurance coverage available in the private market, it is not affordable for landlords with a small number of properties or those who have properties that are not certified lead free, which render them difficult to underwrite.
- A State sponsored insurance fund is not financially feasible, especially if that fund is intended to cover claims arising in the past.
- There may be other options for coverage, such as a risk retention group. However, these options are likely to be unaffordable for the owner of only a few properties or those who have properties that are challenging to underwrite.

In accordance with the legislation, the Workgroup briefly discussed a number of alternative ideas that may assist in providing lead liability insurance coverage or encouraging the existing insurance marketplace to provide lead liability coverage for owners of pre-1978 rental property (e.g. measures that would incentivize landlords to eliminate the lead hazard in their properties or that would in various fashions limit or share the burden of claims). These suggestions and ideas are summarized in Section V.C. Many of the suggestions involved limiting or shifting liability. A detailed examination of these suggestions, however, was outside the scope of the Workgroup's statutory charge and the Workgroup offers no specific recommendations as to the viability or practicality of these suggestions and ideas, leaving that to further examination by the General Assembly and others involved with the issue.

II. LEAD LIABILITY PROTECTION WORKGROUP MEMBERSHIP AND MEETING SCHEDULE

The enabling statute required the Maryland Insurance Commissioner to convene a

Workgroup with the following members:

- ❖ Senate of Maryland (two members)
- ❖ House of Delegates (two members)
- ❖ Secretary of the Environment or designee
- ❖ Secretary of Housing and Community Development or designee
- ❖ Secretary of Health and Mental Hygiene or designee
- ❖ Representatives of:
 - the Judiciary¹
 - the insurance industry
 - owners of pre-1978 property
 - childhood lead poisoning advocacy groups;
- ❖ Representatives with expertise in legal claims arising out of lead poisoning, including attorneys representing plaintiffs and defendants;
- ❖ Representatives from academic institutions with expertise in insurance and actuarial science; and
- ❖ Any other representative the Commissioner determines to be included in the Workgroup.

A list of Workgroup members is found in Appendix 1.

Workgroup members were assigned to serve on one of two subworkgroups, which were formed to provide a forum for more detailed discussion of particular issues. Subworkgroup One focused on the existing insurance marketplace and alternative mechanisms for providing lead liability. Subworkgroup Two focused on the feasibility of establishing an insurance fund for lead liability insurance coverage.

The Workgroup met on June 19, August 21, and September 4, 2012. Meeting minutes are available on the MIA's website at <http://www.mdinsurance.state.md.us/sa/news-center/legislative-information.html>. Subworkgroup meetings were held on June 19 and July 31, 2012.

¹ By letter dated May 22, 2012, the Honorable Robert M. Bell, Chief Judge of the Court of Appeals of Maryland, informed the Insurance Commissioner that Rule 3.4 of the Code of Judicial Conduct prohibits the appointment of a judge to a governmental committee, "unless it is one that concerns the law, the legal system, or the administration of justice." Accordingly, he declined to appoint a judicial representative to the Workgroup.

III. OVERVIEW

A. Background

Lead poisoning is a serious medical condition caused by increased levels of the heavy metal lead in the body. Particularly serious for young children, lead interferes with the development of the nervous system and can cause permanent cognitive and behavior disorders. U.S. Dep't of HHS, *The Nature and Extent of Lead Poisoning in Children in the United States: A Report to Congress* 1, II 1-7 and IV 1-25 (July 1988).

Lead was a common additive to paint and childhood lead poisoning began to be diagnosed in the United States in the late 19th century. Katarina Lah, *History of Lead Use* (May 8, 2011) available at <http://toxipedia.org/display/toxipedia/History+of+Lead+Use>. In 1922, the League of Nations recommended a ban on the use of white lead in interior paint and most countries in Europe had banned its use by 1931. Gerald Markowitz & David Rosner, *Cater to the Children: The Role of The Lead Industry in a Public Health Tragedy, 1900-1955*, 90.1 AM. J. OF PUBL. HEALTH, 37 (January 2000). The United States did not adopt the ban and the use of lead-based paint in the United States instead increased. Joanne Pollack, J.D., *The Lead-Based Paint Abatement Repair & Maintenance Study in Baltimore: Historic Framework and Study Design*, Journal of Health Care Law & Policy, Vol. 6:90 (2002).

The first significant lead-based paint legislation passed in the United States in 1971. The Lead-Based Paint Poisoning Prevention Act addressed the use of lead-based paint in federally-funded housing. U.S. Department of Housing and Urban Development, *History of Lead-Based Paint Legislation*, available at <http://www.hud.gov/offices/cpd/affordablehousing/training/web/leadsafe/ruleoverview/legislationhistory.cfm>. In 1978, the Consumer Product Safety Commission banned the residential use of lead-based paint. *Id.*

B. Review of Statutes and Case Law

1. Maryland's Lead Law

In 1992, the General Assembly authorized the Lead Paint Poisoning Commission (Chapter 406, Acts of 1992). The Commission conducted a study and issued a preliminary report in December 1993 and a final report in May 1994. The General Assembly passed the Reduction of Lead Risk in Housing Act (Ch. 114, Acts of 1994) ("the Act") based on the Commission's recommendations. The 1994 legislation was designed to "reduce the incidence of childhood lead poisoning, while maintaining the stock of available affordable rental housing." MD. ANN. CODE, ENV. ART., §§ 6-801 through 6-852.

As originally enacted, the law applied to properties constructed before 1950. A significant portion of the Act was dedicated to establishing and enforcing risk reduction standards. The owners of pre-1950 properties were required to register with the Maryland Department of the Environment by December 31, 1995 and file a renewal registration each year. Sections 6-811(a), 6-812(a). Compliance with the Act was optional for those properties built between 1950 and 1978. However, during the 2012 Session, the General Assembly passed House Bill 644, effective on January 1, 2015, that requires all rental properties built before 1978 to meet all applicable provision of the Act.

Sections 6-826 through 6-842 of the Act established the "qualified offer" available to those landlords who have registered their properties and complied with the Act's applicable notice and risk reduction standards. Section 6-836. A "qualified offer" consisted of two categories of expenses, which total \$17,000.00: 1) relocation expenses to move the impacted tenants to a lead-safe property up to a maximum amount of \$9,500.00; and 2) medically necessary treatments of the person at risk (until that person reaches age 18), which are not

otherwise covered by health insurance, up to a maximum amount of \$7,500.00. Section 6-841. Acceptance or rejection of a qualified offer released the landlord (and the landlord's agents and insurer) from any liability to the person accepting or rejecting the offer arising from injury or loss caused by the ingestion of lead on the property. Section 6-835. A landlord who does not comply with the applicable notice and risk reduction standards is presumed to have failed to exercise reasonable care concerning lead hazards for the time period at issue. Section 6-817.

The Maryland Department of the Environment and the Coalition to End Childhood Lead Poisoning reported that from February 24, 1996 through October 24, 2011 (date of the *Jackson v. The Dackman Company* decision), landlords have made 144 qualified offers. Of that number, 83 offers were rejected and 61 offers were accepted. This number is quite low when compared to the number of lead poisoning cases (656) that were filed in Maryland in 2011 alone. A review of the Circuit Court for Baltimore City docket revealed that in January 31, 2012 there were 1,164 open and active lead paint cases on the docket. As of July 12, 2012, there were 1,287.

2. *Jackson v. The Dackman Company*

On October 24, 2011, the Court of Appeals of Maryland issued an opinion in *Jackson v. The Dackman Company*, 422 Md. 357 (2011) that addressed the constitutionality of those provisions of Maryland's Reduction of Lead Risk in Housing Act that grant landlords immunity from personal injury from lead-related suits based on the qualified offer. The Court of Appeals found the limited liability section of the Act unconstitutional under Article 19 of the Maryland Declaration of Rights. 422 Md. at 376. The Court stated that the qualified offer as set forth in the statute is not an adequate remedy for those injured.

For a child who is found to be permanently brain damaged from ingesting lead paint, proximately caused by the landlord's negligence, the maximum amount of compensation under a qualified offer is minuscule. It is almost no compensation. Thus, the remedy which the Act substitutes for a traditional personal injury action results in

either no compensation (where no qualified offer is made or where a qualified offer is rejected) or drastically inadequate compensation (where such qualified offer is made and accepted).

Id. at 382. The Court found that, “although the immunity provisions of the Act are invalid, they are severable from those remaining portions of the Act which can be given effect.” *Id.* at 383.

3. *House Bill 472*

In response to the *Dackman* decision, Senate Bill 873 and House Bill 472 were introduced during the 2012 legislative session. Their intent was to establish a Lead Poisoning Compensation Fund to provide liability coverage to residential rental property owners that had been compliant with the 1994 legislation for injuries arising from lead poisoning that occurred in their properties. It was contemplated that the proposed fund would be established from fees on pre-1978 residential rental property owners. These fees would be deposited into the proposed fund and would not become part of the State Treasury. The legislation would have created a State entity governed by a board of trustees, whose members would have been compensated by the State. The bill authorized the appointment of an executive director with significant independent administrative power to manage the funds.

After public hearings and comments and in response to concerns raised about the financial viability of the proposed fund, the General Assembly passed and the Governor signed an amended version of House Bill 472 (Chapter 373, Acts of 2012) creating a Workgroup on Lead Liability Protection for Rental Property. The legislation required the Maryland Insurance Commissioner to convene a workgroup to evaluate and make recommendations relating to lead liability protection for owners of pre-1978 rental property. The Workgroup was charged with evaluating:

(1) the feasibility of encouraging the existing insurance marketplace to provide lead liability coverage for owners of pre-1978 rental property; (2) the feasibility of establishing other mechanisms for providing lead liability insurance coverage for owners of pre-1978 rental property; (3) the feasibility of establishing an insurance fund for lead liability insurance coverage; and (4) the extent to which private risk management tools such as insurance and bonds are available on the commercial market.

The Commissioner was required to report the findings of the workgroup to the Governor and the General Assembly on or before December 1, 2012.

IV. STATE OF THE CURRENT INSURANCE MARKETPLACE

According to landlords who were members of the Workgroup or who attended the Workgroup meetings, the only insurance coverage available to them for lead liability was the statutorily mandated coverage for \$17,000 to cover the amount of the qualified offer. This coverage is now clearly inadequate in light of the ruling in *Dackman*.

The members of Subworkgroup One researched the availability of lead liability insurance for landlords in a number of Northeast markets among excess and surplus lines brokers and reinsurers. The research indicated that there are currently no state-funded insurance programs designed for lead liability. The Subworkgroup and the Workgroup heard from representatives of landlords owning pre-1978 properties, especially those based in the Baltimore area, that many insurers that had once provided coverage for lead-liability claims under general liability policies no longer do so and that many property and casualty policies now carry a lead-claim exclusion.

On the other hand, the Subworkgroup was also told that there are carriers that continue to write coverage with no lead exclusion. While these carriers impose underwriting requirements (including a review of claims history and inspection for lead remediation), they tend to price on the assessment of overall risk with no specific surcharge for lead liability. For example, there is a long standing program in the five boroughs of New York City that offers primary and umbrella

coverage for older buildings. There are no lead exclusions and no surcharges. However, the program has specific guidelines and will not write policies for public or subsidized housing.

In short, for older housing stock that has been properly maintained and has had lead remediation, it appears that there may be some private insurance available. Pricing is based upon general life safety and liability issues with no additional price component for lead. During the public meetings of the Workgroup, however, representatives of many of the landlords who own smaller numbers of properties indicated that even if they met the underwriting standards for these policies, particularly for lead remediation, the price of the available policies is more than these landlords are able or willing to pay.

V. DISCUSSION

A. A State fund for lead liability insurance coverage is not financially viable.

The primary focus of the Workgroup's discussion was on the viability of a statutorily created insurance fund. The Workgroup considered the viability of both a retroactive fund ("tail fund") that would address the claims for lead-related injuries that have occurred in the past and an insurance fund for future claims (the "prospective fund").

The first question that had to be addressed was how much money an insurance fund would need at inception to meet its obligations. Because landlords are most concerned about retrospective versus prospective claims, a fund that would address "tail" claims was addressed first.

1. *The establishment of a "tail fund" would likely require an initial investment of approximately \$2.1 billion.*

The Workgroup's actuarial experts suggested the development of two formulae for giving the Workgroup a "ball park" estimate of the cost of an initial liability reserve to cover possible past claims. The two formulae used were:

- Formula No. 1: Policy Limit x No. of Claims x Length of Tail = Liability Amount / No. of Pre-1978 Units = Fee Per Unit
- Formula No. 2: Policy Limits x Total No. of Children with Lead >/+ 10 x Percentage of Estimated Claims = Total Liability / Number of Pre-1978 Units

As a preliminary step, the value of the various data points had to be determined. The Workgroup began by assuming that the cost of establishing a fund covering claims arising in the past (the "tail") would be spread among all pre-1978 rental units, as the 2012 legislation proposed. This is the largest universe of properties for which lead exposure is generally considered a possible problem.² According to U.S. Census figures, there are approximately 400,000 pre-1978 rental units that could be subject to a fee to fund the initial liability reserve for any insurance fund.³

The "tail" period for cases involving injuries to children is generally assumed to be as long as 21 years because a claim for a child who may have been exposed to lead paint can be filed until three years after the child reaches the age of 18. It was agreed by the Workgroup, however, that the effective tail for any potential insurance fund covering only landlords who were compliant with the Maryland Reduction of Lead Risk in Housing Act (which because of court suits did not go into effect until 1996) would more likely be closer to 16 years.

Other data points were more difficult to determine. For example, a conservative policy limit for any coverage of \$200,000 was used because that was the number cited in the proposed 2012 legislation, even though Workgroup members reported that the average settlement in a lead

² It was conceded, however, that many of the rental units included in the number have never had a problem with lead paint poisoning, with at least a portion of them being certified as lead free or with limited lead being present.

³ The actual census figure is 446,000 non-owner occupied units in Maryland. However, it was agreed that not all of these properties are rental units. Some of these properties are vacation homes or used for other non-rental uses. Therefore, it was agreed to use 400,000 as the estimate of units that would be subject to the initial fee. The Maryland Department of Assessment and Taxation does not have data on the number of rental units in the State.

injury case may be two to three times that figure. As to the number of possible cases, research of a Workgroup member determined that in 2011, at least 656 lead cases were filed in Maryland's circuit courts.

Inserting these data points into Formula No. 1, it was anticipated that there would need to be an initial liability reserve to cover prior claims of approximately \$2.1 billion. Allocating this to all pre-1978 would result in a per unit fee of \$5,248.00.⁴

A different approach was taken for Formula No. 2, which focused on the universe of likely claimants—specifically, the number of children with blood lead levels at or above ten micrograms per deciliter (>/+ 10).⁵

Formula No. 2 also used a policy limit of \$200,000, multiplied by the number of children with blood levels at >/+ 10 and multiplied again by the anticipated percentage of the children effected by blood levels at >/+ 10 who would actually file claims against a landlord for lead poisoning. The resulting number would then be divided by number of pre-1978 units to arrive at the initial per unit fee to set up a fund.

The total number of children with blood levels at >/+ 10 was assumed to be 44,435. This number was based on the Maryland Department of Environment's Annual Report on Childhood Blood Lead Surveillance in Maryland for the years 1996 through 2011. It encompasses 16 years of data, which was consistent with the agreed-upon 16 year tail period for the proposed coverage.

The most difficult variable in Formula No. 2 was determining an appropriate percentage of those children who tested at >/+ 10 who would actually file a claim against a landlord for lead

⁴ $\$200,000 \times 656 \times 16 = \$2,099,200,000 / 446,000 = \$5,248$. Originally, the Workgroup estimated the number of lead claims filed in court at approximately 1,000 per year and suggested the full tail period of 21 years. This would have resulted in a far higher initial reserve and initial fee [$\$200,000$ (policy limits) \times 1,000 (claims) \times 21 (length of the tail) = $\$4,200,000,000$ (initial reserve) / 400,000 (number of pre-1978 rental units) = $\$10,500$ (initial fee)].

⁵ The Center for Disease Control has recommended that this standard should change to blood lead levels at or above five micrograms per deciliter. If this lower standard is adopted in Maryland it is estimated by Maryland's Lead Poisoning Prevention Commission that the number of lead poisoning cases in the State may increase three fold.

poisoning. For this initial, rough “ball park” calculation, the 656 cases filed in 2011 was used as a general guide. It was assumed that approximately 23.5% of the children suffering the effects of blood levels at $>/+ 10$ from 1996 through 2011 would likely file claims against a landlord for lead poisoning.⁶

Using these assumptions, the total projected tail liability figure in Formula No. 2 was also \$2.1 billion dollars.⁷ Again, assuming 400,000 pre-1978 units, this would result in a per unit startup fee for the insurance fund of \$5,230. Even when the Workgroup substituted a far lower (and probably unduly optimistic) estimate of the number of claims that could be filed (5% of children injured or 139 claims), an insurance fund would need to plan for a tail liability of \$444,350,000. This would result in a per unit startup assessment of \$1,110.88.

There was widespread (if reluctant in some cases) agreement among Workgroup participants that all of these numbers—each of which assumed that the assessment would be allocated to all pre-1978 rental units, regardless of any history of past or present lead poisoning or whether they would benefit from any coverage—were so high as to make establishment of such a fund economically and politically impractical.

2. *The establishment of an insurance fund for future claims would require an initial investment in excess of \$131 million.*

The Workgroup also considered the financial viability of an insurance fund that would address only future claims on an occurrence basis. Using some of the same assumptions and data used in developing the estimates for the “tail fund,” it was determined that to provide policy limits of \$200,000, a prospective insurance fund would require \$131,200,000 to fund the

⁶ 44,435 children tested from 1996 through 2011 multiplied by 23.5% equals 10,664.40. This number divided by 16 years equals 652.64 claims per year.

⁷ Assuming a policy limit of \$200,000 multiplied by the total number of children with lead levels $>/+ 10$ multiplied by 23.5% equals \$2,091,999,800.

potential liability for one year's worth of claims.⁸ The owners of the 400,000 pre-1978 rental units would need to pay \$328 per unit to fund just the first year for such a fund.

3. *Other costs and considerations for the establishment of an insurance fund.*

The Workgroup's primary discussion focused on the initial liability reserve amount that would be required to establish an insurance fund because it was determined that would reveal the magnitude of the underlying numbers involved in providing coverage. However, it was noted also that there would also be the need for significant investment in the operational, and administrative costs required to begin an insurance fund. A Workgroup member familiar with these issues indicated that he knew of a recent estimate that found that the initial operational and administrative capital necessary to establish a small property and casualty insurance company was \$7 to \$10 million. While this amount could be significantly lower if the insurance fund was established within one of the existing state funds (e.g. MAIF or IWIF), there would still be significant costs required in addition to an initial liability reserve.

The Workgroup also touched briefly on the issue of the cost of premiums and the underwriting standards that would need to be applied when issuing policies. Even assuming an affordable initial total liability reserve, it seems clear that the amount of annual premium would be extraordinarily high.

Net premium is the amount that must be collected in advance or annually to cover all losses that will occur during the insured period. This amount is spread among all members of the insured group and the larger the pool of insureds the lower the cost. While it was assumed that any legislation setting up a State sponsored fund, as a matter of financial necessity, would have to spread the cost of the liability reserve among all 400,000 pre-1978 owners of rental properties,

⁸ Assuming a policy limit of \$200,000 multiplied by 656 claims per year equals \$131,200,000. This number divided by 400,000 results in a per unit startup fee for the first year of \$328.00.

annual premiums would be paid by only those few landlords who actually needed or wanted the insurance. This would likely be a far smaller number. Additionally, an individual policy would have to be underwritten based upon the condition of that property.

In the private market that currently exists, it is the cost of the premium and the underwriting requirements that keep many landlords out of the market. According to the Coalition to End Childhood Lead Poisoning, 60% of the lead claims in Maryland are brought against landlords who own four or fewer units. In a State fund for lead liability insurance coverage, a high percentage of the risk exposure would be borne by a relatively small number of landlords. A high risk of exposure spread among a small number of potential insureds would result in prohibitively high premiums. This, too, argues against the idea of setting up a State sponsored fund.

B. Private risk management pools provide some insurance coverage for owners of pre-1978 rental property.

When evaluating the extent to which private risk management tools such as insurance and bonds are available on the commercial market, the Workgroup found that there is some availability for owners of pre-1978 rental property to join together and form risk retention groups (RRG). A type of insurance formed under The Federal Liability Risk Retention Act of 1986, a RRG permits members who engage in related business activities to write liability insurance for all or a portion of third party liability exposures of group members. The federal law allows a group to be chartered in one state, but able to operate in all states.

A member of Subworkgroup One contacted three brokerage firms that specialize in the environmental insurance market about establishing a RRG. One firm had written a master policy for a landlord association with a minimum premium of \$6,500 to \$7,500 plus taxes and fees along with a retention amount (deductible) of \$25,000. These landlords had between 70 and 120

units and the premium averaged approximately \$35 to \$45 per door. To qualify for this master policy, the property must be certified lead free.

One firm indicated that once it determined whether there were enough participants to make a RRG program feasible, it might be able to offer a master claims made policy for a group of landlords, with a per occurrence limit that would be negotiable, and an aggregate limit for the group. Underwriting would require a review of Maryland regulations, a review of the frequency of past regulatory violations, and a determination that each property has been well maintained with a minimum standard of care. It was also likely that lead remediation would be required as an underwriting standard.

A policy of this type would be for third party bodily injury and normally requires a retention amount of \$25,000, although that amount may be negotiable. However, it is likely that the problem of underwriting and affordability for landlords with fewer properties would be as much a road block in the RRG arena as it is in the commercial insurance market.

C. Other mechanisms for providing lead liability insurance coverage and for encouraging the existing insurance marketplace to provide lead liability coverage for owners of pre-1978 rental property.

During the Workgroup's meetings, there were a number of suggestions and ideas raised for other means of making it easier for landlords to secure insurance coverage in the existing marketplace. Many of these suggestions involve shifting or limiting liability. While the Workgroup was generally instructed to consider such ideas, it was determined that any detailed examination and certainly any recommendation was beyond the statutory charge of the Workgroup to consider the feasibility of insurance coverage. It was also clear from the Workgroup's discussions that there was significant divergence of opinion among Workgroup

members as to the value of the various suggestions. The Workgroup offers no recommendation as to these suggestions, which are offered for informational purposes only.

- Encourage Lead Remediation - State money should be spent only on efforts to eliminate the lead hazard by encouraging greater remediation efforts such as tax credits for replacement of friction surfaces such as windows, doors, and cabinets. This would incentivize landlords to improve the condition of their properties. Lead remediated properties are more likely to qualify for insurance in the private market.
- Revise the Qualified Offer – Some suggested that the *Dackman* decision allows for amendment to the qualified offer language that currently exists in the Reduction of Lead Risk in Housing Act in a form that could survive judicial scrutiny.
- Impose Some Liability on the Manufacturers and Distributors of Lead Paint – In order to ensure adequate compensation for children with lead poisoning, as well as a way to mitigate the potential liability of landlords, it was argued that lead pigment manufacturers should be made a party to lead cases. This would require a statutory change.
- Limitations on Liability/Tort Reform – Among the suggested options were a reform of the current standard of proof in lead liability cases, changes in the evidentiary requirements, including precertification of claims, and placing a cap on attorneys fees and/or judgments. It was also suggested that lead cases be treated similar to workers compensation, which are subject to binding arbitration.
- Explore a Tobacco-Style Settlement – It was suggested that a lead liability insurance fund could be established with the proceeds from a settlement with lead pigment manufacturers, which would have to be brought by Maryland's Attorney General.

VI. SUMMARY

The research of the Workgroup found that there is some limited insurance coverage available for landlords of pre-1978 rental properties and some limited opportunities for groups of landlords to take advantage of less traditional insurance vehicles, such as risk retention groups. For many landlords, however, the high cost of premiums and the cost of complete lead remediation and other possible underwriting criteria are obstacles to taking advantage of options in the private market.

The Workgroup has concluded that a State fund for lead liability insurance coverage operating with either a retroactive "tail" claims or solely on prospective claims basis is not

financially viable due to: 1) the high cost to pre-1978 landlords for funding a required initial liability reserve; 2) the continuing and significant liability exposure as a result of both past claims and potential claims in the future⁹; and 3) the small risk pool of potential insureds.

Consequently, the Lead Liability Protection Workgroup recommends that the General Assembly should not pursue a State sponsored insurance fund designed to provide lead liability coverage for owners of pre-1978 rental property.

⁹ Without being able to quantify the impact on risk and exposure, the Workgroup did note that the CDC has recently lowered what it considered the threshold of danger to exposure to lead. This could open the door to increased claims in the future, further exposing any State sponsored fund to risk.

Appendix 1

WORKGROUP MEMBERSHIP ROSTER¹⁰

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Maryland Automobile Insurance Fund, Deputy Executive Director

Delegate Pamela G. Beidle
Maryland House of Delegates, Anne Arundel County

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GNI Properties Inc., Director, Salisbury Area Property Owners Association

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Apartment and Building Associations of Metropolitan Washington, Vice-President of Government Affairs

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Maryland Insurance Administration, Deputy Commissioner

Saul E. Kerpelman, Esq.
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Edward G. Landon
Maryland Department Housing and Community Development, Director, Maryland Codes Administration

Clifford S. Mitchell, M.D.
Maryland Department of Health and Mental Hygiene, Assistant Director Office of Environment Health & Food Protection

Delegate Doyle L. Niemann
Maryland House of Delegates, Prince George's County

Senator Catherine Pugh

¹⁰ Senator Robert J. Garagiola, from Montgomery County was appointed by Senate President Thomas V. Mike Miller, Jr. to serve on the Workgroup. However, Sen. Garagiola was unable to participate and a replacement member was not appointed.

Maryland Senate, Baltimore City

Steven W. Sachs

Willis Group Holdings, Executive Vice-President and Director of Real Estate and Hotel Practice

John J. Scott, Jr.

Westminster American Ins. Co., Vice President/General Counsel

Alfred L. Singer

President, Singer Realty Inc.

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APPENDIX 2
SURVEY

SURVEY

Workgroup on Lead Liability Protection for Rental Property Study

This Workgroup was established through legislation passed by the 2012 Maryland General Assembly. Its mission is to evaluate and make recommendations relating to lead liability protection for owners of pre-1978 rental property. The Workgroup is collecting data for a report that must be sent to the Governor and the General Assembly on or before Dec. 1, 2012. The information supplied in response to this survey will be reported in the aggregate. No individual response will be identified. Your cooperation in completing this survey is appreciated.

1. Have you tried to place a risk in the past five years providing Lead Liability protection for 1-4 family rental properties built prior to 1978? (Please note do not include coverage that you marketed that provided coverage for the qualified offer of \$17,000)

___ Yes ___ No

2. If you answered "Yes" to Question #1, were you able to obtain pricing for that risk?

___ Yes ___ No

3. a. If you answered "Yes" to Question #2, what was the name of the carrier, the premium charged and indicate if this was through the Surplus Lines market:

b. If you answered "no" to Question #3, why were you unable to obtain pricing? Please be specific.

4. What underwriting items were required when marketing the risk? Please indicate yes or no.

_____ Did they require the property be certified Lead Free?

_____ Did they require an inspection?

_____ Did they require loss runs?

_____ Were they able to write a property with a Full Risk Reduction Inspection?

5. We are looking for markets for these two scenarios. If you could volunteer and try to obtain pricing from your underwriting contacts, it would be appreciated. Please fill in your results including name of carrier, pricing and/or any issues you encountered.

- A. Brick dwelling located in Maryland with 3 apartments built in 1950, updated, doors and windows replaced, with a Full Risk Reduction inspection, no claims, with a CSL of \$1,000,000 including lead liability coverage.

- B. Brick dwelling located in Maryland with 3 apartments built in 1950, updated, doors and windows replaced, Certified Lead Free, no claims, with a CSL of \$1,000,000 including lead liability coverage.

**Please complete and return this survey by
August 20, 2012 by e-mail to:**

**Nancy Egan, Assistant Director of Government Relations
Email: negan@mdinsurance.state.us.gov**

**Maryland Insurance Administration
200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202**

LOCAL OPINIONS

6/21/2015 A-18

Fir troubled communities by focusing on poverty, not policing

The June 16 Metro article "Senators to push post-Gray measures" reported that Sen. Barbara Mikulski (D-Md.) "touted criminal justice additions to the appropriations bill" in response to the death of Freddie Gray in Baltimore. Her words could be taken to mean that police officers are the problem. But these communities need more than better police training and reporting of crime data. Consider other articles printed the same day: "Police seeking 4 young robbers in 3 incidents; some pretends" [Metro]; "Teen, 15, charged in 2 fatal stabbings" [Local Digest] and "Motive unknown in slaying of ice cream truck driver" [Metro]. Clearly, the police did not incite the behavior reported in these articles.

The June 11 Politics & the Nation article "How poverty affects learning ability" reported that a study by a "left-leaning think tank"

identified five causes of poor school performance: "parenting practices in low-income households, single parenthood, irregular work schedules of parents in low-wage jobs, poor access to health care and exposure to lead." These things probably are among the root causes of economic and social problems in these communities. One of the study's conclusions was that the money being spent in the classroom is wasted. The same could be said of the \$98 million proposed for improving police-community relationships and the \$295 million for juvenile justice programs.

If we spent some of that money on lead-paint removal, parenting classes and the other things that the think tank's study concluded cause poor school performance, I bet our communities would improve, too.

MICHAEL FINNEGAN, Kensington

The Washington Post

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Gray Area

In late April, a week of demonstrations and rioting erupted in Baltimore after a 25-year-old black man named Freddie Gray died of a spinal cord injury while in police custody. Anyone who watched even a few minutes of TV coverage probably recalls the burning vehicles and looted CVS pharmacies. Footage of Toya Graham chasing her teenage son off the street while smacking him in the head went viral.

At about the same time, a contractor posted a story to our LinkedIn page about losing another bid to a noncertified window replacement contractor. His bid was 50 percent higher, and he complained that the contractor who got the job told the homeowner that he wouldn't disturb any paint while replacing the windows. His post concluded with a familiar rant against big government and over-regulation.

I didn't make the connection until I read an April 29 story in *The Washington Post* about the extraordinarily high blood lead levels among black children growing up in Baltimore's Sandtown neighborhood. It was in a rental property there that Freddie Gray was poisoned by lead paint that flaked from the peeling walls and windows.

Evidence from a lawsuit filed by Gray and his siblings against the property owner revealed that a blood test taken when he was just 9 months old showed 10 micrograms of lead per deciliter of blood—that's double the maximum level set by the Centers for Disease Control and Prevention. Three months later, his blood tested at almost 30 micrograms, and just before his second birthday, it measured 37 micrograms.

Gray's history reminded me of the RRP (Renovation, Repair and Painting) certifica-

tion class I took in 2010. Our instructor told a story about when he and his wife had their first child. They were living in public housing just after college because it was all they could afford. They knew that the doors and windows would stick a little, but they didn't know that each time they opened or closed them small particles of dried lead paint scraped off and floated onto the carpet and bedding and toys.

They soon noticed problems with their son's balance and reaction time, so much so that he couldn't put his hands out in time to break his frequent falls. Finally, during a hospital visit to treat bruises on the boy's face from a bad fall, a blood test revealed that he had lead poisoning.

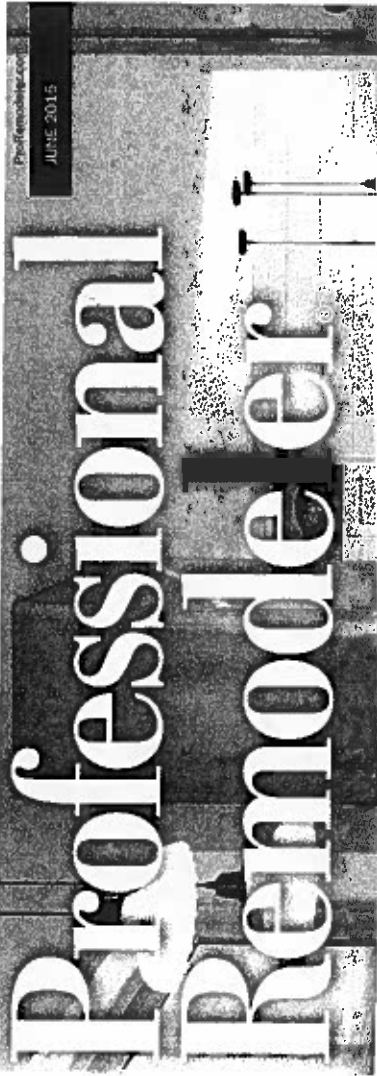


Freddie Gray was poor and black and lead-poisoned. The combination proved deadly.

I'm sympathetic to the plight of small remodelers competing against uncertified, unlicensed, and uninsured contractors who don't know their costs, have never pulled a permit, and are unaware of or ignore regulations such as the RRP. But I also know that poisoning from lead paint has real-world consequences.

Whatever the undisclosed settlement was in Freddie Gray's 2008 lead-poisoning lawsuit, it came too late to undo the damage that had already been done. I don't know whether the problems he had while growing up—trouble in school, drug abuse, repeated run-ins with the police—happened because he was poor or because he was black or because he was poisoned by lead. But the combination seems to have been deadly.

For remodelers, the RRP rule is an expensive hassle, but compliance won't kill anybody. Noncompliance just might. PR



SEPTEMBER 3, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

NOTICE

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GUESTS

**Governor's Lead Commission Meeting Attendance Sheet
September 3, 2015**

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

Name	Representing	Address/Telephone/Email
PT CONNOR	---	443.695.3824
D. Mandry	BCDH	410-887-3725
Nick Carey	MIA	410-468-2173 nick.carey@maryland.gov
DAVID FLEDER	LSBC	DFLEADER@BACTHOROCCANT.MD.GOV
Jason Hessler	DHCD	jason.hessler@beltsmorecity.gov 410-346-4140
Ron Winter	AD34	301-261-1460
B. Johnson	MDE	447-929-7845
Christine Schifkowitz	CONNOR	443-322-1226 cschifkowitz@connorinstitute.com
Katelyn Kelly	MDE	410-531-3381
C. Kelly	BCDH	
Margaret Paul	MSDE	LID, 832-0813 margaret.paul@maryland.gov
Edward Thomas	US HUD	215.841.7670 edward.thomas@hud.gov
Victoria Powell	HUD	Victoria.L.Powell@HUD.gov
Michelle Francis	Agency	michelloff@agencyteam.com
Peter Ashby	MUD	
Laura Fox	BCDH	Laura.Fox@beltsmorecity.gov
John Keenan	MDE	
Suzanne	MDE	
Specter Hampton	SHAI	105 W Chesapeake Street Annapolis

Kirstenfeld MDE
Kirsten.held@maryland.gov - 410-537-3082
Sash Kirlin, RHHI 413-687-7340
Kirlin, R.L.H.I.

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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet

September 3, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	301-429-7650
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	Peters 410 880 9016
ROBERTS, Linda Lee	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	jscot@aresfire.com
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

**Thursday, September 3, 2015
9:30 a.m. - 11:30 a.m.**

**AQUA Conference Room
AGENDA**

- I. Welcome and Introductions**
- II. Old Business**
 - Jason Hessler, Assistant Commissioner for Litigation, Baltimore City Housing and Community Development – follow-up on permit and notification letters
 - Draft letter to MHIC
 - Funding for Child Care Facilities Workgroup
 - Other
- III. New Business**
 - Lena Wen, MD, MSc., FAAEM, Commissioner, Baltimore City Health Department
 - John Krupinsky, Childhood Blood Lead Surveillance in Maryland, 2014 Annual Report
- IV. Future Meeting Dates:** The next Lead Commission Meeting is scheduled for Thursday, October 1, 2015 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. Office of Childcare
 - F. Maryland Insurance Administration
 - G. 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 3, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, John Scott, Ken Strong, and Tameka Witherspoon

Members not in Attendance

Nancy Egan, Linda Lee Roberts

Guests in Attendance

Peter Ashley, HUD; Nick Cavey, MIA; Camille Burke, BCHD; Patrick Connor, Connor; David Fielder, LSBC; Laura Fox, BCHD; Michelle Fransen, Cogency; Syeetah Hampton-El, GHHI; Kirsten Held, MDE; Jason Hessler, DHCD; Rachael Hess-Mutinda, DHMH; D. Johnson, MDE; Sarah Kinlirs, GHHI; Myra Knowlton, BCHD; John Krupinsky, MDE; Kaley Lalaker, MDE; D. Mandy, Baltimore County Department of Health; Ruth Ann Norton, GHHI (by phone); Maria Oile, Baltimore County; Carol Payne, HUD; Manjula Paul, MSDE; Victor Powell, HUD; Christine Schifkovitz, CONNOR; Horacio Tablada, MDE; Edward Thomas, HUD; Commissioner Leana Wen, BCHD; Marcia Williams; and Ron Wineholt, AOBA

Welcome and introductions

Pat McLaine called the meeting to order at 9:32 AM with welcome and introductions. Ed Landon made a motion to accept the minutes of July 2, 2015, the motion was seconded by Nathaniel Oakes, and all present commission members were in favor. Minutes of August 6, 2015 were reviewed, with correction to be made on page 2 (FERPA, not FRPA). Ed Landon made a motion to accept and the motion was seconded by Nathaniel Oakes. All present commission members were in favor.

Old Business

Follow-up on permit and notification letters – Baltimore City DHCD – Jason Hessler indicated that the additions to the permit application discussed in February 2015 had not yet been added. The information sheet now has a link to MDE for “lead inspection and compliance”. DHCD expects that the on-line permitting process will go live sometime between October and December. Jason Hessler indicated that DHCD could add additional information to the on-line permit application, but that no decision has been made yet about adding the certified firm number. Susan Kleinhammer stated that the draft language is not clear about the need for testing. Paula Montgomery clarified that for RRP work, the owner/contractor must use a certified firm but does not have to test. Jason Hessler added that the firm did not need to be MHIC-certified. Paula Montgomery asked if a permit was being pulled by a contractor, could

this trigger inclusion? Victor Powell stated that HUD would like to make sure tenants are notified per the Federal Rule before work is done and subsequently with tenancy. Victor Powell indicated that that HUD is willing to assist and that he would provide language to the Commission and to Jason Hessler. Ed Landon stated that permits should identify the license number and should have a place where the certified firm is also listed. He stated that he did not know why it has taken this long to get this fixed and requested that Jason Hessler provide a demonstration of the system at a Lead Commission meeting once change to permit process had been made. John Krupinsky asked if a building owner could pull a permit and hire a contractor; Jason Hessler indicated yes, but the owner must identify the contractor. Pat McLaine noted the importance of RRP from the standpoint of prevention and asked for assurance that the process will provide additional safety going forward. Paula Montgomery and Nathaniel Oaks asked if regulatory or legislative authority was needed to incorporate these changes in the permitting process. Ed Landon stated that currently no counties list this information on their permits. He stated that the codes are enforced locally and that this is not a state issue. The state does not have to legislate this. Ed Thomas, Region 3 HUD, offered support. Jason Hessler said the issue is one of priority, constraints and time but these changes will be implemented with the on-line permitting system. He said, "We are doing this. We don't need additional authority. We can ask if you have certification and can deny a permit if you do not have a certification number."

With regards to the notification letters – Baltimore City DHCD issues a violation notice if they cite an owner for paint problems. The letter is on page 4 of today's handout; there is a lead warning statement and an information sheet. The letter goes out by regular mail to the tenant and owner at the tax address and any other address of record. John Scott indicated that there was a typo on page 5 in the Tenant section, line 2. Jason Hessler indicates that the "Lead Warning Statement" is sent out with ALL notices. For individual violations related to flaking, peeling paint, the language (page 6) makes the notice a "Notice of Defect". The types of violations issued by DHCD that include Notice of Defect language are listed on page 7. Ken Strong indicated that Jason Hessler's office sends them a list of violations for lead and Ken follows up to those owners. Ruth Ann Norton asked if there was data coordination with the Health Department for lead violation notices. Myra Knowlton indicated that the Health Department picks up Housing Department violation notices and these are cross-litigated. Laura Fox indicated that the Health Department still has work to do with tracking these violation notices and does follow up with Ken Strong. Pat McLaine noted that Maryland has a system for following lead poisoned children but what is the system for follow-up of Notice of Defects before a child is poisoned? Laura Fox indicated that Health and Housing meet monthly and will discuss this at their next meeting. Susan Kleinhammer asked if the data goes to MDE; Jason Hessler indicated that it does to MDE. Paula Montgomery indicated that coordination is good and the ultimate goal is to fix hazards, especially in properties where there are people at risk. Ruth Ann Norton stated that the metric or timeframe for such a system or process is important. Twenty three counties need to have a similar system in place – does MDE need additional resources? Carol Payne indicated that HUD would reach-out to DHCD by Friday. Jason Hessler

indicated he would get back to Pat McLaine when the system is on-line so the Commission can see how it works.

New Business

Presentation by Dr. Lena Wen, MD, MSc, FAAEM, Commissioner, Baltimore City Health Department – Dr. Wen stated she was glad to see so many leaders and partners working with the Health Department. Health has a very broad reach – it is not just medical care in the hospital. She indicated that she spends most of her time focused on workplace, school and home environments, where significant interactions take place that make you healthy or sick. She stated that she has seen and treated children with acute lead poisoning in Boston and has seen what happens when children grow up with chronic exposure to lead. It is a huge deal – a health equity issue – it increases disparities and makes it harder to achieve the health justice we all need. Dr. Wen indicated that the Mayor is in support of all other efforts to improve health. We have had an 86% decline in the number of children identified with lead poisoning. We will be able to do more with the HUD grant. We have a great team in place and are focusing on using innovative and evidence-based strategies. Dr. Wen said the Health Department is using “hot spotting” techniques to identify where children are getting lead poisoning. She asked how we could improve testing; point of care testing is really important and we need to see the results of a full implementation of this method. Dr. Wen indicated that Maryland Housing Secretary Holt visited yesterday and wanted to know BCHD’s ideas for improving the situation in Baltimore. What happens after a child is identified with lead in their system? How can we get that person into treatment? Can we provide wrap-around case management? Are there other tools we can use to connect people? Baltimore City is dealing with a similar problem in our heroin overdose program – community health workers are the most credible messengers. The Health Department believes in prevention and is also conducting outreach events, healthy homes parties to reach families in affected neighborhoods. Ruth Ann Norton said that she was a huge fan of Dr. Wen’s commitment to prevention. The Secretary of Housing is also making tremendous outreach. But testing cannot be the focus: testing after a child is poisoned is too late. Ruth Ann Norton suggested that the City should be proactive in inspection and urged the Health Department to focus on prevention first, with a housing assessment, then intervention and finally enforcement. Testing children is not the answer. Victor Powell indicated that many small contractors are doing work without training and suggested the need to think about training for these contractors. Dr. Wen stated that prevention is preferred and indicated that the Health Department staff had spent significant amount of time talking about the scientific facts of lead poisoning.

Barbara Moore stated that primary prevention should be the number one priority. But we still have the issue that children do need to be tested. There are two problems: First, children with blood lead levels 5-9µg/dL using Point of Care testing are having difficulty getting a venous draw. Lab Corps is taking 10 days to provide a report for a blood lead level. The State Lab used to run the lab; private labs don’t appear to be able to keep up with demand. Second, a child with a very high blood lead level was seen in the ED; the child was discharged and the family was told that it would take 7 days for the child to be admitted. However, the ED could admit right

away. Very problematically, the ED doctor started the child on chelation, without any verification that the child was living in a lead-safe environment. Dr. Wen indicated that the time for testing was a state lab issue. She stated that the City could communicate with ED directors about proper follow-up. Pat McLaine asked that Mount Washington Pediatrics be involved in communication/outreach efforts. Cliff Mitchell said he would talk with Bob Myers about the state lab issue to see if the Department would recommit to lead testing. He will also follow-up on the turn-around time issue. John Krupinsky stated that if the blood sample for Lab Corps was marked "urgent/priority", the sample would be run in 24 hours. But if it was marked "routine", it is run but goes to the end of the list. Case coordinators request that providers mark requisitions for confirmation BLLs as "priority" or "urgent". Barbara Moore stated that the charge is higher for a priority draw and that Medical Assistance does not pay for this kind of draw. Susan Kleinhammer asked if there was another lab; Barbara Moore indicated that this was an insurance contractual issue. Ed Landon stated that his routine lab work is done in 2 days and asked if a letter to all testing providers might put weight behind getting results back in a timely manner?

Tameka Witherspoon indicated that a month ago she did a walkthrough on Ashland and East Eager Street. She spoke with concerned parents about rundown homes, lack of playgrounds. She showed pictures she had taken. There is a vacant field – it should be a playground and a garden. Parents feel that no one cares. No one sees vacant properties that need to be torn down. It is terrible. She said she plans to go back to the neighborhood at the end of the month to pass out fruits and vegetables. Jason Hessler looked at the pictures and indicated that the lot has 40 contiguous buildings and will be torn down in the next 6 months, with plans to build a park here. Dr. Wen stated that the Mayor has committed to this. We hear over and over again: if kids don't have healthy or safe place to play or access to good food, their health status will be lower. We need long term strategies. Dr. Wen stated that this is priority and that we need some short term wins. The City is working with specific neighborhood, not working nearly as fast as we would like, but it is important to keep pushing. John Scott said he would donate for produce for families. Jason Hessler said that demolition and relocation alone for this property was estimated to cost \$500 million. Ken Strong said that the Mayor and Commissioner Graziano will be holding a Vacants to Value Summit on November 18-19, to coordinate action on vacants and greening of neighborhoods. Pat McLaine stated that it was very informative that Jason Hessler knew the property Tameka Witherspoon had identified in her walkthrough, but that the neighborhood residents did not know anything about a plan for a park. Better communication and a social marketing campaign are clearly needed, to inform and empower people about changes envisioned. Carol Payne stated that knowing empowers people and said she will involve Tameka Witherspoon in some of work she is doing with HUD. Myra Knowlton stated that families are moving into vacants and it is very important to get this issue addressed. Pat McLaine stated that she and Tameka Witherspoon had spoken with Ken Holt, Maryland DHCD Secretary, and have invited him to the Commission's October meeting.

Laura Fox provided a Baltimore City map showing where children with elevated blood lead levels, both 5-9 and 10+ $\mu\text{g}/\text{dL}$ in 2014 lived. She will report at the November meeting on

identified cases and neighborhood follow-up that is now being planned. Paula Montgomery asked if testing rates by neighborhood could be added. Barbara Moore asked if BCHD had seen change over time; Laura Fox indicated there was no statistical capacity to evaluate change but one could look at the maps.

Old Business (continued)

MHIC Letter – Paula Montgomery apologized and promised to have the letter for the October meeting.

Funding for Child Care Facilities Workgroup – Christina Peusch indicated that she had been unable to get a workgroup to meet. Five individuals volunteered to be on the workgroup: Rachael Hess-Mutinda (DHMH), Ed Landon (DHCD), Patrick Connor, Manjula Paul (OCC), and Ed Thomas (HUD). Christina will set up a meeting and report back at the October meeting.

New Business (continued)

Childhood Blood Lead Surveillance in Maryland - John Krupinsky provided a brief summary of MDE's 2014 Annual Report. The population of children aged 1 and 2 increased, and the number of children tested in 2014 also increased. Testing has been particularly good in Allegheny County, Baltimore City and Somerset County. Looking at the population of children age 1-72 months, the number of children tested decreased by 1,051 compared to 2013. The number of new cases with BLL of 5-9 μ g/dL decreased by 117 and the number of new cases of BLL 10+ μ g/dL decreased by 42. With regards to identification of children living in post 1949 rentals, John Krupinsky said that a large population of Afghan refugees who came into the US with elevated blood lead levels was resettled into properties of this age in Prince George's County. Commissioners thought it would be useful for Prince George's County Health Department to provide a presentation to the Commission about their work with this population. Pat McLaine suggested the Commission consider providing commendations to the Health Departments in Allegheny County, Baltimore City and Somerset County. Allegheny County has one major provider who has been working closely with the Health Department. John Scott suggested that we also commend health care providers. Pat McLaine will talk with Horacio Tablada about commendation process. Pat McLaine noted that the number of children outside Baltimore City with elevated blood lead levels is now higher than the number in Baltimore City. Horacio Tablada said some errors have been cleared up and the report is now on the website. A press release will be issued today. MDE would like to focus on changes that would be needed next year. How should we communicate information? Should there be other templates? Maps? Commissioners were asked to bring their suggestions to the October meeting and to send them to Pet Grant. Dr. Kevon will provide a formal review of the report with PowerPoint in October.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, October 1, 2015 at MDE, 9:30am – 11:30am.

Agency Updates

Maryland Department of the Environment – Paula Montgomery reported that MDE was discussing outreach effort for Lead Week, October 25-31. MDE is happy to coordinate – please let Dwane Johnson and Paula Montgomery know about any outreach events planned.

Maryland Department of Health and Mental Hygiene – Cliff Mitchell noted that the comment period for the draft regulations ended August 28. Comments were favorable for defining the entire state at-risk and testing children aged 1 and 2. DHMH needs to outreach to parents and providers. Communication with local health departments is important and resources for response to children with BLL 5-9 μ g/dL are constrained. On the issue of request for pre-school documentation (including kindergarten and 1st grade), DHMH received a number of comments and staff are rethinking this question. A lot can happen between age 2 and 6 and this requirement is the only backstop. It would be difficult to have a backstop without this being in place. DHMH has also been thinking about how they can get lead results to the school nurses, potentially using Immunet or CRISP. There are many school funding issues. The goal for DHMH is to have these regulations in place in early 2016' they will be submitted to the *Maryland State Register* this fall. Barbara Moore asked if DHMH would verify that children have had BLL tests, not require that they get an additional test; Cliff Mitchell indicated yes.

Maryland Department of Housing and Community Development. – Secretary Holt has met with several commissioners and will attend the October 1st Lead Commission Meeting.

Baltimore City Health Department - nothing more to report.

Office of Child Care – Manjula Paul stated that OCC will continue to focus on primary prevention, requesting training certificate of contractors doing RRP work in facilities built before 1978.

Maryland Insurance Administration – not present

Baltimore City Housing Department – Ken Strong reported that Baltimore City had been awarded a HUD grant award for \$3.7 million. The grant also leverages \$1.1 million State DHCD dollars and \$1.9 CDBG dollars, for a total of \$6.7 million. Half of the homes will get an additional Healthy Homes treatment. The grant will fund a full time person in the Health Department to do outreach and education for children with BLLs of 5-9 μ g/dL. Baltimore City is one of 14 winners, over 100 applied, and the City is very pleased. Ken Strong said his department would be working closely with State DHCD, with Dr. Wen, and with regionally-based HUD officials. The grant will assist with education, enforcement and training. Victor Powell indicated he will work with Paula Montgomery, Ken Strong and Laura Fox to see what else could be done. Ken Strong said that grant staff would provide a demonstration in November or December. GHHI held an event on August 25th. Secretary Castro was in Baltimore City.

Lead Commission Meeting
September 3, 2015
Page Seven

GHHI indicated that they are grateful for the continued support and collaboration among agencies.

Public Comment

Christina Peusch, Maryland State Childcare Association, indicated that a Leadership Seminar would be held on October 22, to include MDE and DHMH. She is organizing an evening of advocacy for lead awareness.

Christine Schiffkovitz from Connor indicated that Connor is preparing for a large educational campaign to paint stores (including Sherwin Williams, McCormick Paint) using posters developed by MDE which can be hung in the stores. Connor will send a copy of the poster out to Commissioners and provide an update at later meetings.

Tameka Witherspoon reported that she and Pat McLaine met with Secretary Holt and she felt that he has a better understanding of what parents and families of a lead-exposed child go through.

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 11:40 AM.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

July, 2015



MARYLAND CHILDHOOD LEAD REGISTRY

ANNUAL SURVEILLANCE REPORT 2014

EXECUTIVE SUMMARY

The Maryland Department of the Environment's Statewide Childhood Lead Registry (CLR) performs childhood blood lead surveillance for Maryland. The CLR receives the reports of all blood lead tests performed on Maryland children 0-18 years of age, and the CLR provides blood lead test results to the Department of Health and Mental Hygiene, including Medicaid and local health departments as needed for case management, and upon request to third parties for research and planning.

Since 1995, the CLR has released a comprehensive annual report on statewide childhood blood lead testing along with five "Supplementary Data Tables" which include detailed breakdowns of blood lead data by age, jurisdiction, blood lead level, incident and prevalent cases, and the trends of blood lead level over the years. This current report presents the childhood blood lead test results for calendar year (CY) 2014. All numbers are based on blood lead testing (venous or capillary) on children. The CLR does not receive any reports on lead screening based on the lead risk assessment questionnaire. With few exceptions all numbers referred to children 0-72 months of age.

CY 2014 Surveillance Highlights:

- During CY 2014, a total of 109,031 (20.7%) children were tested of the 527,304 children 0-72 months of age, as identified in the 2010 Maryland census population. This was a decrease of 1,051 children tested compared to 110,082 (21.2%) during CY13. The population of children 0-72 months of age increased from CY13 to CY14 by 8,441 children.
- During CY 2014, of the 109,031 children 0-72 months tested for blood lead Statewide, 355 (0.3%) were found to have blood lead levels ≥ 10 $\mu\text{g/dL}$ (prevalent cases), of whom 262 had their very first blood lead level (BLL) ≥ 10 (incident cases) in 2014. During CY 2014 2,004 children had a blood lead level of 5-9 $\mu\text{g/dL}$, of whom 1,607 had the very first blood lead level.
- Although there has been a drop in blood lead testing (1,020 less) in 2014 compared to 2013, the drop in cases of BLL ≥ 10 and BLL 5-9 $\mu\text{g/dL}$ does not appear to be due to fewer children being tested in 2014. The drop in total blood lead testing in 2014 was less than one percent (0.9%) compared to 2013. The drops in percent of children with BLL ≥ 10 and BLL 5-9 $\mu\text{g/dL}$ in 2014 compared to 2013 were 4.6% and 10.8%, respectively.
- Baltimore City had the highest testing rate for children 0-72 months (30.6%), followed by Somerset County (28.7%), Allegany County (25.1%), and Prince George's County (24.5%).
- Allegany County (65.7%) had the highest testing rate for children at 1 year and 2 years of age followed by Somerset County (58.8%), Baltimore City (57.2%), and Dorchester County (52.3%).

- More than 90% of addresses were geo-coded at the longitude, latitude level. The county assignment however is based on: 1) census tract as determined by geocoding, 2) child's zip code address, and 3) the original county name if it were included in the address information.
- In 2014 CLR received blood lead reports from 55 establishments (laboratories and/or clinics/medical offices) nationwide, a 28% increase compared to 2013. About 87% of reports received electronically were from eight (8) establishments and the rest (13%) were received in hard copy through fax or mail from the other 47 establishments. The average reporting time, from the time sample is drawn to the time the result enters the CLR database, is about 6 days. The average time for reporting elevated blood lead results ≥ 10 micrograms per deciliter ($\mu\text{g/dL}$) is approximately 30 hours.
- There is no Statewide requirement for universal blood lead testing in Maryland. The State targeting plan of 2004 required children to have blood lead tests at ages one and two years if they meet following criteria:
 - a) Live in an indentified "at risk" zip code;
 - b) Participate in Maryland's Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSTD) Program; "or"
 - c) Give a positive response to the "Risk Assessment Questionnaire" conducted at regular medical checkup, up to six years of age.

SIGNIFICANT INCREASE IN LEAD SAFE PROPERTIES

On January 1, 2015, the Law that once only regulated owners of rental properties built prior to 1950, expanded to include all rental properties built prior to 1978. This increased the regulated community to include an additional 250,000 rental properties built between 1950 and prior to 1978. MDE has seen a significant increase in the number of properties that meet the "lead safe" standard in law. In CY 2013 there were approximately 28,000 properties that met his standard. In CY 2014, this number has more than doubled to over 57,603 properties.

Overview

Exposure to lead is still the most significant and widespread environmental hazard for children in Maryland, although substantial reduction in lead exposure and lead poisoning have been achieved. While the prevalence and incidence of elevated blood lead levels in children in Maryland have declined dramatically over the years, there are still children with historically elevated blood lead levels and a number of children who are newly exposed to lead every year. Children are at the greatest risk from birth to age six while their neurological systems are developing. Exposure to lead can cause long-term neurological damage that may be associated with learning and behavioral problems and with decreased intelligence.

There is no evidence of a blood lead level below which there are no health effects. The Centers for Disease Control and Prevention (CDC) concurs that the evidence shows that there is no threshold level for blood lead that can be considered "safe". In March 2012 CDC dropped its standard of a blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ as the "Level of Concern" to 5 $\mu\text{g}/\text{dL}$ which is the new "Reference Value". Currently the State of Maryland is planning to adopt new criteria for its case management and primary prevention efforts.

Statistical Report

In CY 2014, a total of 109,031 children 0-72 months were tested for lead exposure Statewide. Table One provides a summary for Statewide statistics of blood lead testing in 2014.

Findings

The extent and severity of childhood lead exposure in 2014 remained more or less the same as 2013. The overall proportion of children with blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$ dropped (Figure One), and the proportion of children with the very first blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ (incident cases) also dropped, from 0.3% in 2013 to 0.2% in 2014 (Table Two, Figure Two).

The decline in lead exposure is further demonstrated by the decline in percent of children tested for lead and had the highest blood lead level of 5-9 $\mu\text{g}/\text{dL}$ (Figure Three.)

Appendix A provides a breakdown of blood lead testing and the status of children by age groups of 0-35 months and 36-72 months by jurisdiction in 2014, and Appendix B provides summary results for the past eight (8) years at the State, Baltimore City, and County levels. For detailed breakdowns of blood lead data, the reader is referred to the supplementary data tables: Supplements 1-5.

Sources of Childhood Lead Exposure

Lead paint dust from deteriorated lead paint or from renovation of old houses is the major source of exposure for children in Maryland. Out of estimated of 2,387,285 occupied residential houses in Maryland 438,082 (18.5%) were built before 1950 and 931,980 (39.1%) between 1950 and 1979. (Source: US Census Bureau, 2009-2013 American Community Survey, 5-Year Estimates) A significant number of pre-1950 and 1950-1979 residential rental units have been made lead free. Untreated units in those groupings are highly likely and likely to have lead based paint respectively.

Water, air, and soil, may provide low-level, "background" exposure, but rarely may cause childhood lead poisoning.

Imported products, parental occupations, hobbies, and imported traditional medicines occasionally may cause lead exposure among children.

In-utero exposure to lead may affect fetal development. This can be of more significance among certain subgroup populations who may be more at risk of environmental lead exposure.

Table One
Calendar Year (CY)
2014 Statistical Report¹

Item	Number	Percent (%)
All Children		
Number of tests	126,820	
Number of children	120,644	
Children 0-72 Months		
Number of tests	114,918	
Number of children	109,031	100.0
Age		
Under One Year	10,604	9.7
One Year	38,092	34.9
Two Years	30,789	28.2
Three Years	10,551	9.7
Four Years	10,965	10.1
Five Years	8,030	7.4
Sex		
Female	53,400	49.0
Male	55,424	50.8
Undetermined	207	0.2
Highest Blood Lead Level (µg/dL)		
≤4	106,672	97.8
5-9	2,004	1.8
10-14	230	0.2
15-19	67	0.1
≥20	58	0.1
Mean BLL (Geometric mean)	1.35	
Blood Specimen		
Capillary	28,498	26.1
Venous	73,269	67.2
Undetermined ²	7,264	6.7

1. For detailed analysis and breakdown of numbers refer to Supplementary Data Tables 1-5.
2. In supplementary data tables blood tests, with sample type unknown were counted as capillary.

Table Two
Population of Children Tested
Blood Lead Testing of Children 0-72 Months by Jurisdiction in 2014¹

County	Population of Children ²	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥ 10 µg/dL					
		Number	Percent	Old Cases ³		New Cases ⁴		Total		Old Cases ⁵		New Cases ⁶		Total	
				Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Allegany	5,019	1,262	25.1	7	0.6	28	2.2	35	2.8	3	0.2	5	0.4	8	0.6
Anne Arundel	49,907	9,320	18.7	10	0.1	55	0.6	65	0.7	4	0.0	4	0.0	8	0.1
Baltimore	69,520	16,301	23.4	22	0.1	188	1.2	210	1.3	3	0.0	22	0.1	25	0.2
Baltimore City	58,622	17,961	30.6	292	1.6	708	3.9	1,000	5.6	65	0.4	129	0.7	194	1.1
Calvert	7,406	636	8.6	0	0.0	2	0.3	2	0.3	0	0.0	1	0.2	1	0.2
Caroline	3,345	651	19.5	1	0.2	9	1.4	10	1.5	2	0.3	2	0.3	4	0.6
Carroll	13,498	1,260	9.3	5	0.4	17	1.3	22	1.7	0	0.0	5	0.4	5	0.4
Cecil	9,356	1,473	15.7	0	0.0	22	1.5	22	1.5	2	0.1	2	0.1	4	0.3
Charles	13,708	2,337	17.0	3	0.1	28	1.2	31	1.3	0	0.0	1	0.0	1	0.0
Dorchester	2,892	642	22.2	2	0.3	13	2.0	15	2.3	1	0.2	2	0.3	3	0.5
Frederick	21,697	2,849	13.1	4	0.1	26	0.9	30	1.1	3	0.1	5	0.2	8	0.3
Garrett	2,302	464	20.2	1	0.2	3	0.6	4	0.9	0	0.0	1	0.2	1	0.2
Harford	21,824	2,853	13.1	3	0.1	19	0.7	22	0.8	0	0.0	2	0.1	2	0.1
Howard	25,557	2,387	9.3	2	0.1	27	1.1	29	1.2	0	0.0	3	0.1	3	0.1
Kent	1,454	257	17.7	0	0.0	4	1.6	4	1.6	0	0.0	2	0.8	2	0.8
Montgomery	92,252	19,308	20.9	13	0.1	120	0.6	133	0.7	3	0.0	16	0.1	19	0.1
Prince George's	84,039	20,560	24.5	15	0.1	197	1.0	212	1.0	2	0.0	46	0.2	48	0.2
Queen Anne's	4,000	634	15.8	0	0.0	8	1.3	8	1.3	1	0.2	1	0.2	2	0.3
Saint Mary's	10,982	1,384	12.6	1	0.1	12	0.9	13	0.9	1	0.1	2	0.1	3	0.2
Somerset	1,834	526	28.7	1	0.2	8	1.5	9	1.7	0	0.0	2	0.4	2	0.4
Talbot	2,739	584	21.3	3	0.5	5	0.9	8	1.4	1	0.2	0	0.0	1	0.2
Washington	13,126	2,699	20.6	7	0.3	77	2.9	84	3.1	1	0.0	5	0.2	6	0.2
Wicomico	8,874	1,937	21.8	4	0.2	22	1.1	26	1.3	0	0.0	4	0.2	4	0.2
Worcester	3,351	746	22.3	1	0.1	9	1.2	10	1.3	1	0.1	0	0.0	1	0.1
Total	527,304	109,031	20.7	397	0.4	1,607	1.5	2,004	1.8	93	0.1	262	0.2	355	0.3

- The table is based on the selection of the highest blood lead test for each child in calendar year 2014 in the order of venous, unknown, or capillary.
- Adapted from Maryland census population 2010 provided by the Maryland Data Center, Maryland Department of Planning, www.planning.maryland.gov/msdc
- Children with the blood lead level of 5-9 µg/dL in 2014 and with a history of blood lead level ≥ 5 µg/dL in the past.
- Children with the very first blood lead level of 5-9 µg/dL in 2014. These children were either not tested in the past or all their tests had blood lead levels < 5 µg/dL.
- Children with a history of blood lead level ≥ 10 µg/dL. These children may have carried from 2013 or had a blood lead test with blood lead levels ≥ 10 µg/dL in the previous years.
- Children with the very first blood lead level ≥ 10 µg/dL. These children may not have been tested in the past or all their blood lead tests had blood lead levels < 10 µg/dL. This criterion may not match the criteria for the initiation of case management.

Figure One
Blood Lead Distribution of Children 0-72 Months Tested for Lead in 2013 and 2014

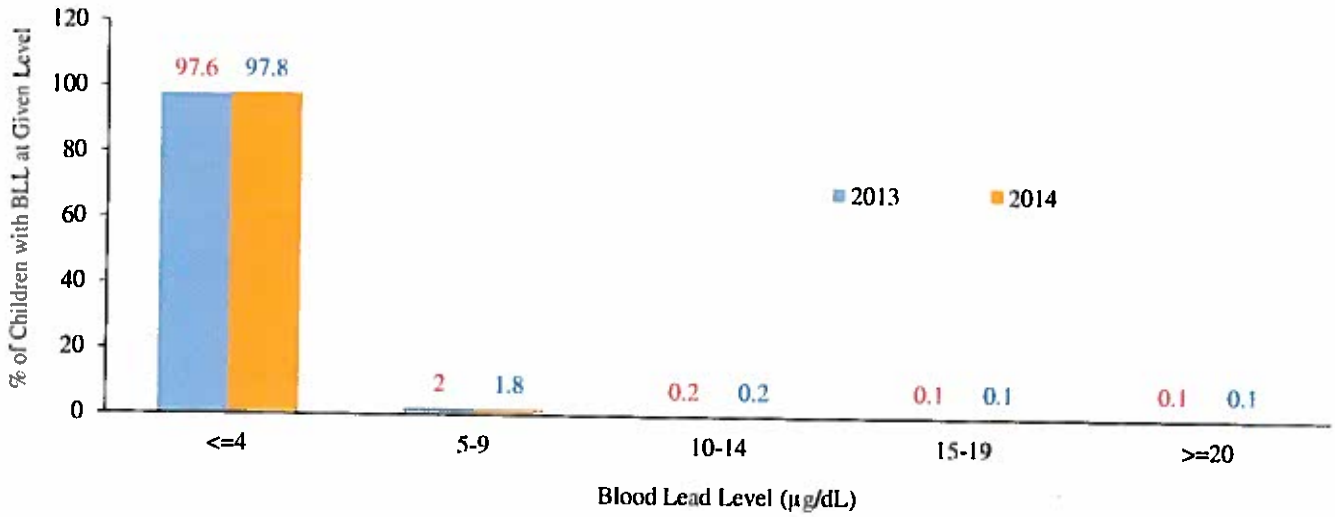
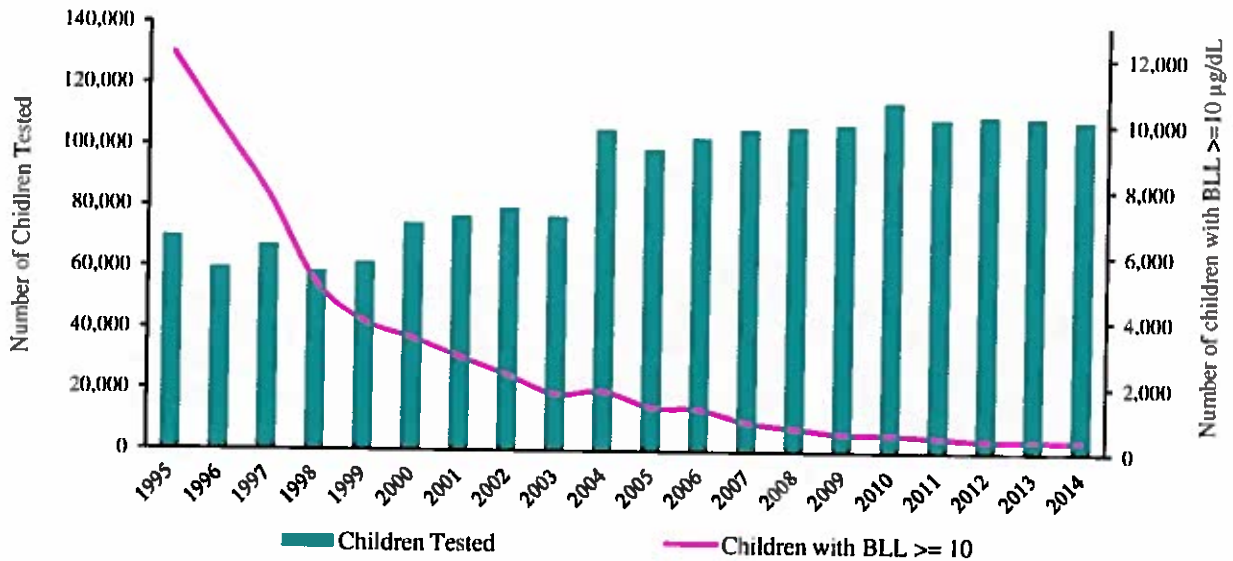


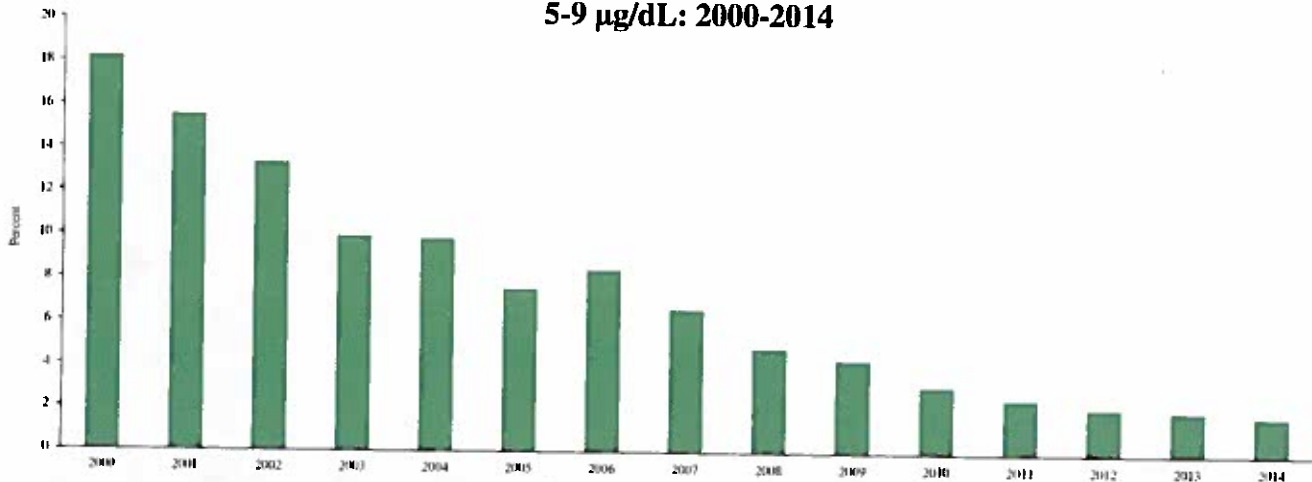
Figure Two
Number of Children 0-72 Months Tested for Lead and Number Reported to Have Blood Lead Level $\geq 10 \mu\text{g}/\text{dL}$: 1995-2014



Identifying Children with Lead Exposure

The critical issue in childhood lead poisoning is early detection. Because there are no specific clinical symptoms, a blood lead test is the most reliable technique to identify children with elevated blood lead levels. If there is any suspicion that a child is exposed to lead, a health care provider should do a blood lead test.

Figure Three
Percent of Children 0-72 Months Tested for Lead with the Highest Blood Lead Level
5-9 $\mu\text{g}/\text{dL}$: 2000-2014



Statewide Activities to Reduce (Eliminate) Childhood Lead Poisoning

The State Elimination Plan calls for zero new cases of blood lead level $\geq 10 \mu\text{g}/\text{dL}$. The plan focuses on primary prevention (removal and elimination of lead hazards) while maintaining well-established secondary prevention (identifying children who may be at risk of lead exposure) and tertiary prevention (case management of children exposed to lead) efforts in the State.

Primary Prevention: Much of the decline in blood lead level is the result of implementation and enforcement of Maryland’s “Reduction of Lead Risk in Housing” law. The law requires each pre-1950 rental dwelling to be issued a Full Risk Reduction certificate at tenant turnover. In 2001, at least 50% of the owner’s affected properties were required to be in compliance with the Full Risk Reduction Standard, 100% compliance was required in 2006. Effective October 1, 2004, the law requires rent court judges and local housing registry officials to not accept cases and applications from pre-1950 rental property owners who cannot present lead certificates that indicate that their rental properties are in compliance with the Reduction of Lead Risk in Housing law.

With the implementation of the law and the compliance of owners of rental properties, the housing conditions of pre-1950 rental properties improved to the extent that the assumption that only children living in pre-1950 rental properties are at risk of having blood lead level $\geq 10 \mu\text{g}/\text{dL}$ is no longer valid.

Secondary Prevention: The second element of the Elimination Plan is to identify children who may be at risk of lead exposure, so that preventive action can be implemented. Children ages one and two, because of their mouthing behavior, are most likely to be exposed to lead. To that end, the State of Maryland requires that children at ages one and two years be tested. The percentage of one and two year old children tested for lead has increased substantially since 2004 (Figure Five). More than 38% of children one and two years old were tested for lead Statewide in 2014 with rate as high as 66% for Allegany County and almost 59% for Somerset County (Table Three).

Table Three: Blood Lead Testing of Children One and Two Years Old by Jurisdiction in 2014¹

County	One Year Old			Two Years Old			Total ²		
	Population of Children	Children Tested		Population of Children	Children Tested		Population of Children	Children Tested	
		Number	Percent		Number	Percent		Number	Percent
Allegany	813	548	67.4	845	542	64.1	1,658	1,090	65.7
Anne Arundel	8,522	3,961	46.5	8,387	2,715	32.4	16,909	6,676	39.5
Baltimore	11,956	6,000	50.2	11,572	5,453	47.1	23,528	11,453	48.7
Baltimore City	10,487	6,445	61.5	10,022	5,277	52.7	20,509	11,722	57.2
Calvert	1,170	306	26.2	1,191	137	11.5	2,361	443	18.8
Caroline	550	266	48.4	552	242	43.8	1,102	508	46.1
Carroll	2,114	544	25.7	2,182	321	14.7	4,296	865	20.1
Cecil	1,611	580	36.0	1,558	335	21.5	3,169	915	28.9
Charles	2,224	809	36.4	2,390	800	33.5	4,614	1,609	34.9
Dorchester	495	274	55.4	498	245	49.2	993	519	52.3
Frederick	3,471	1,370	39.5	3,658	510	13.9	7,129	1,880	26.4
Garrett	346	166	48.0	387	148	38.2	733	314	42.8
Harford	3,605	1,051	29.2	3,605	751	20.8	7,210	1,802	25.0
Howard	4,081	937	23.0	4,293	595	13.9	8,374	1,532	18.3
Kent	249	109	43.8	230	86	37.4	479	195	40.7
Montgomery	15,575	5,480	35.2	15,548	4,800	30.9	31,123	10,280	33.0
Prince George's	14,482	5,947	41.1	14,126	5,046	35.7	28,608	10,993	38.4
Queen Anne's	642	256	39.9	641	214	33.4	1,283	470	36.6
Saint Mary's	1,813	581	32.0	1,803	417	23.1	3,616	998	27.6
Somerset	315	215	68.3	330	164	49.7	645	379	58.8
Talbot	487	264	54.2	481	228	47.4	968	492	50.8
Washington	2,145	922	43.0	2,228	761	34.2	4,373	1,683	38.5
Wicomico	1,541	781	50.7	1,487	717	48.2	3,028	1,498	49.5
Worcester	573	280	48.9	560	285	50.9	1,133	565	49.9
Statewide	89,267	38,092	42.7	88,574	30,789	34.8	177,841	68,881	38.7

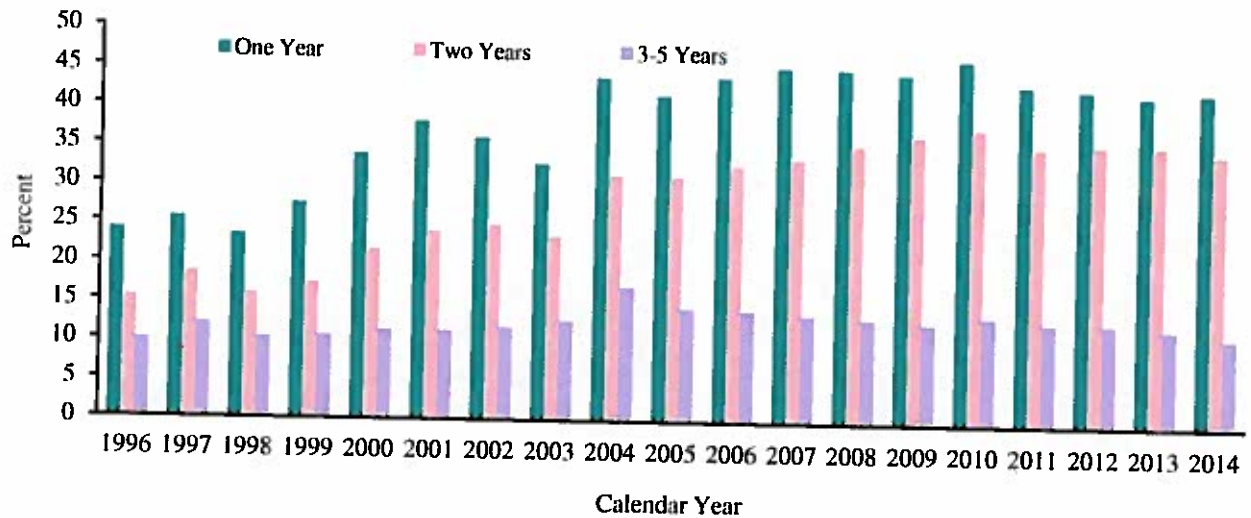
1. For selection criteria and population data refer to Table 1.
2. For breakdown of blood lead testing for other age groups and blood lead level refer to "Supplementary Data Tables: Supplement #3".

The State 2004 targeting plan called for universal blood lead testing of children who were living in the areas of the State that were declared "At-Risk" areas. The determination was based on a higher proportion of pre-1950 housing in these areas. At-Risk area includes Baltimore City, and Allegany, Caroline, Dorchester, Frederick, Garrett, Somerset, Washington, Wicomico, and Worcester Counties. Table Four presents blood lead testing in the At-Risk and Not-At-Risk areas of the State.

Table Four
Blood Lead Testing and New (Incidence) Cases of Blood Lead Levels of 5-9 and ≥ 10 $\mu\text{g}/\text{dL}$ In At-Risk and Not-At-Risk Areas in 2014

Area	Population	Children Tested		Children with BLL 5-9 $\mu\text{g}/\text{dL}$		Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$	
		Number	Percent	Number	Percent	Number	Percent
At-Risk	121,063	29,737	24.6	903	3.0	155	0.5
Not-At-Risk	406,241	79,294	19.5	704	0.9	107	0.1
Statewide	527,304	109,031	20.7	1,607	1.5	262	0.2

Figure Five
Percent of Children 0-72 Months Tested for Lead by Major Age Group: 1996-2014



Another group of children at risk of lead poisoning are children on Medical Assistance programs. Upon a memorandum of understanding between the MDE Lead Program and the Office of Medicaid Administration of the Maryland Department of Health and Mental Hygiene (DHMH), childhood blood lead data is provided, on a quarterly and an annual basis, to the Medicaid Program to be matched with the list of children on the Medical Assistance Program. The Medicaid Program prepares and distributes the reports of blood lead testing of children under the Medicaid Program for the State and local jurisdictions. For information and access to the reports refer to the Office of Medicaid Administration at DHMH.

Tertiary Prevention: Maryland’s Lead Poisoning Prevention Program has well-established case management guidelines and environmental investigation protocols for follow-up of children with elevated blood lead levels (Tables Five and Six). A venous blood lead test $\geq 10 \mu\text{g/dL}$ initiates case management and an environmental investigation. Currently, one venous or two capillary blood lead tests $\geq 10 \mu\text{g/dL}$ trigger the Notice of Elevated Blood Lead Level (Notice of EBL) to be sent to the owner of a Pre-1950 residential dwelling unit (Affected Property). Under the “Reduction of Lead Risk in Housing Act,” an owner who receives a Notice of EBL is required to perform specific lead risk reduction treatments to limit further exposure to a child. Furthermore, effective June 1, 2012 the Department, health departments, or other local jurisdictions have the authority to order abatements in response to an investigation report of a child with an elevated blood lead level.

Table Five
Blood Lead Diagnostic and Follow-Up: Confirmation of a Capillary Blood Lead Test

BLL (µg/dL)	Confirm with venous blood lead test within
5-9	1-3 months
10 –44	1 week to 1 month*
45 – 59	48 hours
60-69	24 hours
≥70	Urgently as emergency test

* The higher the BLL, the more urgent the need for confirmatory testing.

Table Six
Blood Lead Diagnostic and Follow-Up: Follow-Up for Venous Blood Lead Testing¹

BLL (µg/dL) Venous	Early follow-up(First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
≤4	Routine blood lead test according to protocol	
5-9	3 months	6 – 9 months
10 - 19	1 - 3 months ²	3 – 6 months
20 - 24	1 - 3 months ²	1 – 3 months
25 - 44	2 weeks – 1 month	1 month
≥45	As soon as possible	Chelation with subsequent follow-up

1. Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-up.
2. Some case managers or health care providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Tables adapted from: *Centers for Disease Control and Prevention.*

a. *Managing Elevated Blood Lead Levels Among Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC, 2002.*

b. *Low Level Exposure Harms Children: A Renewed Call for Primary Prevention. Report of the Advisory Committee on Childhood Lead Poisoning Prevention, January 2012.*

During Calendar Year 2014 (CY14) there were 233 children in the State of Maryland having a “Confirmed” blood lead level, a first time venous blood lead level ≥ 10 µg/dL, which resulted in the child receiving medical and environmental case management. As a result, 41 less children required case management in CY14 compared to CY13, which totaled 274 children.

Maryland’s counties observed 114 Confirmed cases compared to 117 during CY13, a drop of 3 cases. During the year, Prince George’s County observed the highest number of children (42) requiring medical and environmental case management. Of Prince George’s County’s 42

“Confirmed Cases”, 23 of the cases were the result of refugee families’ relocation from Afghanistan into the State. As a result, MDE coordinated efforts with the Department of Health and Mental Hygiene’s Office of Immigrant Health to develop outreach and educational material highlighting lead hazards in cultural remedies, herbs, and make-up.

During CY14, the Baltimore City Health Department responded to 119 children who required medical and environmental case management. This was a decrease of 38 children requiring case management when compared to CY13 which saw 157 **“Confirmed Cases”**.

To view a breakdown of blood lead levels $\geq 10 \mu\text{g/dL}$ and age of housing, see Table Seven. A further breakdown of housing type and confirmed cases by jurisdiction can be seen in (Table Eight).

Table Seven

Percent of Children 0-72 Months with Blood Lead Levels $\geq 10 \mu\text{g/dL}$ in 2014 and Age of the Housing

Property Type Baltimore City CY 2014		
	Percentage of Housing	Number of Cases
Pre-1950 Rental	60%	72
Post-1949 Rental	2%	2
Owner Occupied	38%	45
Total Cases		119

Property Type Maryland Counties CY 2014		
	Percentage of Housing	Number of Cases
Pre-1950 Rental	17%	19
Post-1949 Rental	50%	57
Owner Occupied	33%	38
Total Cases		114

Table Eight
MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Property Status of New Cases for Calendar Year 2014
By Jurisdiction

County	Number Properties	Owner-Occupied		Affected Property		Non-affected Property	
		Number	Percent	Number	Percent	Number	Percent
Allegany	6	5	83%	1	17%	0	0%
Anne Arundel	5	3	60%	0	0%	2	40%
Baltimore	20	4	20%	2	10%	14	70%
Baltimore City	119	45	38%	*72	60%	2	2%
Calvert	1	1	100%	0	0%	0	0%
Caroline	2	1	50%	1	50%	0	0%
Carroll	1	1	100%	0	0%	0	0%
Cecil	2	2	100%	0	0%	0	0%
Charles	0	0	0%	0	0%	0	0%
Dorchester	2	1	50%	1	50%	0	0%
Frederick	4	2	50%	2	50%	0	0%
Garrett	1	0	0%	1	100%	0	0%
Harford	0	0	0%	0	0%	0	0%
Howard	3	2	67%	0	0%	1	33%
Kent	2	2	100%	0	0%	0	0%
Montgomery	10	2	20%	2	20%	6	60%
Prince George's	42	8	19%	2	5%	32	76%
Queen Anne's	1	1	100%	0	0%	0	0%
Saint Mary's	1	0	0%	1	100%	0	0%
Somerset	2	0	0%	1	50%	1	50%
Talbot	0	0	0%	0	0%	0	0%
Washington	5	3	60%	2	40%	0	0%
Wicomico	4	0	0%	3	75%	1	25%
Worcester	0	0	0%	0	0%	0	0%
Counties' Total	114	38	33%	19	17%	57	50%
Statewide	233	83	36%	91	39%	59	25%

Notes:

* Ten properties with construction year unavailable are assumed to be constructed prior to 1950.

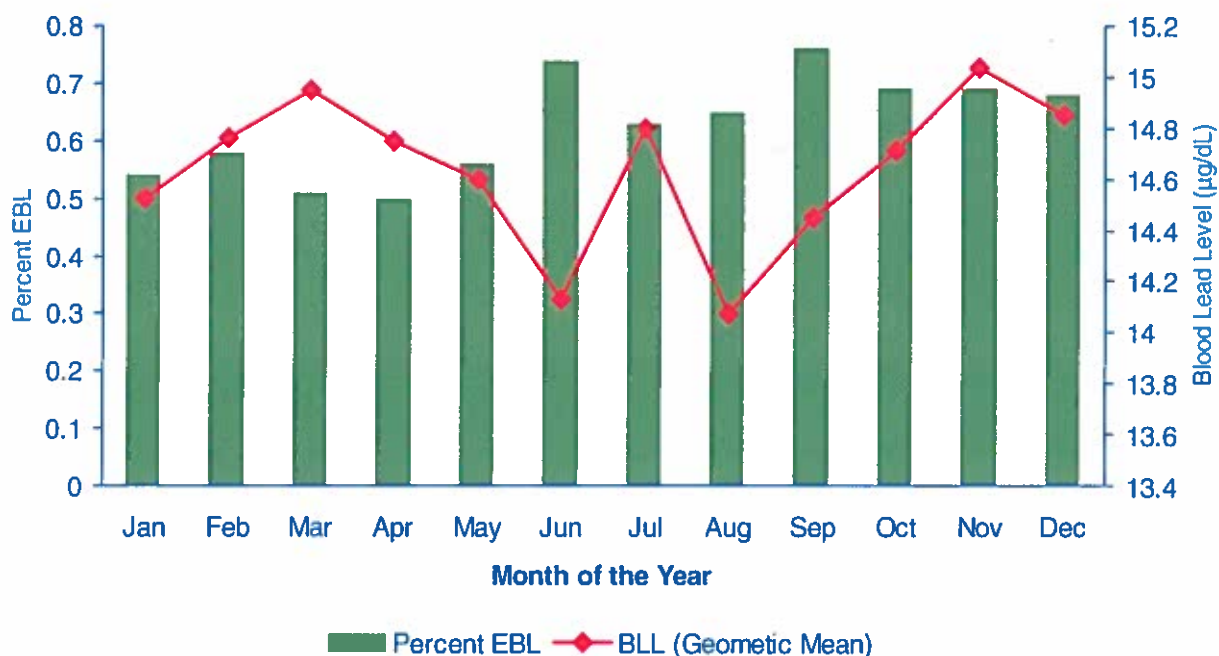
Sources:

Maryland Department of the Environment: STELLAR
 Baltimore City Health Department: STELLAR
 Maryland Department of the Environment: Rental Registry
 Department of Assessments & Taxation: Real Property Search

Seasonal Variation of Lead Exposure Among Children

There has been interest in finding whether the extent and severity of lead exposure among children may vary by month and season. It is speculated that during warmer months of the year and longer daylight hours children may be exposed more to lead than during other time of the year. Figure Six shows the percentage of children 0-72 months who were tested for lead for each month from 2010 to 2014 and were found to have blood lead levels $\geq 10 \mu\text{g/dL}$. The Figure also presents the average (geometric mean) blood lead level of children with blood lead levels $\geq 10 \mu\text{g/dL}$. It does not seem that the month or season of the year has any effect on the extent or severity of lead exposure among children.

Figure Six
Monthly Variation in Blood Lead Level ≥ 10 among Children 0-72 Months
Statewide Data: 2010-2014



Data Quality

The CLR is maintained in the “Systematic Tracking of Elevated Lead Levels and Remediation” (STELLAR) surveillance system, obtained from the CDC Lead Poisoning Prevention Program. The CLR staff makes all efforts to further improve data quality with respect to completeness, timeliness, and accuracy. Staff keep daily track of laboratory reporting to make sure laboratories are reporting all blood lead tests no later than biweekly. The law requires blood lead results $\geq 20 \mu\text{g/dL}$ to be reported (faxed) within 24 hours after a result is known. However, upon CLR request, laboratories have agreed to report (fax) the result of all blood lead tests $\geq 10 \mu\text{g/dL}$ within 24 hours. With the CDC’s position that the blood lead level of concern is $5 \mu\text{g/dL}$, some laboratories fax reports of blood lead tests of $\geq 5 \mu\text{g/dL}$. Staff checks the completeness of data with respect to the child’s and guardian’s name, address, and telephone number.

In 2014, 86.8% of blood lead tests were reported to the CLR electronically. This is a drop of about three (3.0) points in electronic reporting from 2013 (89.8%). The drop is because of an increase in

number of clinics and establishments using “Point of Care Instruments”, or hand held lead analyzers and reporting the result to the CLR in hard copy. Over the years there has been a gradual increase in the use of hand held lead analyzers. This increase has not necessarily resulted in an increase in the number of blood lead testing, rather a shift in blood lead testing by laboratories to clinics (Table Nine). The average reporting time, from the time a sample is drawn to the time the result enters the CLR database is approximately 6 days. The average time for elevated blood lead results (≥ 10 $\mu\text{g/dL}$) reporting is approximately 30 hours.

Table Nine
Method of Blood Lead Reporting by Laboratories: 2010-2014

Lab Reporting	2010		2011		2012		2013		2014	
	Number of		Number of		Number of		Number of		Number of	
	Labs	Reports	Labs	Reports	Labs	Reports	Labs	Reports	Labs	Reports
Electronic Report	8	115,878	9	113,824	8	115,940	8	113,952	8	110,062
Hard Copy	30	9,702	31	12,072	32	11,041	35	12,908	47	16,758
Total	38	125,580	40	125,896	40	126,981	43	126,860	55	126,820
Percent Electronic	92.3		90.4		91.3		89.8		86.8	
% of Children Tested	23.4		21.9		21.7		21.2		20.7	

Table Ten provides the summary reports for completeness of data as required by law (Figure Seven). Completeness of data does not necessarily means accuracy of the data.

Table Ten
Completeness of Data for 2014

Item	% Complete
Child's name	100.0
Date of Birth	99.9
Sex/Gender	99.7
Race	56.7
Guardian's name	60.3
Sample type	94.0
Test date	99.8
Blood lead level	99.9
Address (geocoded)	90.0
Telephone number	91.8

Figure Seven

Blood Lead Laboratory Reporting Requirement

The amended law and regulations of 2001 and 2002 require that:

1-The following child's demographic data included in each blood lead test reported:

- Date of Birth;
- Sex;
- Race;
- Address;
- Test date;
- Sample type; and
- Blood lead level.

2-Blood lead results ≥ 20 $\mu\text{g/dL}$ are to be reported (faxed) within 24 hours after the result is known. All other results are to be reported every two weeks.

3-Reporting format should comply with the format designed and provided by the CLR.

4-Data should be provided electronically.

* EA §6-303, Blood lead test reporting (COMAR 26.02.01, Blood lead test

Appendix A
 Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2014

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥10 µg/dL							
		Number		Percent		Old Cases		New Cases		Total		Old Cases		New Cases		Total	
						Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Allegany County																	
0-35 Months	2,526	1,117	44.2	5	0.4	25	2.2	30	2.7	1	0.1	5	0.4	6	0.5		
36-72 Months	2,493	145	5.8	2	1.4	3	2.1	5	3.4	2	1.4	0	0.0	2	1.4		
Total	5,019	1,262	25.1	7	0.6	28	2.2	35	2.8	3	0.2	5	0.4	8	0.6		
Anne Arundel County																	
0-35 Months	25,471	7,251	28.5	3	0.0	42	0.6	45	0.6	4	0.1	4	0.1	8	0.1		
36-72 Months	24,436	2,069	8.5	7	0.3	13	0.6	20	1.0	0	0.0	0	0.0	0	0.0		
Total	49,907	9,320	18.7	10	0.1	55	0.6	65	0.7	4	0.0	4	0.0	8	0.1		
Baltimore County																	
0-35 Months	35,422	12,834	36.2	9	0.1	149	1.2	158	1.2	1	0.0	18	0.1	19	0.1		
36-72 Months	34,098	3,467	10.2	13	0.4	39	1.1	52	1.5	2	0.1	4	0.1	6	0.2		
Total	69,520	16,301	23.4	22	0.1	188	1.2	210	1.3	3	0.0	22	0.1	25	0.2		
Baltimore City																	
0-35 Months	31,378	12,971	41.3	101	0.8	534	4.1	635	4.9	28	0.2	100	0.8	128	1.0		
36-72 Months	27,244	4,990	18.3	191	3.8	174	3.5	365	7.3	37	0.7	29	0.6	66	1.3		
Total	58,622	17,961	30.6	292	1.6	708	3.9	1,000	5.6	65	0.4	129	0.7	194	1.1		
Calvert County																	
0-35 Months	3,525	559	15.9	0	0.0	1	0.2	1	0.2	0	0.0	1	0.2	1	0.2		
36-72 Months	3,881	77	2.0	0	0.0	1	1.3	1	1.3	0	0.0	0	0.0	0	0.0		
Total	7,406	636	8.6	0	0.0	2	0.3	2	0.3	0	0.0	1	0.2	1	0.2		
Caroline County																	
0-35 Months	1,647	520	31.6	1	0.2	8	1.5	9	1.7	1	0.2	2	0.4	3	0.6		
36-72 Months	1,698	131	7.7	0	0.0	1	0.8	1	0.8	1	0.8	0	0.0	1	0.8		
Total	3,345	651	19.5	1	0.2	9	1.4	10	1.5	2	0.3	2	0.3	4	0.6		

Appendix A
Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2014

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥10 µg/dL							
		Number		Percent		Old Cases		New Cases		Total		Old Cases		New Cases		Total	
						Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Carroll County																	
0-35 Months	6,285	1,006	16.0	3	0.3	14	1.4	17	1.7	0	0.0	5	0.5	5	0.5	5	0.5
36-72 Months	7,213	254	3.5	2	0.8	3	1.2	5	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	13,498	1,260	9.3	5	0.4	17	1.3	22	1.7	0	0.0	5	0.4	5	0.4	5	0.4
Cecil County																	
0-35 Months	4,714	1,026	21.8	0	0.0	20	1.9	20	1.9	2	0.2	1	0.1	1	0.1	3	0.3
36-72 Months	4,642	447	9.6	0	0.0	2	0.4	2	0.4	0	0.0	1	0.2	1	0.2	1	0.2
Total	9,356	1,473	15.7	0	0.0	22	1.5	22	1.5	2	0.1	2	0.1	2	0.1	4	0.3
Charles County																	
0-35 Months	6,884	1,884	27.4	3	0.2	23	1.2	26	1.4	0	0.0	1	0.1	1	0.1	1	0.1
36-72 Months	6,824	453	6.6	0	0.0	5	1.1	5	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Total	13,708	2,337	17.0	3	0.1	28	1.2	31	1.3	0	0.0	1	0.0	1	0.0	1	0.0
Dorchester County																	
0-35 Months	1,508	529	35.1	1	0.2	11	2.1	12	2.3	0	0.0	2	0.4	2	0.4	2	0.4
36-72 Months	1,384	113	8.2	1	0.9	2	1.8	3	2.7	1	0.9	0	0.0	1	0.9	1	0.9
Total	2,892	642	22.2	2	0.3	13	2.0	15	2.3	1	0.2	2	0.3	3	0.5	3	0.5
Frederick County																	
0-35 Months	10,584	1,993	18.8	3	0.2	24	1.2	27	1.4	1	0.1	5	0.3	6	0.3	6	0.3
36-72 Months	11,113	856	7.7	1	0.1	2	0.2	3	0.4	2	0.2	0	0.0	2	0.2	2	0.2
Total	21,697	2,849	13.1	4	0.1	26	0.9	30	1.1	3	0.1	5	0.2	8	0.3	8	0.3
Garrett County																	
0-35 Months	1,105	320	29.0	1	0.3	2	0.6	3	0.9	0	0.0	1	0.3	1	0.3	1	0.3
36-72 Months	1,197	144	12.0	0	0.0	1	0.7	1	0.7	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,302	464	20.2	1	0.2	3	0.6	4	0.9	0	0.0	1	0.2	1	0.2	1	0.2

Appendix A
Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2014

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥10 µg/dL					
		Number		Percent		Old Cases		New Cases		Old Cases		New Cases		Total	
						Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Harford County															
0-35 Months	10,725	2,074	19.3	1	0.0	16	0.8	17	0.8	0	0.0	2	0.1	2	0.1
36-72 Months	11,099	779	7.0	2	0.3	3	0.4	5	0.6	0	0.0	0	0.0	0	0.0
Total	21,824	2,853	13.1	3	0.1	19	0.7	22	0.8	0	0.0	2	0.1	2	0.1
Howard County															
0-35 Months	12,436	1,713	13.8	1	0.1	16	0.9	17	1.0	0	0.0	3	0.2	3	0.2
36-72 Months	13,121	674	5.1	1	0.1	11	1.6	12	1.8	0	0.0	0	0.0	0	0.0
Total	25,557	2,387	9.3	2	0.1	27	1.1	29	1.2	0	0.0	3	0.1	3	0.1
Kent County															
0-35 Months	728	201	27.6	0	0.0	3	1.5	3	1.5	0	0.0	1	0.5	1	0.5
36-72 Months	726	56	7.7	0	0.0	1	1.8	1	1.8	0	0.0	1	1.8	1	1.8
Total	1,454	257	17.7	0	0.0	4	1.6	4	1.6	0	0.0	2	0.8	2	0.8
Montgomery County															
0-35 Months	46,659	13,678	29.3	5	0.0	87	0.6	92	0.7	2	0.0	13	0.1	15	0.1
36-72 Months	45,593	5,630	12.3	8	0.1	33	0.6	41	0.7	1	0.0	3	0.1	4	0.1
Total	92,252	19,308	20.9	13	0.1	120	0.6	133	0.7	3	0.0	16	0.1	19	0.1
Prince George's County															
0-35 Months	43,582	13,387	30.7	5	0.0	120	0.9	125	0.9	2	0.0	31	0.2	33	0.2
36-72 Months	40,457	7,173	17.7	10	0.1	77	1.1	87	1.2	0	0.0	15	0.2	15	0.2
Total	84,039	20,560	24.5	15	0.1	197	1.0	212	1.0	2	0.0	46	0.2	48	0.2
Queen Anne's County															
0-35 Months	1,940	483	24.9	0	0.0	7	1.4	7	1.4	1	0.2	1	0.2	2	0.4
36-72 Months	2,060	151	7.3	0	0.0	1	0.7	1	0.7	0	0.0	0	0.0	0	0.0
Total	4,000	634	15.9	0	0.0	8	1.3	8	1.3	1	0.2	1	0.2	2	0.3

Appendix A
Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2014

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥10 µg/dL					
		Number	Percent	Old Cases		New Cases		Total		Old Cases		New Cases		Total	
				Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Saint Mary's County															
0-35 Months	5,446	1,154	21.2	1	0.1	8	0.7	9	0.8	0	0.0	2	0.2	2	0.2
36-72 Months	5,536	230	4.2	0	0.0	4	1.7	4	1.7	1	0.4	0	0.0	1	0.4
Total	10,982	1,384	12.6	1	0.1	12	0.9	13	0.9	1	0.1	2	0.1	3	0.2
Somerset County															
0-35 Months	963	389	40.4	1	0.3	7	1.8	8	2.1	0	0.0	2	0.5	2	0.5
36-72 Months	871	137	15.7	0	0.0	1	0.7	1	0.7	0	0.0	0	0.0	0	0.0
Total	1,834	526	28.7	1	0.2	8	1.5	9	1.7	0	0.0	2	0.4	2	0.4
Talbot County															
0-35 Months	1,384	502	36.3	1	0.2	5	1.0	6	1.2	0	0.0	0	0.0	0	0.0
36-72 Months	1,355	82	6.1	2	2.4			2	2.4	1	1.2	0	0.0	1	1.2
Total	2,739	584	21.3	3	0.5	5	0.9	8	1.4	1	0.2	0	0.0	1	0.2
Washington County															
0-35 Months	6,528	1,776	27.2	2	0.1	51	2.9	53	3.0	0	0.0	4	0.2	4	0.2
36-72 Months	6,598	923	14.0	5	0.5	26	2.8	31	3.4	1	0.1	1	0.1	2	0.2
Total	13,126	2,699	20.6	7	0.3	77	2.9	84	3.1	1	0.0	5	0.2	6	0.2
Wicomico County															
0-35 Months	4,557	1,539	33.8	2	0.1	18	1.2	20	1.3	0	0.0	3	0.2	3	0.2
36-72 Months	4,317	398	9.2	2	0.5	4	1.0	6	1.5	0	0.0	1	0.3	1	0.3
Total	8,874	1,937	21.8	4	0.2	22	1.1	26	1.3	0	0.0	4	0.2	4	0.2
Worcester County															
0-35 Months	1,698	579	34.1	1	0.2	8	1.4	9	1.6	0	0.0	0	0.0	0	0.0
36-72 Months	1,653	167	10.1	0	0.0	1	0.6	1	0.6	1	0.6	0	0.0	1	0.6
Total	3,351	746	22.3	1	0.1	9	1.2	10	1.3	1	0.1	0	0.0	1	0.1

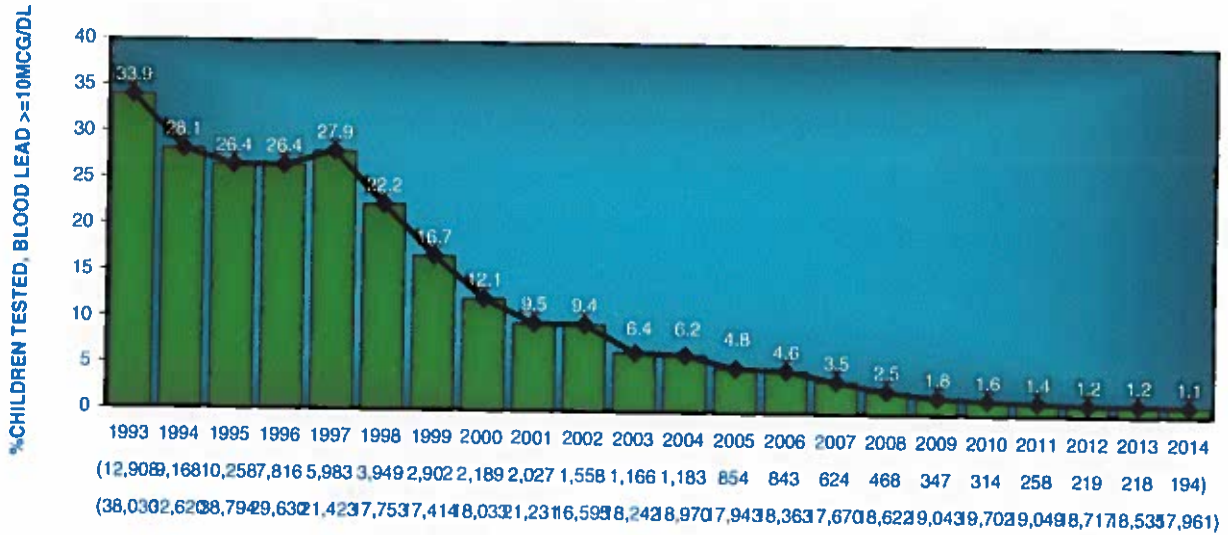
Appendix A
 Blood Lead Testing of Children 0-72 Months by Major Age Group and Jurisdiction in 2014

Age Group	Population of Children	Children Tested		Blood Lead Level 5-9 µg/dL						Blood Lead Level ≥10 µg/dL					
		Number	Percent	Old Cases		New Cases		Total		Old Cases		New Cases		Total	
				Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Statewide															
0-35 Months	267,696	79,485	29.7	150	0.2	1,199	1.5	1,349	1.7	43	0.1	207	0.3	250	0.3
36-72 Months	259,608	29,546	11.4	247	0.8	408	1.4	655	2.2	50	0.2	55	0.2	105	0.4
Total	527,304	109,031	20.7	397	0.4	1,607	1.5	2,004	1.8	93	0.1	262	0.2	355	0.3

Appendix B
Blood Lead Testing of Children 0-72 Months, and Prevalence and Incidence of Blood Lead Level ≥ 10 $\mu\text{g/dL}$: 2007-2014

Calendar Year	Population	Blood Lead Tests		Prevalence		Incidence	
		Number	Percent	Number	Percent	Number	Percent
2007							
Baltimore City	55,142	17,670	32.0	624	3.5	435	2.5
Counties	413,248	87,760	21.2	267	0.3	218	0.2
County Unknown		278		1		1	
Statewide	468,390	105,708	22.6	892	0.8	654	0.6
2008							
Baltimore City	55,959	18,622	33.3	468	2.5	302	1.6
Counties	418,941	87,830	21.0	245	0.3	187	0.2
County Unknown		69		0		0	
Statewide	474,900	106,452	22.4	713	0.7	489	0.5
2009							
Baltimore City	56,431	19,043	33.7	347	1.8	214	1.1
Counties	422,488	88,368	20.9	206	0.2	165	0.1
County Unknown		5					
Statewide	468,390	107,416	22.4	553	0.5	379	0.4
2010							
Baltimore City	57,937	19,702	34.0	314	1.6	229	1.2
Counties	433,661	94,650	21.8	217	0.2	170	0.2
County Unknown		477		0		0	0.0
Statewide	491,598	114,829	23.4	531	0.5	399	0.3
2011							
Baltimore City	55,681	19,049	34.2	258	1.4	182	1.0
Counties	445,021	90,481	20.3	194	0.2	160	0.2
County Unknown		4		0		0	
Statewide	500,702	109,534	21.9	452	0.4	342	0.4
2012							
Baltimore City	56,701	18,717	33.0	219	1.2	148	0.8
Counties	453,184	91,747	20.2	143	0.2	104	0.1
County Unknown		75		2		3	
Statewide	509,885	110,539	21.7	364	0.3	255	0.2
2013							
Baltimore City	57,693	18,535	32.1	218	1.2	170	0.9
Counties	461,171	91,539	19.8	152	0.2	134	0.1
County Unknown		8		0		1	
Statewide	518,864	110,082	21.2	371	0.3	304	0.3
2014							
Baltimore City	58,622	17,961	30.6	194	1.1	129	0.7
Counties	468,682	91,070	19.4	161	0.2	133	0.1
County Unknown							
Statewide	527,304	109,031	20.7	355	0.3	262	0.2

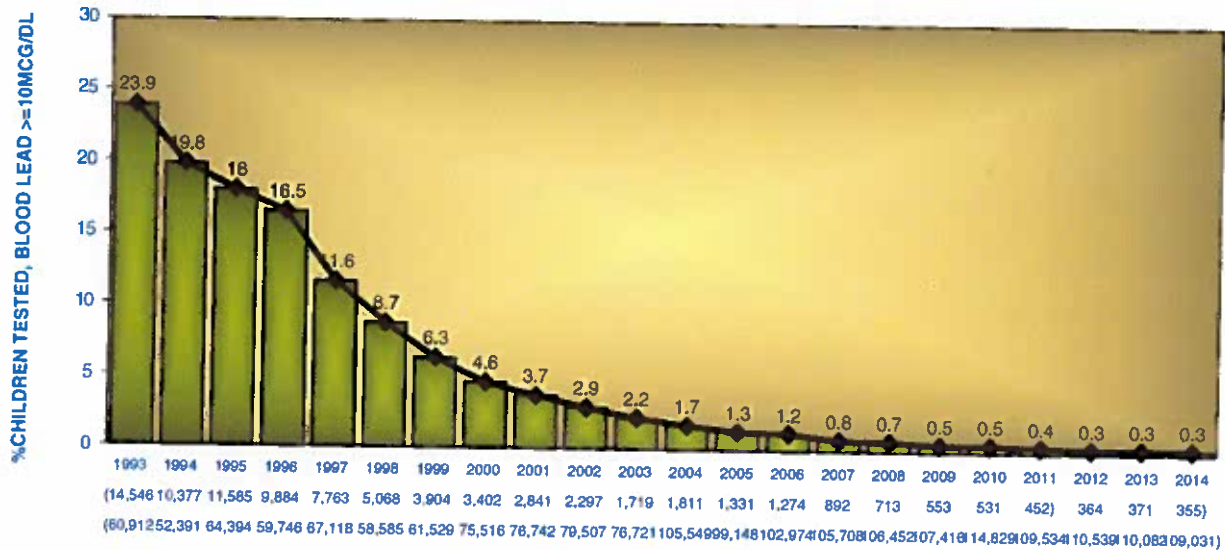
MARYLAND DEPARTMENT OF THE ENVIRONMENT
CHILDHOOD BLOOD LEAD SURVEILLANCE
BALTIMORE CITY 1993-2014



CALENDAR YEAR
(Number of Children with BLL >=10mcg/dl)
(Number of Children Tested)

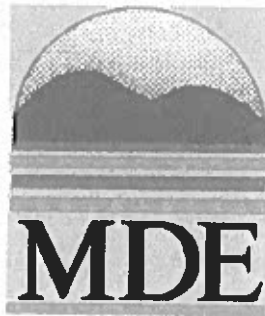


MARYLAND DEPARTMENT OF THE ENVIRONMENT
CHILDHOOD BLOOD LEAD SURVEILLANCE
STATEWIDE 1993-2014



CALENDAR YEAR
(Number of Children with BLL >=10mcg/dl)
(Number of Children Tested)





MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

**Blood Lead Level (increment of 5 $\mu\text{g}/\text{dL}$) by age, and county of residence
Supplementary Data Tables: Supplement #1**

July, 2015



MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Allegany County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	26	1					27
One Year	528	17	2		1		548
Two Years	527	12	2	1			542
Three Years	55	3					58
Four Years	53	2		2			57
Five Years	30						30
Total	1,219	35	4	3	1	0	1,262
6-17 Years	44						44

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10	1					11
One Year	46	10	2		1		59
Two Years	51	5	2	1			59
Three Years	23	2					25
Four Years	18	2		2			22
Five Years	12						12
Total	160	20	4	3	1	0	188
6-17 Years	14						14

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Anne Arundel County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	566	8	1				575
One Year	3,930	28	3				3,961
Two Years	2,702	9	4				2,715
Three Years	733	10					743
Four Years	720	6					726
Five Years	596	4					600
Total	9,247	65	8	0	0	0	9,320
6-17 Years	586	6	2				594

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	313	4	1				318
One Yea	1,881	17	3				1,901
Two Years	1,188	8	4				1,200
Three Years	541	7					548
Four Years	501	3					504
Five Years	463	4					467
Total	4,887	43	8	0	0	0	4,938
6-17 Years	494	5	2				501

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Baltimore County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,369	11		1			1,381
One Year	5,901	87	10	1	1		6,000
Two Years	5,387	60	5	1			5,453
Three Years	1,320	20	2			1	1,343
Four Years	1,149	11	1		1		1,162
Five Years	940	21				1	962
Total	16,066	210	18	3	2	2	16,301
6-17 Years	1,418	27	4				1,449

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	744	4		1			749
One Year	4,089	54	9	1	1		4,154
Two Years	3,824	36	5	1			3,866
Three Years	1,047	17	2			1	1,067
Four Years	908	7	1		1		917
Five Years	757	14				1	772
Total	11,369	132	17	3	2	2	11,525
6-17 Years	1,229	26	4				1,259

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Baltimore City
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,219	25	4	1			1,249
One Year	6,081	305	39	12	3	5	6,445
Two Years	4,908	305	42	13	2	7	5,277
Three Years	1,769	167	23	5	1	4	1,969
Four Years	1,656	133	10	2	2	3	1,806
Five Years	1,134	65	9	3	4		1,215
Total	16,767	1,000	127	36	12	19	17,961
6-17 Years	2,435	85	6	3	2	1	2,532

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	770	12	3	1			786
One Year	4,208	223	37	8	3	5	4,484
Two Years	3,542	246	40	12	2	7	3,849
Three Years	1,492	150	22	5	1	4	1,674
Four Years	1,397	115	10	1	2	3	1,528
Five Years	960	56	9	3	4		1,032
Total	12,369	802	121	30	12	19	13,353
6-17 Years	2,134	81	6	2	2	1	2,226

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Calvert County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	116						116
One Year	304	1	1				306
Two Years	137						137
Three Years	26	1					27
Four Years	24						24
Five Years	26						26
Total	633	2	1	0	0	0	636
6-17 Years	38			1			39

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	20						20
One Year	98		1				99
Two Years	55						55
Three Years	13	1					14
Four Years	15						15
Five Years	20						20
Total	221	1	1	0	0	0	223
6-17 Years	20			1			21

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Caroline County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	12						12
One Year	261	5					266
Two Years	235	4	2	1			242
Three Years	58		1				59
Four Years	50	1					51
Five Years	21						21
Total	637	10	3	1	0	0	651
6-17 Years	11						11

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	3						3
One Year	146	4					150
Two Years	117	3	2	1			123
Three Years	40		1				41
Four Years	45	1					46
Five Years	17						17
Total	368	8	3	1	0	0	380
6-17 Years	9						9

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Carroll County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	139		2				141
One Year	533	9	2				544
Two Years	312	8	1				321
Three Years	105	2					107
Four Years	81	2					83
Five Years	63	1					64
Total	1,233	22	5	0	0	0	1,260
6-17 Years	100	1					101

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	91						91
One Year	421	6					427
Two Years	248	4	1				253
Three Years	94	1					95
Four Years	65	2					67
Five Years	58	1					59
Total	977	14	1	0	0	0	992
6-17 Years	95	1					96

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Cecil County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	108	2	1				111
One Year	569	11					580
Two Years	326	7	2				335
Three Years	148	1		1			150
Four Years	173						173
Five Years	123	1					124
Total	1,447	22	3	1	0	0	1,473
6-17 Years	117	1					118

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	33	1	1				35
One Year	268	4					272
Two Years	114	1	1				116
Three Years	57			1			58
Four Years	59						59
Five Years	58	1					59
Total	589	7	2	1	0	0	599
6-17 Years	82						82

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Charles County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	271	4					275
One Year	800	9					809
Two Years	786	13	1				800
Three Years	173	2					175
Four Years	181						181
Five Years	94	3					97
Total	2,305	31	1	0	0	0	2,337
6-17 Years	103	1					104

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	98	1					99
One Year	321	2					323
Two Years	360	2					362
Three Years	98						98
Four Years	102						102
Five Years	60	1					61
Total	1,039	6	0	0	0	0	1,045
6-17 Years	67						67

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Dorchester County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	267	7					274
Two Years	238	5	2				245
Three Years	56	3	1				60
Four Years	34						34
Five Years	19						19
Total	624	15	3	0	0	0	642
6-17 Years	22	1					23

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	4						4
One Year	130	5					135
Two Years	112	3	2				117
Three Years	41	1	1				43
Four Years	26						26
Five Years	11						11
Total	324	9	3	0	0	0	336
6-17 Years	15	1					16

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Frederick County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	112	1					113
One Year	1,346	21	2	1			1,370
Two Years	502	5		1		2	510
Three Years	314	1					315
Four Years	321	2					323
Five Years	216		1	1			218
Total	2,811	30	3	3	0	2	2,849
6-17 Years	206	6					212

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	65	1					66
One Year	1,160	17	1	1			1,179
Two Years	412	5		1		2	420
Three Years	283	1					284
Four Years	275	2					277
Five Years	192		1	1			194
Total	2,387	26	2	3	0	2	2,420
6-17 Years	169	4					173

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Garrett County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	164	2					166
Two Years	146	1	1				148
Three Years	59	1					60
Four Years	49						49
Five Years	35						35
Total	459	4	1	0	0	0	464
6-17 Years	17						17

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	2						2
One Year	61	2					63
Two Years	51	1	1				53
Three Years	20						20
Four Years	22						22
Five Years	17						17
Total	173	3	1	0	0	0	177
6-17 Years	6						6

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Harford County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	270	2					272
One Year	1,040	10	1				1,051
Two Years	745	5	1				751
Three Years	264	1					265
Four Years	281	2					283
Five Years	229	2					231
Total	2,829	22	2	0	0	0	2,853
6-17 Years	303	5	2				310

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	152	1					153
One Year	726	5					731
Two Years	511	2					513
Three Years	221	1					222
Four Years	238	2					240
Five Years	195	1					196
Total	2,043	12	0	0	0	0	2,055
6-17 Years	281	4	2				287

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Howard County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	179	2					181
One Year	926	8	1			2	937
Two Years	588	7					595
Three Years	238	3					241
Four Years	236	5					241
Five Years	188	4					192
Total	2,355	29	1	0	0	2	2,387
6-17 Years	353	2					355

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	127	2					129
One Year	738	6	1			2	747
Two Years	453	5					458
Three Years	212	3					215
Four Years	202	5					207
Five Years	160	4					164
Total	1,892	25	1	0	0	2	1,920
6-17 Years	327	2					329

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Kent County

Criteria: The highest blood lead test
 Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	107	1				1	109
Two Years	84	2					86
Three Years	23	1			1		25
Four Years	27						27
Five Years	4						4
Total	251	4	0	0	1	1	257
6-17 Years	10						10

Criteria: The highest venous blood lead test
 Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	4						4
One Year	76	1				1	78
Two Years	52	2					54
Three Years	18	1			1		20
Four Years	17						17
Five Years	2						2
Total	169	4	0	0	1	1	175
6-17 Years	7						7

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Montgomery County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	3,376	19	2			1	3,398
One Year	5,430	43	3	2		2	5,480
Two Years	4,765	30	2		1	2	4,800
Three Years	1,659	9	1	1	1		1,671
Four Years	2,347	20					2,367
Five Years	1,579	12	1				1,592
Total	19,156	133	9	3	2	5	19,308
6-17 Years	1,829	22	3	2			1,856

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,091	7	2			1	1,101
One Year	3,350	28	1	1		1	3,381
Two Years	2,567	14	1		1	2	2,585
Three Years	1,209	3	1	1	1		1,215
Four Years	1,865	11					1,876
Five Years	1,264	11	1				1,276
Total	11,346	74	6	2	2	4	11,434
6-17 Years	1,526	18	2	2			1,548

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Prince George's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	2,366	18	8	1		1	2,394
One Year	5,876	53	8	6	2	2	5,947
Two Years	4,987	54	3		2		5,046
Three Years	2,391	35	2	1	1		2,430
Four Years	2,579	27	6	3		1	2,616
Five Years	2,101	25	1				2,127
Total	20,300	212	28	11	5	4	20,560
6-17 Years	3,250	50	8	2	1	1	3,312

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,534	15	8	1		1	1,559
One Year	4,288	35	7	6	2	2	4,340
Two Years	3,739	39	3		2		3,783
Three Years	2,042	24	2	1	1		2,070
Four Years	2,245	22	6	3		1	2,277
Five Years	1,866	18	1				1,885
Total	15,714	153	27	11	5	4	15,914
6-17 Years	2,758	37	8	2	1	1	2,807

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Queen Anne's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	13						13
One Year	249	6	1				256
Two Years	212	1		1			214
Three Years	71	1					72
Four Years	51						51
Five Years	28						28
Total	624	8	1	1	0	0	634
6-17 Years	34	2	2				38

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	103	4	1				108
Two Years	82	1		1			84
Three Years	41	1					42
Four Years	35						35
Five Years	20						20
Total	287	6	1	1	0	0	295
6-17 Years	23	2	2				27

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Saint Mary's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	155	1					156
One Year	573	7	1				581
Two Years	415	1	1				417
Three Years	95	2	1				98
Four Years	82	2					84
Five Years	48						48
Total	1,368	13	3	0	0	0	1,384
6-17 Years	76	2	1				79

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	51	1	1				53
Two Years	57						57
Three Years	25		1				26
Four Years	21	1					22
Five Years	21						21
Total	181	2	2	0	0	0	185
6-17 Years	47	2					49

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Somerset County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	212	2	1				215
Two Years	157	6		1			164
Three Years	61						61
Four Years	50	1					51
Five Years	25						25
Total	515	9	1	1	0	0	526
6-17 Years	102						102

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	198	1	1				200
Two Years	133	5		1			139
Three Years	58						58
Four Years	49	1					50
Five Years	25						25
Total	473	7	1	1	0	0	482
6-17 Years	102						102

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Talbot County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	259	5					264
Two Years	227	1					228
Three Years	35	1					36
Four Years	22	1					23
Five Years	22		1				23
Total	575	8	1	0	0	0	584
6-17 Years	27						27

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	104	5					109
Two Years	97	1					98
Three Years	30	1					31
Four Years	19	1					20
Five Years	16		1				17
Total	272	8	1	0	0	0	281
6-17 Years	25						25

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Washington County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	92	1					93
One Year	900	20	1	1			922
Two Years	727	32	2				761
Three Years	283	8	1	1			293
Four Years	357	18					375
Five Years	250	5					255
Total	2,609	84	4	2	0	0	2,699
6-17 Years	122	9		1			132

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	37	1					38
One Year	651	17	1	1			670
Two Years	401	23	2				426
Three Years	250	5	1	1			257
Four Years	326	17					343
Five Years	225	3					228
Total	1,890	66	4	2	0	0	1,962
6-17 Years	115	8		1			124

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Wicomico County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	40	1					41
One Year	771	8		2			781
Two Years	705	11	1				717
Three Years	197	3	1				201
Four Years	123	2					125
Five Years	71	1					72
Total	1,907	26	2	2	0	0	1,937
6-17 Years	102	7	2				111

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	37	1					38
One Year	663	6		2			671
Two Years	610	10	1				621
Three Years	185	3	1				189
Four Years	115	2					117
Five Years	69	1					70
Total	1,679	23	2	2	0	0	1,706
6-17 Years	96	6	2				104

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Worcester County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

<u>Age Group</u>	<u>≤4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>≥25</u>	<u>Total</u>
Under One	14						14
One Year	277	3					280
Two Years	279	6					285
Three Years	90	1	1				92
Four Years	53						53
Five Years	22						22
Total	735	10	1	0	0	0	746
6-17 Years	36	1					37

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

<u>Age Group</u>	<u>≤4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>≥25</u>	<u>Total</u>
Under One	9						9
One Year	250	3					253
Two Years	258	6					264
Three Years	85	1	1				87
Four Years	50						50
Five Years	21						21
Total	673	10	1	0	0	0	684
6-17 Years	35	1					36

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Statewide

Criteria: The highest blood lead test

Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10,485	96	18	3		2	10,604
One Year	37,304	668	76	25	7	12	38,092
Two Years	30,097	585	72	19	5	11	30,789
Three Years	10,223	276	34	9	4	5	10,551
Four Years	10,699	235	17	7	3	4	10,965
Five Years	7,864	144	13	4	4	1	8,030
Total	106,672	2,004	230	67	23	35	109,031
6-17 Years	11,341	228	30	9	3	2	11,613

Criteria: The highest venous blood lead test

Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	5,172	51	15	3		2	5,243
One Year	24,027	456	66	20	7	11	24,587
Two Years	19,034	422	65	18	5	11	19,555
Three Years	8,125	223	33	9	4	5	8,399
Four Years	8,615	194	17	6	3	4	8,839
Five Years	6,509	115	13	4	4	1	6,646
Total	71,482	1,461	209	60	23	34	73,269
6-17 Years	9,676	198	28	8	3	2	9,915

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

**Blood Lead Level (increment of 5 $\mu\text{g}/\text{dL}$) by age, and county of residence
Supplementary Data Tables: Supplement #1**

July, 2015



MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Allegany County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	26	1					27
One Year	528	17	2		1		548
Two Years	527	12	2	1			542
Three Years	55	3					58
Four Years	53	2		2			57
Five Years	30						30
Total	1,219	35	4	3	1	0	1,262
6-17 Years	44						44

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10	1					11
One Year	46	10	2		1		59
Two Years	51	5	2	1			59
Three Years	23	2					25
Four Years	18	2		2			22
Five Years	12						12
Total	160	20	4	3	1	0	188
6-17 Years	14						14

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Anne Arundel County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	566	8	1				575
One Year	3,930	28	3				3,961
Two Years	2,702	9	4				2,715
Three Years	733	10					743
Four Years	720	6					726
Five Years	596	4					600
Total	9,247	65	8	0	0	0	9,320
6-17 Years	586	6	2				594

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	313	4	1				318
One Yea	1,881	17	3				1,901
Two Years	1,188	8	4				1,200
Three Years	541	7					548
Four Years	501	3					504
Five Years	463	4					467
Total	4,887	43	8	0	0	0	4,938
6-17 Years	494	5	2				501

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Baltimore County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,369	11		1			1,381
One Year	5,901	87	10	1	1		6,000
Two Years	5,387	60	5	1			5,453
Three Years	1,320	20	2			1	1,343
Four Years	1,149	11	1		1		1,162
Five Years	940	21				1	962
Total	16,066	210	18	3	2	2	16,301
6-17 Years	1,418	27	4				1,449

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	744	4		1			749
One Year	4,089	54	9	1	1		4,154
Two Years	3,824	36	5	1			3,866
Three Years	1,047	17	2			1	1,067
Four Years	908	7	1		1		917
Five Years	757	14				1	772
Total	11,369	132	17	3	2	2	11,525
6-17 Years	1,229	26	4				1,259

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Baltimore City
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,219	25	4	1			1,249
One Year	6,081	305	39	12	3	5	6,445
Two Years	4,908	305	42	13	2	7	5,277
Three Years	1,769	167	23	5	1	4	1,969
Four Years	1,656	133	10	2	2	3	1,806
Five Years	1,134	65	9	3	4		1,215
Total	16,767	1,000	127	36	12	19	17,961
6-17 Years	2,435	85	6	3	2	1	2,532

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	770	12	3	1			786
One Year	4,208	223	37	8	3	5	4,484
Two Years	3,542	246	40	12	2	7	3,849
Three Years	1,492	150	22	5	1	4	1,674
Four Years	1,397	115	10	1	2	3	1,528
Five Years	960	56	9	3	4		1,032
Total	12,369	802	121	30	12	19	13,353
6-17 Years	2,134	81	6	2	2	1	2,226

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Calvert County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	116						116
One Year	304	1	1				306
Two Years	137						137
Three Years	26	1					27
Four Years	24						24
Five Years	26						26
Total	633	2	1	0	0	0	636
6-17 Years	38			1			39

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	20						20
One Year	98		1				99
Two Years	55						55
Three Years	13	1					14
Four Years	15						15
Five Years	20						20
Total	221	1	1	0	0	0	223
6-17 Years	20			1			21

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Caroline County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	12						12
One Year	261	5					266
Two Years	235	4	2	1			242
Three Years	58		1				59
Four Years	50	1					51
Five Years	21						21
Total	637	10	3	1	0	0	651
6-17 Years	11						11

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	3						3
One Year	146	4					150
Two Years	117	3	2	1			123
Three Years	40		1				41
Four Years	45	1					46
Five Years	17						17
Total	368	8	3	1	0	0	380
6-17 Years	9						9

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
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Carroll County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	139		2				141
One Year	533	9	2				544
Two Years	312	8	1				321
Three Years	105	2					107
Four Years	81	2					83
Five Years	63	1					64
Total	1,233	22	5	0	0	0	1,260
6-17 Years	100	1					101

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	91						91
One Year	421	6					427
Two Years	248	4	1				253
Three Years	94	1					95
Four Years	65	2					67
Five Years	58	1					59
Total	977	14	1	0	0	0	992
6-17 Years	95	1					96

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Cecil County

Criteria: The highest blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	108	2	1				111
One Year	569	11					580
Two Years	326	7	2				335
Three Years	148	1		1			150
Four Years	173						173
Five Years	123	1					124
Total	1,447	22	3	1	0	0	1,473
6-17 Years	117	1					118

Criteria: The highest venous blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	33	1	1				35
One Year	268	4					272
Two Years	114	1	1				116
Three Years	57			1			58
Four Years	59						59
Five Years	58	1					59
Total	589	7	2	1	0	0	599
6-17 Years	82						82

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Charles County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	271	4					275
One Year	800	9					809
Two Years	786	13	1				800
Three Years	173	2					175
Four Years	181						181
Five Years	94	3					97
Total	2,305	31	1	0	0	0	2,337
6-17 Years	103	1					104

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	98	1					99
One Year	321	2					323
Two Years	360	2					362
Three Years	98						98
Four Years	102						102
Five Years	60	1					61
Total	1,039	6	0	0	0	0	1,045
6-17 Years	67						67

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Dorchester County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	267	7					274
Two Years	238	5	2				245
Three Years	56	3	1				60
Four Years	34						34
Five Years	19						19
Total	624	15	3	0	0	0	642
6-17 Years	22	1					23

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	4						4
One Year	130	5					135
Two Years	112	3	2				117
Three Years	41	1	1				43
Four Years	26						26
Five Years	11						11
Total	324	9	3	0	0	0	336
6-17 Years	15	1					16

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Frederick County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	112	1					113
One Year	1,346	21	2	1			1,370
Two Years	502	5		1		2	510
Three Years	314	1					315
Four Years	321	2					323
Five Years	216		1	1			218
Total	2,811	30	3	3	0	2	2,849
6-17 Years	206	6					212

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	65	1					66
One Year	1,160	17	1	1			1,179
Two Years	412	5		1		2	420
Three Years	283	1					284
Four Years	275	2					277
Five Years	192		1	1			194
Total	2,387	26	2	3	0	2	2,420
6-17 Years	169	4					173

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Garrett County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	164	2					166
Two Years	146	1	1				148
Three Years	59	1					60
Four Years	49						49
Five Years	35						35
Total	459	4	1	0	0	0	464
6-17 Years	17						17

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	2						2
One Year	61	2					63
Two Years	51	1	1				53
Three Years	20						20
Four Years	22						22
Five Years	17						17
Total	173	3	1	0	0	0	177
6-17 Years	6						6

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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(Annual Report 2014)

Harford County

Criteria: The highest blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	270	2					272
One Year	1,040	10	1				1,051
Two Years	745	5	1				751
Three Years	264	1					265
Four Years	281	2					283
Five Years	229	2					231
Total	2,829	22	2	0	0	0	2,853
6-17 Years	303	5	2				310

Criteria: The highest venous blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	152	1					153
One Year	726	5					731
Two Years	511	2					513
Three Years	221	1					222
Four Years	238	2					240
Five Years	195	1					196
Total	2,043	12	0	0	0	0	2,055
6-17 Years	281	4	2				287

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Howard County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	179	2					181
One Year	926	8	1			2	937
Two Years	588	7					595
Three Years	238	3					241
Four Years	236	5					241
Five Years	188	4					192
Total	2,355	29	1	0	0	2	2,387
6-17 Years	353	2					355

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	127	2					129
One Year	738	6	1			2	747
Two Years	453	5					458
Three Years	212	3					215
Four Years	202	5					207
Five Years	160	4					164
Total	1,892	25	1	0	0	2	1,920
6-17 Years	327	2					329

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Lead Poisoning Prevention Program: Childhood Lead Registry
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Kent County

Criteria: The highest blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	107	1				1	109
Two Years	84	2					86
Three Years	23	1			1		25
Four Years	27						27
Five Years	4						4
Total	251	4	0	0	1	1	257
6-17 Years	10						10

Criteria: The highest venous blood lead test
 Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	4						4
One Year	76	1				1	78
Two Years	52	2					54
Three Years	18	1			1		20
Four Years	17						17
Five Years	2						2
Total	169	4	0	0	1	1	175
6-17 Years	7						7

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
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Montgomery County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	3,376	19	2			1	3,398
One Year	5,430	43	3	2		2	5,480
Two Years	4,765	30	2		1	2	4,800
Three Years	1,659	9	1	1	1		1,671
Four Years	2,347	20					2,367
Five Years	1,579	12	1				1,592
Total	19,156	133	9	3	2	5	19,308
6-17 Years	1,829	22	3	2			1,856

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,091	7	2			1	1,101
One Year	3,350	28	1	1		1	3,381
Two Years	2,567	14	1		1	2	2,585
Three Years	1,209	3	1	1	1		1,215
Four Years	1,865	11					1,876
Five Years	1,264	11	1				1,276
Total	11,346	74	6	2	2	4	11,434
6-17 Years	1,526	18	2	2			1,548

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

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Lead Poisoning Prevention Program: Childhood Lead Registry
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Prince George's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	2,366	18	8	1		1	2,394
One Year	5,876	53	8	6	2	2	5,947
Two Years	4,987	54	3		2		5,046
Three Years	2,391	35	2	1	1		2,430
Four Years	2,579	27	6	3		1	2,616
Five Years	2,101	25	1				2,127
Total	20,300	212	28	11	5	4	20,560
6-17 Years	3,250	50	8	2	1	1	3,312

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	1,534	15	8	1		1	1,559
One Year	4,288	35	7	6	2	2	4,340
Two Years	3,739	39	3		2		3,783
Three Years	2,042	24	2	1	1		2,070
Four Years	2,245	22	6	3		1	2,277
Five Years	1,866	18	1				1,885
Total	15,714	153	27	11	5	4	15,914
6-17 Years	2,758	37	8	2	1	1	2,807

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Queen Anne's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	13						13
One Year	249	6	1				256
Two Years	212	1		1			214
Three Years	71	1					72
Four Years	51						51
Five Years	28						28
Total	624	8	1	1	0	0	634
6-17 Years	34	2	2				38

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	103	4	1				108
Two Years	82	1		1			84
Three Years	41	1					42
Four Years	35						35
Five Years	20						20
Total	287	6	1	1	0	0	295
6-17 Years	23	2	2				27

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Saint Mary's County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	155	1					156
One Year	573	7	1				581
Two Years	415	1	1				417
Three Years	95	2	1				98
Four Years	82	2					84
Five Years	48						48
Total	1,368	13	3	0	0	0	1,384
6-17 Years	76	2	1				79

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	51	1	1				53
Two Years	57						57
Three Years	25		1				26
Four Years	21	1					22
Five Years	21						21
Total	181	2	2	0	0	0	185
6-17 Years	47	2					49

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Somerset County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	212	2	1				215
Two Years	157	6		1			164
Three Years	61						61
Four Years	50	1					51
Five Years	25						25
Total	515	9	1	1	0	0	526
6-17 Years	102						102

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	198	1	1				200
Two Years	133	5		1			139
Three Years	58						58
Four Years	49	1					50
Five Years	25						25
Total	473	7	1	1	0	0	482
6-17 Years	102						102

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Talbot County

Criteria: The highest blood lead test
 Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10						10
One Year	259	5					264
Two Years	227	1					228
Three Years	35	1					36
Four Years	22	1					23
Five Years	22		1				23
Total	575	8	1	0	0	0	584
6-17 Years	27						27

Criteria: The highest venous blood lead test
 Blood Lead Level (µg/dL)

Age Group	<4	5-9	10-14	15-19	20-24	≥25	Total
Under One	6						6
One Year	104	5					109
Two Years	97	1					98
Three Years	30	1					31
Four Years	19	1					20
Five Years	16		1				17
Total	272	8	1	0	0	0	281
6-17 Years	25						25

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Washington County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	92	1					93
One Year	900	20	1	1			922
Two Years	727	32	2				761
Three Years	283	8	1	1			293
Four Years	357	18					375
Five Years	250	5					255
Total	2,609	84	4	2	0	0	2,699
6-17 Years	122	9		1			132

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	37	1					38
One Year	651	17	1	1			670
Two Years	401	23	2				426
Three Years	250	5	1	1			257
Four Years	326	17					343
Five Years	225	3					228
Total	1,890	66	4	2	0	0	1,962
6-17 Years	115	8		1			124

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Wicomico County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	40	1					41
One Year	771	8		2			781
Two Years	705	11	1				717
Three Years	197	3	1				201
Four Years	123	2					125
Five Years	71	1					72
Total	1,907	26	2	2	0	0	1,937
6-17 Years	102	7	2				111

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	37	1					38
One Year	663	6		2			671
Two Years	610	10	1				621
Three Years	185	3	1				189
Four Years	115	2					117
Five Years	69	1					70
Total	1,679	23	2	2	0	0	1,706
6-17 Years	96	6	2				104

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Worcester County
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	14						14
One Year	277	3					280
Two Years	279	6					285
Three Years	90	1	1				92
Four Years	53						53
Five Years	22						22
Total	735	10	1	0	0	0	746
6-17 Years	36	1					37

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	9						9
One Year	250	3					253
Two Years	258	6					264
Three Years	85	1	1				87
Four Years	50						50
Five Years	21						21
Total	673	10	1	0	0	0	684
6-17 Years	35	1					36

Notes:

- County assignment, in the order of available address information, is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Blood Lead Test of Children 0-72 Months in increments of 5 µg/dL by Age and County
of Residence
(Annual Report 2014)

Statewide
Criteria: The highest blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	10,485	96	18	3		2	10,604
One Year	37,304	668	76	25	7	12	38,092
Two Years	30,097	585	72	19	5	11	30,789
Three Years	10,223	276	34	9	4	5	10,551
Four Years	10,699	235	17	7	3	4	10,965
Five Years	7,864	144	13	4	4	1	8,030
Total	106,672	2,004	230	67	23	35	109,031
6-17 Years	11,341	228	30	9	3	2	11,613

Criteria: The highest venous blood lead test
Blood Lead Level (µg/dL)

Age Group	≤4	5-9	10-14	15-19	20-24	≥25	Total
Under One	5,172	51	15	3		2	5,243
One Year	24,027	456	66	20	7	11	24,587
Two Years	19,034	422	65	18	5	11	19,555
Three Years	8,125	223	33	9	4	5	8,399
Four Years	8,615	194	17	6	3	4	8,839
Five Years	6,509	115	13	4	4	1	6,646
Total	71,482	1,461	209	60	23	34	73,269
6-17 Years	9,676	198	28	8	3	2	9,915

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and in the absence of both the highest capillary.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

**Number and percentage of children with Blood Lead Level ≥ 5 , ≥ 10 , ≥ 15 , ≥ 20 , and ≥ 25 $\mu\text{g/dL}$
By age, and county of residence**

Supplementary Data Tables: Supplement #2

July, 2015



MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
 By age and county of residence
 (Annual Report 2014)

Allegany County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	27	1	3.7	0	0.0	0	0.0	0	0.0	0	0.0
One Year	548	20	3.6	3	0.5	1	0.2	1	0.2	0	0.0
Two Years	542	15	2.8	3	0.6	1	0.2	0	0.0	0	0.0
Three Years	58	3	5.2	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	57	4	7.0	2	3.5	2	3.5	0	0.0	0	0.0
Five Years	30	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,262	43	3.4	8	0.6	4	0.3	1	0.1	0	0.0
6-17 Years	44	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age Group	Total	N_>=5	P_>=5	N_>=10	P_>=10	N_>=15	P_>=15	N_>=20	P_>=20	N_>=25	P_>=25
Under One	11	1	9.1	0	0.0	0	0.0	0	0.0	0	0.0
One Year	59	13	22.0	3	5.1	1	1.7	1	1.7	0	0.0
Two Years	59	8	13.6	3	5.1	1	1.7	0	0.0	0	0.0
Three Years	25	2	8.0	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	22	4	18.2	2	9.1	2	9.1	0	0.0	0	0.0
Five Years	12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	188	28	14.9	8	4.3	4	2.1	1	0.5	0	0.0
6-17 Years	14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
 By age and county of residence
 (Annual Report 2014)

Anne Arundel County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	575	9	1.6	1	0.2	0	0.0	0	0.0	0	0.0
One Year	3,961	31	0.8	3	0.1	0	0.0	0	0.0	0	0.0
Two Years	2,715	13	0.5	4	0.1	0	0.0	0	0.0	0	0.0
Three Years	743	10	1.3	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	726	6	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	600	4	0.7	0	0.0	0	0.0	0	0.0	0	0.0
Total	9,320	73	0.8	8	0.1	0	0.0	0	0.0	0	0.0
6-17 Years	594	8	1.3	2	0.3	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	318	5	1.6	1	0.3	0	0.0	0	0.0	0	0.0
One Yea	1,901	20	1.1	3	0.2	0	0.0	0	0.0	0	0.0
Two Years	1,200	12	1.0	4	0.3	0	0.0	0	0.0	0	0.0
Three Years	548	7	1.3	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	504	3	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	467	4	0.9	0	0.0	0	0.0	0	0.0	0	0.0
Total	4,938	51	1.0	8	0.2	0	0.0	0	0.0	0	0.0
6-17 Years	501	7	1.4	2	0.4	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)

By age and county of residence

(Annual Report 2014)

Baltimore County

Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	1,381	12	0.9	1	0.1	1	0.1	0	0.0	0	0.0
One Year	6,000	99	1.7	12	0.2	2	0.0	1	0.0	0	0.0
Two Years	5,453	66	1.2	6	0.1	1	0.0	0	0.0	0	0.0
Three Years	1,343	23	1.7	3	0.2	1	0.1	1	0.1	1	0.1
Four Years	1,162	13	1.1	2	0.2	1	0.1	1	0.1	0	0.0
Five Years	962	22	2.3	1	0.1	1	0.1	1	0.1	1	0.1
Total	16,301	235	1.4	25	0.2	7	0.0	4	0.0	2	0.0
6-17 Years	1,449	31	2.1	4	0.3	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	749	5	0.7	1	0.1	1	0.1	0	0.0	0	0.0
One Year	4,154	65	1.6	11	0.3	2	0.0	1	0.0	0	0.0
Two Years	3,866	42	1.1	6	0.2	1	0.0	0	0.0	0	0.0
Three Years	1,067	20	1.9	3	0.3	1	0.1	1	0.1	1	0.1
Four Years	917	9	1.0	2	0.2	1	0.1	1	0.1	0	0.0
Five Years	772	15	1.9	1	0.1	1	0.1	1	0.1	1	0.1
Total	11,525	156	1.4	24	0.2	7	0.1	4	0.0	2	0.0
6-17 Years	1,259	30	2.4	4	0.3	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Baltimore City
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	1,249	30	2.4	5	0.4	1	0.1	0	0.0	0	0.0
One Year	6,445	364	5.6	59	0.9	20	0.3	8	0.1	5	0.1
Two Years	5,277	369	7.0	64	1.2	22	0.4	9	0.2	7	0.1
Three Years	1,969	200	10.2	33	1.7	10	0.5	5	0.3	4	0.2
Four Years	1,806	150	8.3	17	0.9	7	0.4	5	0.3	3	0.2
Five Years	1,215	81	6.7	16	1.3	7	0.6	4	0.3	0	0.0
Total	17,961	1,194	6.6	194	1.1	67	0.4	31	0.2	19	0.1
6-17 Years	2,532	97	3.8	12	0.5	6	0.2	3	0.1	1	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	786	16	2.0	4	0.5	1	0.1	0	0.0	0	0.0
One Year	4,484	276	6.2	53	1.2	16	0.4	8	0.2	5	0.1
Two Years	3,849	307	8.0	61	1.6	21	0.5	9	0.2	7	0.2
Three Years	1,674	182	10.9	32	1.9	10	0.6	5	0.3	4	0.2
Four Years	1,528	131	8.6	16	1.0	6	0.4	5	0.3	3	0.2
Five Years	1,032	72	7.0	16	1.6	7	0.7	4	0.4	0	0.0
Total	13,353	984	7.4	182	1.4	61	0.5	31	0.2	19	0.1
6-17 Years	2,226	92	4.1	11	0.5	5	0.2	3	0.1	1	0.0

Notes:

- County assignment in the order of available address information is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
By age and county of residence
(Annual Report 2014)

Calvert County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	116	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	306	2	0.7	1	0.3	0	0.0	0	0.0	0	0.0
Two Years	137	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	27	1	3.7	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	24	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	26	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	636	3	0.5	1	0.2	0	0.0	0	0.0	0	0.0
6-17 Years	39	1	2.6	1	2.6	1	2.6	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	99	1	1.0	1	1.0	0	0.0	0	0.0	0	0.0
Two Years	55	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	14	1	7.1	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	15	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	223	2	0.9	1	0.4	0	0.0	0	0.0	0	0.0
6-17 Years	21	1	4.8	1	4.8	1	4.8	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Caroline County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	266	5	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	242	7	2.9	3	1.2	1	0.4	0	0.0	0	0.0
Three Years	59	1	1.7	1	1.7	0	0.0	0	0.0	0	0.0
Four Years	51	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	21	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	651	14	2.2	4	0.6	1	0.2	0	0.0	0	0.0
6-17 Years	11	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	150	4	2.7	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	123	6	4.9	3	2.4	1	0.8	0	0.0	0	0.0
Three Years	41	1	2.4	1	2.4	0	0.0	0	0.0	0	0.0
Four Years	46	1	2.2	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	380	12	3.2	4	1.1	1	0.3	0	0.0	0	0.0
6-17 Years	9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

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MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
By age and county of residence
(Annual Report 2014)

Carroll County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	141	2	1.4	2	1.4	0	0.0	0	0.0	0	0.0
One Year	544	11	2.0	2	0.4	0	0.0	0	0.0	0	0.0
Two Years	321	9	2.8	1	0.3	0	0.0	0	0.0	0	0.0
Three Years	107	2	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	83	2	2.4	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	64	1	1.6	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,260	27	2.1	5	0.4	0	0.0	0	0.0	0	0.0
6-17 Years	101	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	91	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	427	6	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	253	5	2.0	1	0.4	0	0.0	0	0.0	0	0.0
Three Years	95	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	67	2	3.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	59	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
Total	992	15	1.5	1	0.1	0	0.0	0	0.0	0	0.0
6-17 Years	96	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Cecil County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	111	3	2.7	1	0.9	0	0.0	0	0.0	0	0.0
One Year	580	11	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	335	9	2.7	2	0.6	0	0.0	0	0.0	0	0.0
Three Years	150	2	1.3	1	0.7	1	0.7	0	0.0	0	0.0
Four Years	173	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	124	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,473	26	1.8	4	0.3	1	0.1	0	0.0	0	0.0
6-17 Years	118	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	35	2	5.7	1	2.9	0	0.0	0	0.0	0	0.0
One Year	272	4	1.5	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	116	2	1.7	1	0.9	0	0.0	0	0.0	0	0.0
Three Years	58	1	1.7	1	1.7	1	1.7	0	0.0	0	0.0
Four Years	59	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	59	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
Total	599	10	1.7	3	0.5	1	0.2	0	0.0	0	0.0
6-17 Years	82	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

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- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Charles County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	275	4	1.5	0	0.0	0	0.0	0	0.0	0	0.0
One Year	809	9	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	800	14	1.8	1	0.1	0	0.0	0	0.0	0	0.0
Three Years	175	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	181	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	97	3	3.1	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,337	32	1.4	1	0.0	0	0.0	0	0.0	0	0.0
6-17 Years	104	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	99	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	323	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	362	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	98	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	102	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	61	1	1.6	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,045	6	0.6	0	0.0	0	0.0	0	0.0	0	0.0
6-17 Years	67	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)

By age and county of residence

(Annual Report 2014)

Dorchester County

Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	274	7	2.6	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	245	7	2.9	2	0.8	0	0.0	0	0.0	0	0.0
Three Years	60	4	6.7	1	1.7	0	0.0	0	0.0	0	0.0
Four Years	34	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	19	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	642	18	2.8	3	0.5	0	0.0	0	0.0	0	0.0
6-17 Years	23	1	4.3	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	135	5	3.7	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	117	5	4.3	2	1.7	0	0.0	0	0.0	0	0.0
Three Years	43	2	4.7	1	2.3	0	0.0	0	0.0	0	0.0
Four Years	26	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	11	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	336	12	3.6	3	0.9	0	0.0	0	0.0	0	0.0
6-17 Years	16	1	6.3	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
 By age and county of residence
 (Annual Report 2014)

Frederick County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	113	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0
One Year	1,370	24	1.8	3	0.2	1	0.1	0	0.0	0	0.0
Two Years	510	8	1.6	3	0.6	3	0.6	2	0.4	2	0.4
Three Years	315	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	323	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	218	2	0.9	2	0.9	1	0.5	0	0.0	0	0.0
Total	2,849	38	1.3	8	0.3	5	0.2	2	0.1	2	0.1
6-17 Years	212	6	2.8	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	66	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
One Year	1,179	19	1.6	2	0.2	1	0.1	0	0.0	0	0.0
Two Years	420	8	1.9	3	0.7	3	0.7	2	0.5	2	0.5
Three Years	284	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	277	2	0.7	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	194	2	1.0	2	1.0	1	0.5	0	0.0	0	0.0
Total	2,420	33	1.4	7	0.3	5	0.2	2	0.1	2	0.1
6-17 Years	173	4	2.3	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Garrett County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	166	2	1.2	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	148	2	1.4	1	0.7	0	0.0	0	0.0	0	0.0
Three Years	60	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	49	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	35	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	464	5	1.1	1	0.2	0	0.0	0	0.0	0	0.0
6-17 Years	17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	63	2	3.2	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	53	2	3.8	1	1.9	0	0.0	0	0.0	0	0.0
Three Years	20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	22	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	177	4	2.3	1	0.6	0	0.0	0	0.0	0	0.0
6-17 Years	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Harford County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	272	2	0.7	0	0.0	0	0.0	0	0.0	0	0.0
One Year	1,051	11	1.0	1	0.1	0	0.0	0	0.0	0	0.0
Two Years	751	6	0.8	1	0.1	0	0.0	0	0.0	0	0.0
Three Years	265	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	283	2	0.7	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	231	2	0.9	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,853	24	0.8	2	0.1	0	0.0	0	0.0	0	0.0
6-17 Years	310	7	2.3	2	0.6	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	153	1	0.7	0	0.0	0	0.0	0	0.0	0	0.0
One Year	731	5	0.7	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	513	2	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	222	1	0.5	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	240	2	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	196	1	0.5	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,055	12	0.6	0	0.0	0	0.0	0	0.0	0	0.0
6-17 Years	287	6	2.1	2	0.7	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)

By age and county of residence

(Annual Report 2014)

Howard County

Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	181	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0
One Year	937	11	1.2	3	0.3	2	0.2	2	0.2	2	0.2
Two Years	595	7	1.2	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	241	3	1.2	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	241	5	2.1	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	192	4	2.1	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,387	32	1.3	3	0.1	2	0.1	2	0.1	2	0.1
6-17 Years	355	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	129	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0
One Year	747	9	1.2	3	0.4	2	0.3	2	0.3	2	0.3
Two Years	458	5	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	215	3	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	207	5	2.4	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	164	4	2.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,920	28	1.5	3	0.2	2	0.1	2	0.1	2	0.1
6-17 Years	329	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
 By age and county of residence
 (Annual Report 2014)

Kent County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	109	2	1.8	1	0.9	1	0.9	1	0.9	1	0.9
Two Years	86	2	2.3	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	25	2	8.0	1	4.0	1	4.0	1	4.0	0	0.0
Four Years	27	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	257	6	2.3	2	0.8	2	0.8	2	0.8	1	0.4
6-17 Years	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	78	2	2.6	1	1.3	1	1.3	1	1.3	1	1.3
Two Years	54	2	3.7	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	20	2	10.0	1	5.0	1	5.0	1	5.0	0	0.0
Four Years	17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	175	6	3.4	2	1.1	2	1.1	2	1.1	1	0.6
6-17 Years	7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
By age and county of residence
(Annual Report 2014)

Montgomery County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	3,398	22	0.6	3	0.1	1	0.0	1	0.0	1	0.0
One Year	5,480	50	0.9	7	0.1	4	0.1	2	0.0	2	0.0
Two Years	4,800	35	0.7	5	0.1	3	0.1	3	0.1	2	0.0
Three Years	1,671	12	0.7	3	0.2	2	0.1	1	0.1	0	0.0
Four Years	2,367	20	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	1,592	13	0.8	1	0.1	0	0.0	0	0.0	0	0.0
Total	19,308	152	0.8	19	0.1	10	0.1	7	0.0	5	0.0
6-17 Years	1,856	27	1.5	5	0.3	2	0.1	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	1,101	10	0.9	3	0.3	1	0.1	1	0.1	1	0.1
One Year	3,381	31	0.9	3	0.1	2	0.1	1	0.0	1	0.0
Two Years	2,585	18	0.7	4	0.2	3	0.1	3	0.1	2	0.1
Three Years	1,215	6	0.5	3	0.2	2	0.2	1	0.1	0	0.0
Four Years	1,876	11	0.6	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	1,276	12	0.9	1	0.1	0	0.0	0	0.0	0	0.0
Total	11,434	88	0.8	14	0.1	8	0.1	6	0.1	4	0.0
6-17 Years	1,548	22	1.4	4	0.3	2	0.1	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Prince George's County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	2,394	28	1.2	10	0.4	2	0.1	1	0.0	1	0.0
One Year	5,947	71	1.2	18	0.3	10	0.2	4	0.1	2	0.0
Two Years	5,046	59	1.2	5	0.1	2	0.0	2	0.0	0	0.0
Three Years	2,430	39	1.6	4	0.2	2	0.1	1	0.0	0	0.0
Four Years	2,616	37	1.4	10	0.4	4	0.2	1	0.0	1	0.0
Five Years	2,127	26	1.2	1	0.0	0	0.0	0	0.0	0	0.0
Total	20,560	260	1.3	48	0.2	20	0.1	9	0.0	4	0.0
6-17 Years	3,312	62	1.9	12	0.4	4	0.1	2	0.1	1	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	1,559	25	1.6	10	0.6	2	0.1	1	0.1	1	0.1
One Year	4,340	52	1.2	17	0.4	10	0.2	4	0.1	2	0.0
Two Years	3,783	44	1.2	5	0.1	2	0.1	2	0.1	0	0.0
Three Years	2,070	28	1.4	4	0.2	2	0.1	1	0.0	0	0.0
Four Years	2,277	32	1.4	10	0.4	4	0.2	1	0.0	1	0.0
Five Years	1,885	19	1.0	1	0.1	0	0.0	0	0.0	0	0.0
Total	15,914	200	1.3	47	0.3	20	0.1	9	0.1	4	0.0
6-17 Years	2,807	49	1.7	12	0.4	4	0.1	2	0.1	1	0.0

Notes:

- County assignment in the order of available address information is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Queen Anne's County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	256	7	2.7	1	0.4	0	0.0	0	0.0	0	0.0
Two Years	214	2	0.9	1	0.5	1	0.5	0	0.0	0	0.0
Three Years	72	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	51	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	28	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	634	10	1.6	2	0.3	1	0.2	0	0.0	0	0.0
6-17 Years	38	4	10.5	2	5.3	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	108	5	4.6	1	0.9	0	0.0	0	0.0	0	0.0
Two Years	84	2	2.4	1	1.2	1	1.2	0	0.0	0	0.0
Three Years	42	1	2.4	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	35	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	295	8	2.7	2	0.7	1	0.3	0	0.0	0	0.0
6-17 Years	27	4	14.8	2	7.4	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based on census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
By age and county of residence
(Annual Report 2014)

Saint Mary's County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	156	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0
One Year	581	8	1.4	1	0.2	0	0.0	0	0.0	0	0.0
Two Years	417	2	0.5	1	0.2	0	0.0	0	0.0	0	0.0
Three Years	98	3	3.1	1	1.0	0	0.0	0	0.0	0	0.0
Four Years	84	2	2.4	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	48	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,384	16	1.2	3	0.2	0	0.0	0	0.0	0	0.0
6-17 Years	79	3	3.8	1	1.3	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	53	2	3.8	1	1.9	0	0.0	0	0.0	0	0.0
Two Years	57	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	26	1	3.8	1	3.8	0	0.0	0	0.0	0	0.0
Four Years	22	1	4.5	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	21	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	185	4	2.2	2	1.1	0	0.0	0	0.0	0	0.0
6-17 Years	49	2	4.1	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Somerset County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	215	3	1.4	1	0.5	0	0.0	0	0.0	0	0.0
Two Years	164	7	4.3	1	0.6	1	0.6	0	0.0	0	0.0
Three Years	61	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	51	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	25	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	526	11	2.1	2	0.4	1	0.2	0	0.0	0	0.0
6-17 Years	102	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	200	2	1.0	1	0.5	0	0.0	0	0.0	0	0.0
Two Years	139	6	4.3	1	0.7	1	0.7	0	0.0	0	0.0
Three Years	58	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	50	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	25	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	482	9	1.9	2	0.4	1	0.2	0	0.0	0	0.0
6-17 Years	102	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
By age and county of residence
(Annual Report 2014)

Talbot County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	264	5	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	228	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	36	1	2.8	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	23	1	4.3	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	23	1	4.3	1	4.3	0	0.0	0	0.0	0	0.0
Total	584	9	1.5	1	0.2	0	0.0	0	0.0	0	0.0
6-17 Years	27	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	109	5	4.6	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	98	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	31	1	3.2	0	0.0	0	0.0	0	0.0	0	0.0
Four Years	20	1	5.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	17	1	5.9	1	5.9	0	0.0	0	0.0	0	0.0
Total	281	9	3.2	1	0.4	0	0.0	0	0.0	0	0.0
6-17 Years	25	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percent of children 0-72 months with blood lead level at or above specific level (µg/dL)
By age and county of residence
(Annual Report 2014)

Washington County
Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	93	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
One Year	922	22	2.4	2	0.2	1	0.1	0	0.0	0	0.0
Two Years	761	34	4.5	2	0.3	0	0.0	0	0.0	0	0.0
Three Years	293	10	3.4	2	0.7	1	0.3	0	0.0	0	0.0
Four Years	375	18	4.8	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	255	5	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,699	90	3.3	6	0.2	2	0.1	0	0.0	0	0.0
6-17 Years	132	10	7.6	1	0.8	1	0.8	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥5		BLL ≥10		BLL ≥15		BLL ≥20		BLL ≥25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	38	1	2.6	0	0.0	0	0.0	0	0.0	0	0.0
One Year	670	19	2.8	2	0.3	1	0.1	0	0.0	0	0.0
Two Years	426	25	5.9	2	0.5	0	0.0	0	0.0	0	0.0
Three Years	257	7	2.7	2	0.8	1	0.4	0	0.0	0	0.0
Four Years	343	17	5.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	228	3	1.3	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,962	72	3.7	6	0.3	2	0.1	0	0.0	0	0.0
6-17 Years	124	9	7.3	1	0.8	1	0.8	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Wicomico County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	41	1	2.4	0	0.0	0	0.0	0	0.0	0	0.0
One Year	781	10	1.3	2	0.3	2	0.3	0	0.0	0	0.0
Two Years	717	12	1.7	1	0.1	0	0.0	0	0.0	0	0.0
Three Years	201	4	2.0	1	0.5	0	0.0	0	0.0	0	0.0
Four Years	125	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	72	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,937	30	1.5	4	0.2	2	0.1	0	0.0	0	0.0
6-17 Years	111	9	8.1	2	1.8	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	38	1	2.6	0	0.0	0	0.0	0	0.0	0	0.0
One Year	671	8	1.2	2	0.3	2	0.3	0	0.0	0	0.0
Two Years	621	11	1.8	1	0.2	0	0.0	0	0.0	0	0.0
Three Years	189	4	2.1	1	0.5	0	0.0	0	0.0	0	0.0
Four Years	117	2	1.7	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	70	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,706	27	1.6	4	0.2	2	0.1	0	0.0	0	0.0
6-17 Years	104	8	7.7	2	1.9	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract or the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g}/\text{dL}$)
 By age and county of residence
 (Annual Report 2014)

Worcester County
 Criteria: The highest blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	280	3	1.1	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	285	6	2.1	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	92	2	2.2	1	1.1	0	0.0	0	0.0	0	0.0
Four Years	53	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	22	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	746	11	1.5	1	0.1	0	0.0	0	0.0	0	0.0
6-17 Years	37	1	2.7	0	0.0	0	0.0	0	0.0	0	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL ≥ 5		BLL ≥ 10		BLL ≥ 15		BLL ≥ 20		BLL ≥ 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
One Year	253	3	1.2	0	0.0	0	0.0	0	0.0	0	0.0
Two Years	264	6	2.3	0	0.0	0	0.0	0	0.0	0	0.0
Three Years	87	2	2.3	1	1.1	0	0.0	0	0.0	0	0.0
Four Years	50	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Five Years	21	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	684	11	1.6	1	0.1	0	0.0	0	0.0	0	0.0
6-17 Years	36	1	2.8	0	0.0	0	0.0	0	0.0	0	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
 Number and percent of children 0-72 months with blood lead level at or above specific level ($\mu\text{g/dL}$)
 By age and county of residence
 (Annual Report 2014)

Statewide
 Criteria: The highest blood lead test

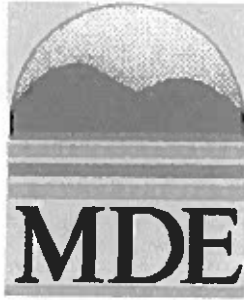
Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	10,604	119	1.1	23	0.2	5	0.0	2	0.0	2	0.0
One Year	38,092	788	2.1	120	0.3	44	0.1	19	0.0	12	0.0
Two Years	30,789	692	2.2	107	0.3	35	0.1	16	0.1	11	0.0
Three Years	10,551	328	3.1	52	0.5	18	0.2	9	0.1	5	0.0
Four Years	10,965	266	2.4	31	0.3	14	0.1	7	0.1	4	0.0
Five Years	8,030	166	2.1	22	0.3	9	0.1	5	0.1	1	0.0
Total	109,031	2,359	2.2	355	0.3	125	0.1	58	0.1	35	0.0
6-17 Years	11,613	272	2.3	44	0.4	14	0.1	5	0.0	2	0.0

Criteria: The highest venous blood lead test

Age Group	Number of Children Tested	BLL \geq 5		BLL \geq 10		BLL \geq 15		BLL \geq 20		BLL \geq 25	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	5,243	71	1.4	20	0.4	5	0.1	2	0.0	2	0.0
One Year	24,587	560	2.3	104	0.4	38	0.2	18	0.1	11	0.0
Two Years	19,555	521	2.7	99	0.5	34	0.2	16	0.1	11	0.1
Three Years	8,399	274	3.3	51	0.6	18	0.2	9	0.1	5	0.1
Four Years	8,839	224	2.5	30	0.3	13	0.1	7	0.1	4	0.0
Five Years	6,646	137	2.1	22	0.3	9	0.1	5	0.1	1	0.0
Total	73,269	1,787	2.4	326	0.4	117	0.2	57	0.1	34	0.0
6-17 Years	9,915	239	2.4	41	0.4	13	0.1	5	0.1	2	0.0

Notes:

- County assignment in the order of available address information is based of census tract o the zip code of the address.
- The selection of the highest blood lead test is in the order of highest venous, highest unknown, and highest capillary.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

Number and percentage of incident and prevalent cases of

Blood Lead Level $\geq 10 \mu\text{g/dL}$

and

Blood Lead Level 5-9 $\mu\text{g/dL}$

by age and county of residence

Supplementary Data Tables: Supplement #3



July, 2015

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Allegany County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	868	27	3.1		0.0		0.0	0	0.0
One Year	813	548	67.4	1	0.2	2	0.4	3	0.5
Two Years	845	542	64.1		0.0	3	0.6	3	0.6
Three Years	831	58	7.0		0.0		0.0	0	0.0
Four Years	880	57	6.5	2	3.5		0.0	2	3.5
Five Years	782	30	3.8		0.0		0.0	0	0.0
Total	5,019	1,262	25.1	3	0.2	5	0.4	8	0.6
6-17 Years	9,198	44	0.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	868	27	3.1		0.0	1	3.7	1	3.7
One Year	813	548	67.4	2	0.4	15	2.7	17	3.1
Two Years	845	542	64.1	3	0.6	9	1.7	12	2.2
Three Years	831	58	7.0	1	1.7	2	3.4	3	5.2
Four Years	880	57	6.5	1	1.8	1	1.8	2	3.5
Five Years	782	30	3.8		0.0		0.0	0	0.0
Total	5,019	1,262	25.1	7	0.6	28	2.2	35	2.8
6-17 Years	9,198	44	0.5						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Anne Arundel County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	8,562	575	6.7	1	0.2		0.0	1	0.2
One Year	8,522	3,961	46.5	2	0.1	1	0.0	3	0.1
Two Years	8,387	2,715	32.4	1	0.0	3	0.1	4	0.1
Three Years	8,266	743	9.0		0.0		0.0	0	0.0
Four Years	8,205	726	8.8		0.0		0.0	0	0.0
Five Years	7,965	600	7.5		0.0		0.0	0	0.0
Total	49,907	9,320	18.7	4	0.0	4	0.0	8	0.1
6-17 Years	82,880	594	0.7						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	8,562	575	6.7		0.0	8	1.4	8	1.4
One Year	8,522	3,961	46.5	1	0.0	27	0.7	28	0.7
Two Years	8,387	2,715	32.4	2	0.1	7	0.3	9	0.3
Three Years	8,266	743	9.0	4	0.5	6	0.8	10	1.3
Four Years	8,205	726	8.8	2	0.3	4	0.6	6	0.8
Five Years	7,965	600	7.5	1	0.2	3	0.5	4	0.7
Total	49,907	9,320	18.7	10	0.1	55	0.6	65	0.7
6-17 Years	82,880	594	0.7			6			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g}/\text{dL}$ and Blood Lead Level 5-9 $\mu\text{g}/\text{dL}$ by age and county of residence
(Annual Report 2014)

Baltimore County

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$ New (Incident) Cases		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	11,894	1,381	11.6		0.0	1	0.1	1	0.1
One Year	11,956	6,000	50.2		0.0	12	0.2	12	0.2
Two Years	11,572	5,453	47.1	1	0.0	5	0.1	6	0.1
Three Years	11,588	1,343	11.6	2	0.1	1	0.1	3	0.2
Four Years	11,296	1,162	10.3		0.0	2	0.2	2	0.2
Five Years	11,214	962	8.6		0.0	1	0.1	1	0.1
Total	69,520	16,301	23.4	3	0.0	22	0.1	25	0.2
6-17 Years	117,242	1,449	1.2						

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL 5-9 $\mu\text{g}/\text{dL}$ New (Incident) Cases		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	11,894	1,381	11.6		0.0	11	0.8	11	0.8
One Year	11,956	6,000	50.2	4	0.1	83	1.4	87	1.5
Two Years	11,572	5,453	47.1	5	0.1	55	1.0	60	1.1
Three Years	11,588	1,343	11.6	3	0.2	17	1.3	20	1.5
Four Years	11,296	1,162	10.3	4	0.3	7	0.6	11	0.9
Five Years	11,214	962	8.6	6	0.6	15	1.6	21	2.2
Total	69,520	16,301	23.4	22	0.1	188	1.2	210	1.3
6-17 Years	117,242	1,449	1.2	2		25			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Baltimore City

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	10,869	1,249	11.5		0.0	5	0.4	5	0.4
One Year	10,487	6,445	61.5	8	0.1	51	0.8	59	0.9
Two Years	10,022	5,277	52.7	20	0.4	44	0.8	64	1.2
Three Years	9,491	1,969	20.7	17	0.9	16	0.8	33	1.7
Four Years	9,091	1,806	19.9	11	0.6	6	0.3	17	0.9
Five Years	8,662	1,215	14.0	9	0.7	7	0.6	16	1.3
Total	58,622	17,961	30.6	65	0.4	129	0.7	194	1.1
6-17 Years	83,747	2,532	3.0						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	10,869	1,249	11.5		0.0	25	2.0	25	2.0
One Year	10,487	6,445	61.5	24	0.4	281	4.4	305	4.7
Two Years	10,022	5,277	52.7	77	1.5	228	4.3	305	5.8
Three Years	9,491	1,969	20.7	84	4.3	83	4.2	167	8.5
Four Years	9,091	1,806	19.9	74	4.1	59	3.3	133	7.4
Five Years	8,662	1,215	14.0	33	2.7	32	2.6	65	5.3
Total	58,622	17,961	30.6	292	1.6	708	3.9	1,000	5.6
6-17 Years	83,747	2,532	3.0	50		35			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Calvert County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,164	116	10.0		0.0		0.0	0	0.0
One Year	1,170	306	26.2		0.0	1	0.3	1	0.3
Two Years	1,191	137	11.5		0.0		0.0	0	0.0
Three Years	1,244	27	2.2		0.0		0.0	0	0.0
Four Years	1,273	24	1.9		0.0		0.0	0	0.0
Five Years	1,364	26	1.9		0.0		0.0	0	0.0
Total	7,406	636	8.6	0	0.0	1	0.2	1	0.2
6-17 Years	16,741	39	0.2						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,164	116	10.0		0.0		0.0	0	0.0
One Year	1,170	306	26.2		0.0	1	0.3	1	0.3
Two Years	1,191	137	11.5		0.0		0.0	0	0.0
Three Years	1,244	27	2.2		0.0	1	3.7	1	3.7
Four Years	1,273	24	1.9		0.0		0.0	0	0.0
Five Years	1,364	26	1.9		0.0		0.0	0	0.0
Total	7,406	636	8.6	0	0.0	2	0.3	2	0.3
6-17 Years	16,741	39	0.2						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Age Group	Caroline County								
	Population of Children	Children Tested		Old Cases		Children with BLL ≥ 10 $\mu\text{g/dL}$		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	New (Incident) Cases Number	Percent	Number	Percent
Under One	545	12	2.2		0.0		0.0	0	0.0
One Year	550	266	48.4		0.0		0.0	0	0.0
Two Years	552	242	43.8	1	0.4	2	0.8	3	1.2
Three Years	594	59	9.9	1	1.7		0.0	1	1.7
Four Years	563	51	9.1		0.0		0.0	0	0.0
Five Years	541	21	3.9		0.0		0.0	0	0.0
Total	3,345	651	19.5	2	0.3	2	0.3	4	0.6
6-17 Years	5,509	11	0.2						

Age Group	Children with BLL 5-9 $\mu\text{g/dL}$								
	Population of Children	Children Tested		Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	545	12	2.2		0.0		0.0	0	0.0
One Year	550	266	48.4		0.0	5	1.9	5	1.9
Two Years	552	242	43.8	1	0.4	3	1.2	4	1.7
Three Years	594	59	9.9		0.0		0.0	0	0.0
Four Years	563	51	9.1		0.0	1	2.0	1	2.0
Five Years	541	21	3.9		0.0		0.0	0	0.0
Total	3,345	651	19.5	1	0.2	9	1.4	10	1.5
6-17 Years	5,509	11	0.2						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
 (Annual Report 2014)

Carroll County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,989	141	7.1		0.0	2	1.4	2	1.4
One Year	2,114	544	25.7		0.0	2	0.4	2	0.4
Two Years	2,182	321	14.7		0.0	1	0.3	1	0.3
Three Years	2,259	107	4.7		0.0		0.0	0	0.0
Four Years	2,390	83	3.5		0.0		0.0	0	0.0
Five Years	2,564	64	2.5		0.0		0.0	0	0.0
Total	13,498	1,260	9.3	0	0.0	5	0.4	5	0.4
6-17 Years	29,503	101	0.3						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,989	141	7.1		0.0		0.0	0	0.0
One Year	2,114	544	25.7	1	0.2	8	1.5	9	1.7
Two Years	2,182	321	14.7	2	0.6	6	1.9	8	2.5
Three Years	2,259	107	4.7	1	0.9	1	0.9	2	1.9
Four Years	2,390	83	3.5		0.0	2	2.4	2	2.4
Five Years	2,564	64	2.5	1	1.6		0.0	1	1.6
Total	13,498	1,260	9.3	5	0.4	17	1.3	22	1.7
6-17 Years	29,503	101	0.3			1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Cecil County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	1,545	111	7.2		0.0	1	0.9	1	0.9
One Year	1,611	580	36.0		0.0		0.0	0	0.0
Two Years	1,558	335	21.5	2	0.6		0.0	2	0.6
Three Years	1,552	150	9.7		0.0	1	0.7	1	0.7
Four Years	1,522	173	11.4		0.0		0.0	0	0.0
Five Years	1,568	124	7.9		0.0		0.0	0	0.0
Total	9,356	1,473	15.7	2	0.1	2	0.1	4	0.3
6-17 Years	17,344	118	0.7						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	1,545	111	7.2		0.0	2	1.8	2	1.8
One Year	1,611	580	36.0		0.0	11	1.9	11	1.9
Two Years	1,558	335	21.5		0.0	7	2.1	7	2.1
Three Years	1,552	150	9.7		0.0	1	0.7	1	0.7
Four Years	1,522	173	11.4		0.0		0.0	0	0.0
Five Years	1,568	124	7.9		0.0	1	0.8	1	0.8
Total	9,356	1,473	15.7	0	0.0	22	1.5	22	1.5
6-17 Years	17,344	118	0.7			1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Charles County

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL ≥ 10 $\mu\text{g/dL}$		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	New (Incident) Cases Number	Percent	Number	Percent
Under One	2,270	275	12.1		0.0		0.0	0	0.0
One Year	2,224	809	36.4		0.0		0.0	0	0.0
Two Years	2,390	800	33.5		0.0	1	0.1	1	0.1
Three Years	2,257	175	7.8		0.0		0.0	0	0.0
Four Years	2,298	181	7.9		0.0		0.0	0	0.0
Five Years	2,269	97	4.3		0.0		0.0	0	0.0
Total	13,708	2,337	17.0	0	0.0	1	0.0	1	0.0
6-17 Years	27,030	104	0.4						

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL 5-9 $\mu\text{g/dL}$		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	New (Incident) Cases Number	Percent	Number	Percent
Under One	2,270	275	12.1		0.0	4	1.5	4	1.5
One Year	2,224	809	36.4		0.0	9	1.1	9	1.1
Two Years	2,390	800	33.5	3	0.4	10	1.3	13	1.6
Three Years	2,257	175	7.8		0.0	2	1.1	2	1.1
Four Years	2,298	181	7.9		0.0		0.0	0	0.0
Five Years	2,269	97	4.3		0.0	3	3.1	3	3.1
Total	13,708	2,337	17.0	3	0.1	28	1.2	31	1.3
6-17 Years	27,030	104	0.4			1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Dorchester County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	515	10	1.9		0.0		0.0	0	0.0
One Year	495	274	55.4		0.0		0.0	0	0.0
Two Years	498	245	49.2		0.0	2	0.8	2	0.8
Three Years	482	60	12.4	1	1.7		0.0	1	1.7
Four Years	481	34	7.1		0.0		0.0	0	0.0
Five Years	421	19	4.5		0.0		0.0	0	0.0
Total	2,892	642	22.2	1	0.2	2	0.3	3	0.5
6-17 Years	4,616	23	0.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	515	10	1.9		0.0		0.0	0	0.0
One Year	495	274	55.4	1	0.4	6	2.2	7	2.6
Two Years	498	245	49.2		0.0	5	2.0	5	2.0
Three Years	482	60	12.4	1	1.7	2	3.3	3	5.0
Four Years	481	34	7.1		0.0		0.0	0	0.0
Five Years	421	19	4.5		0.0		0.0	0	0.0
Total	2,892	642	22.2	2	0.3	13	2.0	15	2.3
6-17 Years	4,616	23	0.5			1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Frederick County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	3,455	113	3.3		0.0		0.0	0	0.0
One Year	3,471	1,370	39.5		0.0	3	0.2	3	0.2
Two Years	3,658	510	13.9	1	0.2	2	0.4	3	0.6
Three Years	3,665	315	8.6		0.0		0.0	0	0.0
Four Years	3,753	323	8.6		0.0		0.0	0	0.0
Five Years	3,695	218	5.9	2	0.9		0.0	2	0.9
Total	21,697	2,849	13.1	3	0.1	5	0.2	8	0.3
6-17 Years	40,523	212	0.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	3,455	113	3.3		0.0	1	0.9	1	0.9
One Year	3,471	1,370	39.5	2	0.1	19	1.4	21	1.5
Two Years	3,658	510	13.9	1	0.2	4	0.8	5	1.0
Three Years	3,665	315	8.6	1	0.3		0.0	1	0.3
Four Years	3,753	323	8.6		0.0	2	0.6	2	0.6
Five Years	3,695	218	5.9		0.0		0.0	0	0.0
Total	21,697	2,849	13.1	4	0.1	26	0.9	30	1.1
6-17 Years	40,523	212	0.5	2		4			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
 (Annual Report 2014)

Garrett County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Percent	New (Incident) Cases Number	Percent	Total (Prevalent) Cases Number	Percent
Under One	372	6	1.6		0.0		0.0	0	0.0
One Year	346	166	48.0		0.0		0.0	0	0.0
Two Years	387	148	38.2		0.0	1	0.7	1	0.7
Three Years	380	60	15.8		0.0		0.0	0	0.0
Four Years	396	49	12.4		0.0		0.0	0	0.0
Five Years	421	35	8.3		0.0		0.0	0	0.0
Total	2,302	464	20.2	0	0.0	1	0.2	1	0.2
6-17 Years	4,651	17	0.4						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Percent	New (Incident) Cases Number	Percent	Total (Prevalent) Cases Number	Percent
Under One	372	6	1.6		0.0		0.0	0	0.0
One Year	346	166	48.0		0.0	2	1.2	2	1.2
Two Years	387	148	38.2	1	0.7		0.0	1	0.7
Three Years	380	60	15.8		0.0	1	1.7	1	1.7
Four Years	396	49	12.4		0.0		0.0	0	0.0
Five Years	421	35	8.3		0.0		0.0	0	0.0
Total	2,302	464	20.2	1	0.2	3	0.6	4	0.9
6-17 Years	4,651	17	0.4						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Harford County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	3,515	272	7.7		0.0		0.0	0	0.0
One Year	3,605	1,051	29.2		0.0	1	0.1	1	0.1
Two Years	3,605	751	20.8		0.0	1	0.1	1	0.1
Three Years	3,712	265	7.1		0.0		0.0	0	0.0
Four Years	3,716	283	7.6		0.0		0.0	0	0.0
Five Years	3,671	231	6.3		0.0		0.0	0	0.0
Total	21,824	2,853	13.1	0	0.0	2	0.1	2	0.1
6-17 Years	41,725	310	0.7						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	3,515	272	7.7		0.0	2	0.7	2	0.7
One Year	3,605	1,051	29.2		0.0	10	1.0	10	1.0
Two Years	3,605	751	20.8	1	0.1	4	0.5	5	0.7
Three Years	3,712	265	7.1		0.0	1	0.4	1	0.4
Four Years	3,716	283	7.6	2	0.7		0.0	2	0.7
Five Years	3,671	231	6.3		0.0	2	0.9	2	0.9
Total	21,824	2,853	13.1	3	0.1	19	0.7	22	0.8
6-17 Years	41,725	310	0.7	1		4			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level $\geq 10 \mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Howard County									
Age Group	Population of Children	Children Tested		Children with BLL $\geq 10 \mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	4,062	181	4.5		0.0		0.0	0	0.0
One Year	4,081	937	23.0		0.0	3	0.3	3	0.3
Two Years	4,293	595	13.9		0.0		0.0	0	0.0
Three Years	4,269	241	5.6		0.0		0.0	0	0.0
Four Years	4,332	241	5.6		0.0		0.0	0	0.0
Five Years	4,520	192	4.2		0.0		0.0	0	0.0
Total	25,557	2,387	9.3	0	0.0	3	0.1	3	0.1
6-17 Years	52,676	355	0.7						

Howard County									
Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	4,062	181	4.5		0.0	2	1.1	2	1.1
One Year	4,081	937	23.0		0.0	8	0.9	8	0.9
Two Years	4,293	595	13.9	1	0.2	6	1.0	7	1.2
Three Years	4,269	241	5.6		0.0	3	1.2	3	1.2
Four Years	4,332	241	5.6		0.0	5	2.1	5	2.1
Five Years	4,520	192	4.2	1	0.5	3	1.6	4	2.1
Total	25,557	2,387	9.3	2	0.1	27	1.1	29	1.2
6-17 Years	52,676	355	0.7			2			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Kent County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	249	6	2.4		0.0		0.0	0	0.0
One Year	249	109	43.8		0.0	1	0.9	1	0.9
Two Years	230	86	37.4		0.0		0.0	0	0.0
Three Years	243	25	10.3		0.0	1	4.0	1	4.0
Four Years	236	27	11.4		0.0		0.0	0	0.0
Five Years	247	4	1.6		0.0		0.0	0	0.0
Total	1,454	257	17.7	0	0.0	2	0.8	2	0.8
6-17 Years	2,316	10	0.4						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	249	6	2.4		0.0		0.0	0	0.0
One Year	249	109	43.8		0.0	1	0.9	1	0.9
Two Years	230	86	37.4		0.0	2	2.3	2	2.3
Three Years	243	25	10.3		0.0	1	4.0	1	4.0
Four Years	236	27	11.4		0.0		0.0	0	0.0
Five Years	247	4	1.6		0.0		0.0	0	0.0
Total	1,454	257	17.7	0	0.0	4	1.6	4	1.6
6-17 Years	2,316	10	0.4						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Montgomery County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	15,536	3,398	21.9	1	0.0	2	0.1	3	0.1
One Year	15,575	5,480	35.2		0.0	7	0.1	7	0.1
Two Years	15,548	4,800	30.9	1	0.0	4	0.1	5	0.1
Three Years	15,164	1,671	11.0		0.0	3	0.2	3	0.2
Four Years	15,445	2,367	15.3		0.0		0.0	0	0.0
Five Years	14,984	1,592	10.6	1	0.1		0.0	1	0.1
Total	92,252	19,308	20.9	3	0.0	16	0.1	19	0.1
6-17 Years	155,214	1,856	1.2						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	15,536	3,398	21.9	1	0.0	18	0.5	19	0.6
One Year	15,575	5,480	35.2	2	0.0	41	0.7	43	0.8
Two Years	15,548	4,800	30.9	2	0.0	28	0.6	30	0.6
Three Years	15,164	1,671	11.0	1	0.1	8	0.5	9	0.5
Four Years	15,445	2,367	15.3	4	0.2	16	0.7	20	0.8
Five Years	14,984	1,592	10.6	3	0.2	9	0.6	12	0.8
Total	92,252	19,308	20.9	13	0.1	120	0.6	133	0.7
6-17 Years	155,214	1,856	1.2	1		21			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Prince George's County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	14,974	2,394	16.0		0.0	10	0.4	10	0.4
One Year	14,482	5,947	41.1	1	0.0	17	0.3	18	0.3
Two Years	14,126	5,046	35.7	1	0.0	4	0.1	5	0.1
Three Years	14,050	2,430	17.3		0.0	4	0.2	4	0.2
Four Years	13,414	2,616	19.5		0.0	10	0.4	10	0.4
Five Years	12,993	2,127	16.4		0.0	1	0.0	1	0.0
Total	84,039	20,560	24.5	2	0.0	46	0.2	48	0.2
6-17 Years	134,141	3,312	2.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	14,974	2,394	16.0		0.0	18	0.8	18	0.8
One Year	14,482	5,947	41.1	1	0.0	52	0.9	53	0.9
Two Years	14,126	5,046	35.7	4	0.1	50	1.0	54	1.1
Three Years	14,050	2,430	17.3	6	0.2	29	1.2	35	1.4
Four Years	13,414	2,616	19.5	1	0.0	26	1.0	27	1.0
Five Years	12,993	2,127	16.4	3	0.1	22	1.0	25	1.2
Total	84,039	20,560	24.5	15	0.1	197	1.0	212	1.0
6-17 Years	134,141	3,312	2.5	8		42			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Queen Anne's County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	657	13	2.0		0.0		0.0	0	0.0
One Year	642	256	39.9		0.0	1	0.4	1	0.4
Two Years	641	214	33.4	1	0.5		0.0	1	0.5
Three Years	663	72	10.9		0.0		0.0	0	0.0
Four Years	682	51	7.5		0.0		0.0	0	0.0
Five Years	715	28	3.9		0.0		0.0	0	0.0
Total	4,000	634	15.9	1	0.2	1	0.2	2	0.3
6-17 Years	7,969	38	0.5	1		1			

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	657	13	2.0		0.0		0.0	0	0.0
One Year	642	256	39.9		0.0	6	2.3	6	2.3
Two Years	641	214	33.4		0.0	1	0.5	1	0.5
Three Years	663	72	10.9		0.0	1	1.4	1	1.4
Four Years	682	51	7.5		0.0		0.0	0	0.0
Five Years	715	28	3.9		0.0		0.0	0	0.0
Total	4,000	634	15.9	0	0.0	8	1.3	8	1.3
6-17 Years	7,969	38	0.5	1		1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
 (Annual Report 2014)

Saint Mary's County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,830	156	8.5		0.0		0.0	0	0.0
One Year	1,813	581	32.0		0.0	1	0.2	1	0.2
Two Years	1,803	417	23.1		0.0	1	0.2	1	0.2
Three Years	1,899	98	5.2	1	1.0		0.0	1	1.0
Four Years	1,842	84	4.6		0.0		0.0	0	0.0
Five Years	1,795	48	2.7		0.0		0.0	0	0.0
Total	10,982	1,384	12.6	1	0.1	2	0.1	3	0.2
6-17 Years	18,289	79	0.4						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,830	156	8.5		0.0	1	0.6	1	0.6
One Year	1,813	581	32.0	1	0.2	6	1.0	7	1.2
Two Years	1,803	417	23.1		0.0	1	0.2	1	0.2
Three Years	1,899	98	5.2		0.0	2	2.0	2	2.0
Four Years	1,842	84	4.6		0.0	2	2.4	2	2.4
Five Years	1,795	48	2.7		0.0		0.0	0	0.0
Total	10,982	1,384	12.6	1	0.1	12	0.9	13	0.9
6-17 Years	18,289	79	0.4	1		1			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
 (Annual Report 2014)

Somerset County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	318	10	3.1		0.0		0.0	0	0.0
One Year	315	215	68.3		0.0	1	0.5	1	0.5
Two Years	330	164	49.7		0.0	1	0.6	1	0.6
Three Years	284	61	21.5		0.0		0.0	0	0.0
Four Years	302	51	16.9		0.0		0.0	0	0.0
Five Years	285	25	8.8		0.0		0.0	0	0.0
Total	1,834	526	28.7	0	0.0	2	0.4	2	0.4
6-17 Years	2,903	102	3.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	318	10	3.1		0.0		0.0	0	0.0
One Year	315	215	68.3		0.0	2	0.9	2	0.9
Two Years	330	164	49.7	1	0.6	5	3.0	6	3.7
Three Years	284	61	21.5		0.0		0.0	0	0.0
Four Years	302	51	16.9		0.0	1	2.0	1	2.0
Five Years	285	25	8.8		0.0		0.0	0	0.0
Total	1,834	526	28.7	1	0.2	8	1.5	9	1.7
6-17 Years	2,903	102	3.5						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Talbot County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	416	10	2.4		0.0		0.0	0	0.0
One Year	487	264	54.2		0.0		0.0	0	0.0
Two Years	481	228	47.4		0.0		0.0	0	0.0
Three Years	428	36	8.4		0.0		0.0	0	0.0
Four Years	444	23	5.2		0.0		0.0	0	0.0
Five Years	483	23	4.8	1	4.3		0.0	1	4.3
Total	2,739	584	21.3	1	0.2	0	0.0	1	0.2
6-17 Years	5,012	27	0.5						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	416	10	2.4		0.0		0.0	0	0.0
One Year	487	264	54.2		0.0	5	1.9	5	1.9
Two Years	481	228	47.4	1	0.4		0.0	1	0.4
Three Years	428	36	8.4	1	2.8		0.0	1	2.8
Four Years	444	23	5.2	1	4.3		0.0	1	4.3
Five Years	483	23	4.8		0.0		0.0	0	0.0
Total	2,739	584	21.3	3	0.5	5	0.9	8	1.4
6-17 Years	5,012	27	0.5						

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Age Group	Washington County									
	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$						
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases		
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	2,155	93	4.3		0.0		0.0	0	0	0.0
One Year	2,145	922	43.0		0.0	2	0.2	2	2	0.2
Two Years	2,228	761	34.2		0.0	2	0.3	2	2	0.3
Three Years	2,271	293	12.9	1	0.3	1	0.3	2	2	0.7
Four Years	2,111	375	17.8		0.0		0.0	0	0	0.0
Five Years	2,216	255	11.5		0.0		0.0	0	0	0.0
Total	13,126	2,699	20.6	1	0.0	5	0.2	6	6	0.2
6-17 Years	22,663	132	0.6			1				

Age Group	Children with BLL 5-9 $\mu\text{g/dL}$									
	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$						
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases		
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	2,155	93	4.3		0.0	1	1.1	1	1	1.1
One Year	2,145	922	43.0		0.0	20	2.2	20	20	2.2
Two Years	2,228	761	34.2	2	0.3	30	3.9	32	32	4.2
Three Years	2,271	293	12.9	2	0.7	6	2.0	8	8	2.7
Four Years	2,111	375	17.8	3	0.8	15	4.0	18	18	4.8
Five Years	2,216	255	11.5		0.0	5	2.0	5	5	2.0
Total	13,126	2,699	20.6	7	0.3	77	2.9	84	84	3.1
6-17 Years	22,663	132	0.6	1		8				

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Wicomico County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,529	41	2.7		0.0		0.0	0	0.0
One Year	1,541	781	50.7		0.0	2	0.3	2	0.3
Two Years	1,487	717	48.2		0.0	1	0.1	1	0.1
Three Years	1,546	201	13.0		0.0	1	0.5	1	0.5
Four Years	1,346	125	9.3		0.0		0.0	0	0.0
Five Years	1,425	72	5.1		0.0		0.0	0	0.0
Total	8,874	1,937	21.8	0	0.0	4	0.2	4	0.2
6-17 Years	14,558	111	0.8						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases		New (Incident) Cases		Total (Prevalent) Cases	
				Number	Percent	Number	Percent	Number	Percent
Under One	1,529	41	2.7		0.0	1	2.4	1	2.4
One Year	1,541	781	50.7		0.0	8	1.0	8	1.0
Two Years	1,487	717	48.2	2	0.3	9	1.3	11	1.5
Three Years	1,546	201	13.0	2	1.0	1	0.5	3	1.5
Four Years	1,346	125	9.3		0.0	2	1.6	2	1.6
Five Years	1,425	72	5.1		0.0	1	1.4	1	1.4
Total	8,874	1,937	21.8	4	0.2	22	1.1	26	1.3
6-17 Years	14,558	111	0.8	1		6			

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
 (Annual Report 2014)

Worcester County

Age Group	Population of Children	Children Tested		Children with BLL ≥ 10 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	565	14	2.5		0.0		0.0	0	0.0
One Year	573	280	48.9		0.0		0.0	0	0.0
Two Years	560	285	50.9		0.0		0.0	0	0.0
Three Years	555	92	16.6	1	1.1		0.0	1	1.1
Four Years	564	53	9.4		0.0		0.0	0	0.0
Five Years	534	22	4.1		0.0		0.0	0	0.0
Total	3,351	746	22.3	1	0.1	0	0.0	1	0.1
6-17 Years	6,527	37	0.6						

Age Group	Population of Children	Children Tested		Children with BLL 5-9 $\mu\text{g/dL}$					
		Number	Percent	Old Cases Number	Old Cases Percent	New (Incident) Cases Number	New (Incident) Cases Percent	Total (Prevalent) Cases Number	Total (Prevalent) Cases Percent
Under One	565	14	2.5		0.0		0.0	0	0.0
One Year	573	280	48.9		0.0	3	1.1	3	1.1
Two Years	560	285	50.9	1	0.4	5	1.8	6	2.1
Three Years	555	92	16.6		0.0	1	1.1	1	1.1
Four Years	564	53	9.4		0.0		0.0	0	0.0
Five Years	534	22	4.1		0.0		0.0	0	0.0
Total	3,351	746	22.3	1	0.1	9	1.2	10	1.3
6-17 Years	6,527	37	0.6	1					

Refer to page 26 for terms and definitions

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of incident and prevalent cases of blood lead level ≥ 10 $\mu\text{g/dL}$ and Blood Lead Level 5-9 $\mu\text{g/dL}$ by age and county of residence
(Annual Report 2014)

Statewide

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL ≥ 10 $\mu\text{g/dL}$ New (Incident) Cases		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	89,854	10,604	11.8	2	0.0	21	0.2	23	0.2
One Year	89,267	38,092	42.7	12	0.0	108	0.3	120	0.3
Two Years	88,574	30,789	34.8	29	0.1	78	0.3	107	0.3
Three Years	87,693	10,551	12.0	24	0.2	28	0.3	52	0.5
Four Years	86,582	10,965	12.7	13	0.1	18	0.2	31	0.3
Five Years	85,334	8,030	9.4	13	0.2	9	0.1	22	0.3
Total	527,304	109,031	20.7	93	0.1	262	0.2	355	0.3
6-17 Years	902,977	11,613	1.3						

Age Group	Population of Children	Children Tested		Old Cases		Children with BLL 5-9 $\mu\text{g/dL}$ New (Incident) Cases		Total (Prevalent) Cases	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under One	89,854	10,604	11.8	1	0.0	95	0.9	96	0.9
One Year	89,267	38,092	42.7	39	0.1	629	1.7	668	1.8
Two Years	88,574	30,789	34.8	110	0.4	475	1.5	585	1.9
Three Years	87,693	10,551	12.0	107	1.0	169	1.6	276	2.6
Four Years	86,582	10,965	12.7	92	0.8	143	1.3	235	2.1
Five Years	85,334	8,030	9.4	48	0.6	96	1.2	144	1.8
Total	527,304	109,031	20.7	397	0.4	1,607	1.5	2,004	1.8
6-17 Years	527,304	11,613	2.2	69	0.6	159	1.4	2,004	17.3

Terms and definitions:

1. County assignment in the order of available address information is based on census tract or zip code of the address.
2. Population of children was projected from Maryland census population 2010, provided by the Maryland Data Center, Maryland Department of Planning, www.planning.maryland.gov/msdc. Because of inherent problems with projection, the projected population may not correspond to the number of children tested. In such cases, the percentages are removed and replaced with an asterisk '*'. *
3. Old cases are based on the number of children who have had a blood lead test with blood lead level ≥ 10 $\mu\text{g/dL}$ or blood lead test of 5-9 $\mu\text{g/dL}$ in 2014 and had at least one such blood lead test in the past. Old cases are not determined for children 6-17 years old.
4. Incidence is based on the number of children with the very first blood lead test with blood lead level ≥ 10 $\mu\text{g/dL}$ or blood lead level of 5-9 $\mu\text{g/dL}$ in 2014. These children may have not been tested for lead in the past or all their previous blood lead tests were below 10 $\mu\text{g/dL}$, or below 5 $\mu\text{g/dL}$. Incidence data is not calculated for children 6-17 years old.
5. Prevalence is the number of children with at least one blood lead test with blood lead level ≥ 10 $\mu\text{g/dL}$ or 5-9 $\mu\text{g/dL}$ in 2014.
6. The selection of blood lead test is based on the highest blood lead level in 2014. If a child had multiple blood lead tests some in 5-9 $\mu\text{g/dL}$ range and some ≥ 10 $\mu\text{g/dL}$, the child was counted in the ≥ 10 category only.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

**Lead Poisoning Prevention Program: Childhood Lead Registry
Number and percentage of children 0-72 months old tested for lead, with number and
percentage of new (incident) and existing (prevalent) cases of blood lead level ≥ 10 $\mu\text{g/dL}$
and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence (2005-2014)**

Supplementary Data Tables: Supplement # 4



July, 2015

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Allegany County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2006	4,904	1,172	23.9	22	1.9	17	1.5
2007	4,957	1,231	24.8	12	1.0	11	0.9
2008	4,966	1,323	26.6	11	0.8	8	0.6
2009	5,007	1,371	27.4	15	1.1	13	0.9
2010	5,141	1,332	25.9	10	0.8	7	0.5
2011	4,766	1,359	28.5	9	0.7	5	0.4
2012	4,853	1,320	27.2	12	0.9	8	0.6
2013	4,939	1,210	24.5	5	0.4	4	0.3
2014	5,019	1,262	25.1	8	0.6	5	0.4

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	4,821	1,037	21.5	124	12.0		
2006	4,904	1,172	23.9	165	14.1		
2007	4,957	1,231	24.8	151	12.3		
2008	4,966	1,323	26.6	135	10.2		
2009	5,007	1,371	27.4	90	6.6		
2010	5,141	1,332	25.9	75	5.6		
2011	4,766	1,359	28.5	51	3.8		
2012	4,853	1,320	27.2	54	4.1	40	3.0
2013	4,939	1,210	24.5	60	5.0	40	3.3
2014	5,019	1,262	25.1	35	2.8	28	2.2

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Anne Arundel County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	42,575	6,631	15.6	20	0.3	18	0.3
2006	43,306	6,422	14.8	20	0.3	16	0.2
2007	43,779	6,615	15.1	19	0.3	16	0.2
2008	44,090	6,817	15.5	7	0.1	6	0.1
2009	44,471	7,333	16.5	7	0.1	5	0.1
2010	45,643	7,982	17.5	14	0.2	12	0.2
2011	47,391	8,162	17.2	8	0.1	7	0.1
2012	48,260	8,338	17.3	5	0.1	5	0.1
2013	49,109	8,294	16.9	10	0.1	10	0.1
2014	49,907	9,320	18.7	8	0.1	4	0.0

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	42,575	6,631	15.6	227	3.4		
2006	43,306	6,422	14.8	262	4.1		
2007	43,779	6,615	15.1	170	2.6		
2008	44,090	6,817	15.5	123	1.8		
2009	44,471	7,333	16.5	129	1.8		
2010	45,643	7,982	17.5	79	1.0		
2011	47,391	8,162	17.2	75	0.9		
2012	48,260	8,338	17.3	74	0.9	64	0.8
2013	49,109	8,294	16.9	77	0.9	68	0.8
2014	49,907	9,320	18.7	65	0.7	55	0.6

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Baltimore County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	58,150	14,505	24.9	110	0.8	84	0.6
2006	59,148	15,344	25.9	85	0.6	69	0.4
2007	59,794	16,255	27.2	62	0.4	52	0.3
2008	60,547	15,837	26.2	36	0.2	31	0.2
2009	61,053	16,139	26.4	28	0.2	21	0.1
2010	62,670	16,732	26.7	34	0.2	25	0.1
2011	66,014	16,375	24.8	26	0.2	19	0.1
2012	67,225	16,329	24.3	34	0.2	26	0.2
2013	68,408	16,549	24.2	31	0.2	25	0.2
2014	69,520	16,301	23.4	25	0.2	22	0.1

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	58,150	14,505	24.9	742	5.1		
2006	59,148	15,344	25.9	955	6.2		
2007	59,794	16,255	27.2	842	5.2		
2008	60,547	15,837	26.2	483	3.0		
2009	61,053	16,139	26.4	465	2.9		
2010	62,670	16,732	26.7	301	1.8		
2011	66,014	16,375	24.8	288	1.8		
2012	67,225	16,329	24.3	202	1.2	174	1.1
2013	68,408	16,549	24.2	229	1.4	200	1.2
2014	69,520	16,301	23.4	210	1.3	188	1.2

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Baltimore City

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	53,626	17,943	33.5	854	4.8	534	3.0
2006	54,547	18,363	33.7	843	4.6	573	3.1
2007	55,142	17,670	32.0	624	3.5	435	2.5
2008	55,959	18,623	33.3	468	2.5	302	1.6
2009	56,431	19,043	33.7	347	1.8	214	1.1
2010	57,937	19,702	34.0	314	1.6	229	1.2
2011	55,681	19,049	34.2	258	1.4	182	1.0
2012	56,701	18,717	33.0	219	1.2	148	0.8
2013	57,693	18,535	32.1	218	1.2	170	0.9
2014	58,622	17,961	30.6	194	1.1	129	0.7

Calendar Year	Population of Children	Children Tested		Blood Lead Level 5-9 $\mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	53,626	17,943	33.5	3,426	19.1		
2006	54,547	18,363	33.7	3,753	20.4		
2007	55,142	17,670	32.0	3,214	18.2		
2008	55,959	18,623	33.3	2,551	13.7		
2009	56,431	19,043	33.7	2,254	11.8		
2010	57,937	19,702	34.0	1,764	9.0		
2011	55,681	19,049	34.2	1,436	7.5		
2012	56,701	18,717	33.0	1,224	6.5	800	4.3
2013	57,693	18,535	32.1	1,130	6.1	744	4.0
2014	58,622	17,961	30.6	1,000	5.6	708	3.9

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Calvert County

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	6,623	753	11.4	7	0.9	6	0.8
2006	6,737	749	11.1	9	1.2	9	1.2
2007	6,810	785	11.5	1	0.1	1	0.1
2008	6,864	768	11.2	0	0.0	0	0.0
2009	6,920	698	10.1	1	0.1	1	0.1
2010	7,103	717	10.1	1	0.1	1	0.1
2011	7,030	778	11.1	0	0.0	0	0.0
2012	7,159	715	10.0	1	0.1	1	0.1
2013	7,286	635	8.7	0	0.0	0	0.0
2014	7,406	636	8.6	1	0.2	1	0.2

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	6,623	753	11.4	23	3.1		
2006	6,737	749	11.1	60	8.0		
2007	6,810	785	11.5	33	4.2		
2008	6,864	768	11.2	17	2.2		
2009	6,920	698	10.1	19	2.7		
2010	7,103	717	10.1	16	2.2		
2011	7,030	778	11.1	14	1.8		
2012	7,159	715	10.0	7	1.0	7	1.0
2013	7,286	635	8.7	5	0.8	5	0.8
2014	7,406	636	8.6	2	0.3	2	0.3

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Caroline County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,422	849	35.1	11	1.3	10	1.2
2006	2,463	893	36.3	7	0.8	3	0.3
2007	2,490	856	34.4	8	0.9	5	0.6
2008	2,497	852	34.1	7	0.8	3	0.4
2009	2,516	839	33.3	7	0.8	5	0.6
2010	2,584	870	33.7	9	1.0	6	0.7
2011	3,176	751	23.6	4	0.5	3	0.4
2012	3,234	773	23.9	2	0.3	2	0.3
2013	3,291	681	20.7	5	0.7	5	0.7
2014	3,345	651	19.5	4	0.6	2	0.3

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,422	849	35.1	93	11.0		
2006	2,463	893	36.3	90	10.1		
2007	2,490	856	34.4	55	6.4		
2008	2,497	852	34.1	46	5.4		
2009	2,516	839	33.3	47	5.6		
2010	2,584	870	33.7	42	4.8		
2011	3,176	751	23.6	21	2.8		
2012	3,234	773	23.9	14	1.8	13	1.7
2013	3,291	681	20.7	15	2.2	10	1.5
2014	3,345	651	19.5	10	1.5	9	1.4

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Carroll County

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	13,173	1,460	11.1	5	0.3	3	0.2
2006	13,400	1,378	10.3	7	0.5	5	0.4
2007	13,546	1,404	10.4	3	0.2	0	0.0
2008	13,872	1,343	9.7	8	0.6	0	0.0
2009	13,988	1,342	9.6	7	0.5	0	0.0
2010	14,356	1,368	9.5	7	0.5	0	0.0
2011	12,811	1,287	10.0	14	1.1	0	0.0
2012	13,047	1,247	9.6	4	0.3	1	0.1
2013	13,279	1,322	10.0	9	0.7	7	0.5
2014	13,498	1,260	9.3	5	0.4	5	0.4

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	13,173	1,460	11.1	78	5.3		
2006	13,400	1,378	10.3	94	6.8		
2007	13,546	1,404	10.4	69	4.9		
2008	13,872	1,343	9.7	41	3.1		
2009	13,988	1,342	9.6	45	3.4		
2010	14,356	1,368	9.5	43	3.1		
2011	12,811	1,287	10.0	26	2.0		
2012	13,047	1,247	9.6	27	2.2	18	1.4
2013	13,279	1,322	10.0	22	1.7	17	1.3
2014	13,498	1,260	9.3	22	1.7	17	1.3

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Cecil County

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	7,677	1,046	13.6	7	0.7	6	0.6
2006	7,808	1,058	13.6	6	0.6	6	0.6
2007	7,894	1,186	15.0	6	0.5	4	0.3
2008	7,965	1,265	15.9	6	0.5	4	0.3
2009	8,030	1,212	15.1	4	0.3	2	0.2
2010	8,245	1,302	15.8	1	0.1	0	0.0
2011	8,884	1,132	12.7	1	0.1	1	0.1
2012	9,047	1,221	13.5	0	0.0	0	0.0
2013	9,206	1,503	16.3	4	0.3	4	0.3
2014	9,356	1,473	15.7	4	0.3	2	0.1

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	7,677	1,046	13.6	65	6.2		
2006	7,808	1,058	13.6	104	9.8		
2007	7,894	1,186	15.0	59	5.0		
2008	7,965	1,265	15.9	42	3.3		
2009	8,030	1,212	15.1	39	3.2		
2010	8,245	1,302	15.8	21	1.6		
2011	8,884	1,132	12.7	17	1.5		
2012	9,047	1,221	13.5	14	1.1	12	1.0
2013	9,206	1,503	16.3	21	1.4	19	1.3
2014	9,356	1,473	15.7	22	1.5	22	1.5

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Charles County

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	11,212	1,811	16.2	7	0.4	6	0.3
2006	11,404	1,919	16.8	1	0.1	1	0.1
2007	11,529	1,999	17.3	1	0.1	1	0.1
2008	12,001	2,032	16.9	1	0.0	1	0.0
2009	12,101	1,836	15.2	4	0.2	4	0.2
2010	12,418	2,042	16.4	2	0.1	2	0.1
2011	13,015	1,904	14.6	1	0.1	1	0.1
2012	13,254	1,963	14.8	3	0.2	3	0.2
2013	13,488	2,146	15.9	4	0.2	2	0.1
2014	13,708	2,337	17.0	1	0.0	1	0.0

Calendar Year	Population of Children	Children Tested		Blood Lead Level 5-9 $\mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	11,212	1,811	16.2	71	3.9		
2006	11,404	1,919	16.8	96	5.0		
2007	11,529	1,999	17.3	60	3.0		
2008	12,001	2,032	16.9	34	1.7		
2009	12,101	1,836	15.2	20	1.1		
2010	12,418	2,042	16.4	25	1.2		
2011	13,015	1,904	14.6	15	0.8		
2012	13,254	1,963	14.8	12	0.6	11	0.6
2013	13,488	2,146	15.9	27	1.3	26	1.2
2014	13,708	2,337	17.0	31	1.3	28	1.2

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Dorchester County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,141	609	28.4	11	1.8	8	1.3
2006	2,177	684	31.4	11	1.6	8	1.2
2007	2,201	676	30.7	9	1.3	7	1.0
2008	2,266	680	30.0	9	1.3	5	0.7
2009	2,287	730	31.9	3	0.4	2	0.3
2010	2,346	774	33.0	5	0.6	4	0.5
2011	2,747	681	24.8	1	0.1	0	0.0
2012	2,797	694	24.8	1	0.1	1	0.1
2013	2,846	676	23.7	1	0.1	1	0.1
2014	2,892	642	22.2	3	0.5	2	0.3

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,141	609	28.4	94	15.4		
2006	2,177	684	31.4	107	15.6		
2007	2,201	676	30.7	60	8.9		
2008	2,266	680	30.0	45	6.6		
2009	2,287	730	31.9	47	6.4		
2010	2,346	774	33.0	29	3.7		
2011	2,747	681	24.8	12	1.8		
2012	2,797	694	24.8	18	2.6	15	2.2
2013	2,846	676	23.7	15	2.2	13	1.9
2014	2,892	642	22.2	15	2.3	13	2.0

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MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Frederick County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	18,172	3,019	16.6	14	0.5	11	0.4
2006	18,484	3,108	16.8	10	0.3	7	0.2
2007	18,686	3,465	18.5	10	0.3	10	0.3
2008	19,184	3,376	17.6	16	0.5	13	0.4
2009	19,349	3,181	16.4	11	0.3	7	0.2
2010	19,859	3,147	15.8	9	0.3	8	0.3
2011	20,597	3,241	15.7	12	0.4	7	0.2
2012	20,976	3,039	14.5	7	0.2	3	0.1
2013	21,347	2,973	13.9	8	0.3	5	0.2
2014	21,697	2,849	13.1	8	0.3	5	0.2

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	18,172	3,019	16.6	105	3.5		
2006	18,484	3,108	16.8	121	3.9		
2007	18,686	3,465	18.5	101	2.9		
2008	19,184	3,376	17.6	74	2.2		
2009	19,349	3,181	16.4	69	2.2		
2010	19,859	3,147	15.8	43	1.4		
2011	20,597	3,241	15.7	46	1.4		
2012	20,976	3,039	14.5	26	0.9	23	0.8
2013	21,347	2,973	13.9	27	0.9	25	0.8
2014	21,697	2,849	13.1	30	1.1	26	0.9

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Garrett County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,365	532	22.5	4	0.8	3	0.6
2006	2,406	495	20.6	5	1.0	3	0.6
2007	2,432	541	22.2	2	0.4	2	0.4
2008	2,468	479	19.4	2	0.4	1	0.2
2009	2,490	473	19.0	2	0.4	2	0.4
2010	2,555	517	20.2	1	0.2	1	0.2
2011	2,185	438	20.0	3	0.7	3	0.7
2012	2,225	427	19.2	1	0.2	0	0.0
2013	2,265	401	17.7	0	0.0	0	0.0
2014	2,302	464	20.2	1	0.2	1	0.2

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,365	532	22.5	32	6.0		
2006	2,406	495	20.6	22	4.4		
2007	2,432	541	22.2	17	3.1		
2008	2,468	479	19.4	18	3.8		
2009	2,490	473	19.0	29	6.1		
2010	2,555	517	20.2	14	2.7		
2011	2,185	438	20.0	9	2.1		
2012	2,225	427	19.2	6	1.4	5	1.2
2013	2,265	401	17.7	8	2.0	7	1.7
2014	2,302	464	20.2	4	0.9	3	0.6

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Harford County

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	20,371	2,939	14.4	17	0.6	14	0.5
2006	20,721	3,041	14.7	15	0.5	14	0.5
2007	20,947	3,346	16.0	6	0.2	5	0.1
2008	21,005	3,258	15.5	5	0.2	5	0.2
2009	21,180	3,184	15.0	2	0.1	2	0.1
2010	21,745	3,176	14.6	8	0.3	8	0.3
2011	20,720	2,970	14.3	5	0.2	5	0.2
2012	21,100	2,979	14.1	6	0.2	5	0.2
2013	21,473	2,854	13.3	1	0.0	1	0.0
2014	21,824	2,853	13.1	2	0.1	2	0.1

Calendar Year	Population of Children	Children Tested		Blood Lead Level 5-9 $\mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	20,371	2,939	14.4	171	5.8		
2006	20,721	3,041	14.7	154	5.1		
2007	20,947	3,346	16.0	115	3.4		
2008	21,005	3,258	15.5	60	1.8		
2009	21,180	3,184	15.0	86	2.7		
2010	21,745	3,176	14.6	48	1.5		
2011	20,720	2,970	14.3	31	1.0		
2012	21,100	2,979	14.1	34	1.1	29	1.0
2013	21,473	2,854	13.3	34	1.2	29	1.0
2014	21,824	2,853	13.1	22	0.8	19	0.7

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Howard County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	23,686	2,273	9.6	7	0.3	4	0.2
2006	24,092	2,188	9.1	8	0.4	6	0.3
2007	24,355	2,334	9.6	3	0.1	2	0.1
2008	24,777	2,493	10.1	5	0.2	4	0.2
2009	24,990	2,503	10.0	1	0.0	1	0.0
2010	25,645	2,631	10.3	3	0.1	2	0.1
2011	24,261	2,558	10.5	7	0.3	6	0.2
2012	24,707	2,500	10.1	6	0.2	3	0.1
2013	25,144	2,487	9.9	3	0.1	3	0.1
2014	25,557	2,387	9.3	3	0.1	3	0.1

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	23,686	2,273	9.6	61	2.7		
2006	24,092	2,188	9.1	82	3.7		
2007	24,355	2,334	9.6	68	2.9		
2008	24,777	2,493	10.1	45	1.8		
2009	24,990	2,503	10.0	45	1.8		
2010	25,645	2,631	10.3	27	1.0		
2011	24,261	2,558	10.5	20	0.8		
2012	24,707	2,500	10.1	25	1.0	24	1.0
2013	25,144	2,487	9.9	23	0.9	21	0.8
2014	25,557	2,387	9.3	29	1.2	27	1.1

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Kent County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	1,164	172	14.8	2	1.2	2	1.2
2006	1,184	257	21.7	4	1.6	4	1.6
2007	1,197	334	27.9	2	0.6	1	0.3
2008	1,242	303	24.4	5	1.7	3	1.0
2009	1,253	323	25.8	2	0.6	0	0.0
2010	1,286	277	21.5	2	0.7	2	0.7
2011	1,380	266	19.3	1	0.4	1	0.4
2012	1,406	243	17.3	2	0.8	2	0.8
2013	1,430	262	18.3	1	0.4	1	0.4
2014	1,454	257	17.7	2	0.8	2	0.8

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	1,164	172	14.8	28	16.3		
2006	1,184	257	21.7	48	18.7		
2007	1,197	334	27.9	21	6.3		
2008	1,242	303	24.4	11	3.6		
2009	1,253	323	25.8	11	3.4		
2010	1,286	277	21.5	11	4.0		
2011	1,380	266	19.3	7	2.6		
2012	1,406	243	17.3	7	2.9	6	2.5
2013	1,430	262	18.3	4	1.5	3	1.1
2014	1,454	257	17.7	4	1.6	4	1.6

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Montgomery County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	77,085	16,353	21.2	65	0.4	55	0.3
2006	78,408	17,411	22.2	53	0.3	48	0.3
2007	79,264	18,274	23.1	35	0.2	31	0.2
2008	80,262	18,587	23.2	36	0.2	25	0.1
2009	80,950	18,200	22.5	25	0.1	20	0.1
2010	83,089	20,961	25.2	30	0.1	26	0.1
2011	87,595	19,843	22.7	36	0.2	32	0.2
2012	89,202	20,515	23.0	24	0.1	15	0.1
2013	90,774	20,308	22.4	26	0.1	24	0.1
2014	92,252	19,308	20.9	19	0.1	16	0.1

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	77,085	16,353	21.2	405	2.5		
2006	78,408	17,411	22.2	503	2.9		
2007	79,264	18,274	23.1	434	2.4		
2008	80,262	18,587	23.2	260	1.4		
2009	80,950	18,200	22.5	248	1.4		
2010	83,089	20,961	25.2	242	1.2		
2011	87,595	19,843	22.7	162	0.8		
2012	89,202	20,515	23.0	169	0.8	151	0.7
2013	90,774	20,308	22.4	175	0.9	159	0.8
2014	92,252	19,308	20.9	133	0.7	120	0.6

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level $5-9 \mu\text{g/dL}$ by county of residence

Prince George's County

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	74,714	17,906	24.0	68	0.4	61	0.3
2006	75,996	18,561	24.4	71	0.4	66	0.4
2007	76,826	18,071	23.5	38	0.2	35	0.2
2008	77,625	18,732	24.1	41	0.2	33	0.2
2990	78,279	19,594	25.0	50	0.3	45	0.2
2010	80,358	21,595	26.9	53	0.2	42	0.2
2011	79,810	19,672	24.6	39	0.2	37	0.2
2012	81,273	20,417	25.1	20	0.1	17	0.1
2013	82,700	20,437	24.7	13	0.1	12	0.1
2014	84,039	20,560	24.5	48	0.2	46	0.2

Calendar Year	Population of Children	Children Tested		Blood Lead Level $5-9 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	74,714	17,906	24.0	728	4.1		
2006	75,996	18,561	24.4	953	5.1		
2007	76,826	18,071	23.5	648	3.6		
2008	77,625	18,732	24.1	427	2.3		
2990	78,279	19,594	25.0	354	1.8		
2010	80,358	21,595	26.9	419	1.9		
2011	79,810	19,672	24.6	250	1.3		
2012	81,273	20,417	25.1	222	1.1	196	1.0
2013	82,700	20,437	24.7	222	1.1	201	1.0
2014	84,039	20,560	24.5	212	1.0	197	1.0

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level $5-9 \mu\text{g/dL}$ by county of residence

Queen Anne's County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	3,367	484	14.4	0	0.0	0	0.0
2006	3,425	659	19.2	4	0.6	4	0.6
2007	3,462	703	20.3	4	0.6	2	0.3
2008	3,583	594	16.6	1	0.2	1	0.2
2009	3,614	607	16.8	4	0.7	4	0.7
2010	3,709	573	15.4	4	0.7	2	0.3
2011	3,798	475	12.5	2	0.4	2	0.4
2012	3,868	494	12.8	2	0.4	2	0.4
2013	3,936	444	11.3	2	0.5	2	0.5
2014	4,000	634	15.9	2	0.3	1	0.2

Calendar Year	Population of Children	Blood Lead Level $5-9 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	3,367	484	14.4	40	8.3		
2006	3,425	659	19.2	44	6.7		
2007	3,462	703	20.3	52	7.4		
2008	3,583	594	16.6	13	2.2		
2009	3,614	607	16.8	17	2.8		
2010	3,709	573	15.4	11	1.9		
2011	3,798	475	12.5	7	1.5		
2012	3,868	494	12.8	13	2.6	13	2.6
2013	3,936	444	11.3	5	1.1	3	0.7
2014	4,000	634	15.9	8	1.3	8	1.3

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Saint Mary's County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	8,145	1,381	17.0	10	0.7	9	0.7
2006	8,285	1,517	18.3	11	0.7	11	0.7
2007	8,375	1,468	17.5	2	0.1	1	0.1
2008	8,548	1,517	17.7	4	0.3	3	0.2
2009	8,618	1,527	17.7	4	0.3	3	0.2
2010	8,847	1,659	18.8	0	0.0	0	0.0
2011	10,427	1,602	15.4	0	0.0	0	0.0
2012	10,618	1,634	15.4	1	0.1	1	0.1
2013	10,805	1,533	14.2	0	0.0	0	0.0
2014	10,982	1,384	12.6	3	0.2	2	0.1

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	8,145	1,381	17.0	87	6.3		
2006	8,285	1,517	18.3	119	7.8		
2007	8,375	1,468	17.5	72	4.9		
2008	8,548	1,517	17.7	57	3.8		
2009	8,618	1,527	17.7	50	3.3		
2010	8,847	1,659	18.8	40	2.4		
2011	10,427	1,602	15.4	20	1.2		
2012	10,618	1,634	15.4	28	1.7	26	1.6
2013	10,805	1,533	14.2	20	1.3	19	1.2
2014	10,982	1,384	12.6	13	0.9	12	0.9

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Somerset County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	1,534	488	31.8	8	1.6	3	0.6
2006	1,560	506	32.4	9	1.8	5	1.0
2007	1,577	529	33.5	2	0.4	2	0.4
2008	1,521	522	34.3	2	0.4	2	0.4
2009	1,533	497	32.4	4	0.8	3	0.6
2010	1,575	517	32.8	1	0.2	1	0.2
2011	1,742	549	31.5	2	0.4	1	0.2
2012	1,774	608	34.3	2	0.3	2	0.3
2013	1,805	564	31.2	4	0.7	4	0.7
2014	1,834	526	28.7	2	0.4	2	0.4

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	1,534	488	31.8	78	16.0		
2006	1,560	506	32.4	71	14.0		
2007	1,577	529	33.5	48	9.1		
2008	1,521	522	34.3	30	5.7		
2009	1,533	497	32.4	17	3.4		
2010	1,575	517	32.8	16	3.1		
2011	1,742	549	31.5	10	1.8		
2012	1,774	608	34.3	18	3.0	13	2.1
2013	1,805	564	31.2	4	0.7	3	0.5
2014	1,834	526	28.7	9	1.7	8	1.5

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Talbot County

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	2,286	573	25.1	2	0.3	2	0.3
2007	2,326	636	27.3	5	0.8	5	0.8
2007	2,351	702	29.9	4	0.6	3	0.4
2008	2,399	612	25.5	5	0.8	5	0.8
2009	2,417	675	27.9	4	0.6	3	0.4
2010	2,482	692	27.9	3	0.4	2	0.3
2011	2,600	655	25.2	4	0.6	3	0.5
2012	2,648	606	22.9	3	0.5	2	0.3
2013	2,695	667	24.8	9	1.3	8	1.2
2014	2,739	584	21.3	1	0.2	0	0.0

Calendar Year	Population of Children	Children Tested		Blood Lead Level 5-9 $\mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005	2,286	573	25.1	56	9.8		
2007	2,326	636	27.3	49	7.7		
2007	2,351	702	29.9	46	6.6		
2008	2,399	612	25.5	26	4.2		
2009	2,417	675	27.9	21	3.1		
2010	2,482	692	27.9	20	2.9		
2011	2,600	655	25.2	14	2.1		
2012	2,648	606	22.9	8	1.3	6	1.0
2013	2,695	667	24.8	10	1.5	9	1.3
2014	2,739	584	21.3	8	1.4	5	0.9

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Washington County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	10,414	3,235	31.1	21	0.6	18	0.6
2006	10,593	3,012	28.4	18	0.6	15	0.5
2007	10,709	3,064	28.6	8	0.3	6	0.2
2008	11,113	3,041	27.4	13	0.4	11	0.4
2009	11,207	3,006	26.8	9	0.3	9	0.3
2010	11,503	2,544	22.1	9	0.4	6	0.2
2011	12,462	2,691	21.6	12	0.4	10	0.4
2012	12,691	2,675	21.1	0	0.0	0	0.0
2013	12,915	2,714	21.0	7	0.3	7	0.3
2014	13,126	2,699	20.6	6	0.2	5	0.2

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	10,414	3,235	31.1	303	9.4		
2006	10,593	3,012	28.4	284	9.4		
2007	10,709	3,064	28.6	291	9.5		
2008	11,113	3,041	27.4	402	13.2		
2009	11,207	3,006	26.8	362	12.0		
2010	11,503	2,544	22.1	129	5.1		
2011	12,462	2,691	21.6	154	5.7		
2012	12,691	2,675	21.1	119	4.4	102	3.8
2013	12,915	2,714	21.0	59	2.2	51	1.9
2014	13,126	2,699	20.6	84	3.1	77	2.9

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Wicomico County

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	6,838	2,096	30.7	29	1.4	18	0.9
2006	6,955	2,440	35.1	22	0.9	16	0.7
2007	7,031	2,975	42.3	23	0.8	14	0.5
2008	6,998	2,420	34.6	20	0.8	13	0.5
2009	7,058	2,248	31.9	10	0.4	6	0.3
2010	7,246	2,342	32.3	9	0.4	5	0.2
2011	8,427	2,215	26.3	5	0.2	4	0.2
2012	8,582	2,154	25.1	4	0.2	4	0.2
2013	8,733	2,048	23.5	6	0.3	5	0.2
2014	8,874	1,937	21.8	4	0.2	4	0.2

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	6,838	2,096	30.7	249	11.9		
2006	6,955	2,440	35.1	355	14.5		
2007	7,031	2,975	42.3	246	8.3		
2008	6,998	2,420	34.6	90	3.7		
2009	7,058	2,248	31.9	94	4.2		
2010	7,246	2,342	32.3	53	2.3		
2011	8,427	2,215	26.3	46	2.1		
2012	8,582	2,154	25.1	44	2.0	35	1.6
2013	8,733	2,048	23.5	48	2.3	41	2.0
2014	8,874	1,937	21.8	26	1.3	22	1.1

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Worcester County

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,952	696	23.6	6	0.9	3	0.4
2006	3,002	962	32.0	7	0.7	5	0.5
2007	3,035	947	31.2	7	0.7	5	0.5
2008	3,148	910	28.9	5	0.5	3	0.3
2009	3,177	850	26.8	2	0.2	1	0.1
2010	3,259	900	27.6	2	0.2	2	0.2
2011	3,182	877	27.6	2	0.2	2	0.2
2012	3,240	856	26.4	2	0.2	2	0.2
2013	3,297	830	25.2	3	0.4	3	0.4
2014	3,351	746	22.3	1	0.1	0	0.0

Calendar Year	Population of Children	Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	2,952	696	23.6	101	14.5		
2006	3,002	962	32.0	125	13.0		
2007	3,035	947	31.2	66	7.0		
2008	3,148	910	28.9	42	4.6		
2009	3,177	850	26.8	25	2.9		
2010	3,259	900	27.6	15	1.7		
2011	3,182	877	27.6	9	1.0		
2012	3,240	856	26.4	7	0.8	6	0.7
2013	3,297	830	25.2	10	1.2	10	1.2
2014	3,351	746	22.3	10	1.3	9	1.2

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

County Unknown

Calendar Year	Population of Children	Children Tested		Blood Lead Level $\geq 10 \mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005		357		14		13	
2006		199		21		20	
2007		278		1		1	
2008		69		0		0	
2009		5		0		0	
2010		477		0		0	
2011		4		0		0	
2012		75		3		2	
2013		8		1		1	
2014							

Calendar Year	Population of Children	Children Tested		Blood Lead Level 5-9 $\mu\text{g/dL}$			
		Number	Percent	Prevalence Cases		Incidence Cases	
				Number	Percent	Number	Percent
2005		357		51			
2006		199		26			
2007		278		30			
2008		69		5			
2009		5		0			
2010		477		23			
2011		4		0			
2012		75		3		3	
2013		8		1		1	
2014							

Refer to page 27 for notes and explanations.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program: Childhood Lead Registry

Number and percentage of children 0-72 months old tested for lead, with number and percentage of new (incident) and existing (prevalent) cases of blood lead level $\geq 10 \mu\text{g/dL}$ and blood lead level 5-9 $\mu\text{g/dL}$ by county of residence

Statewide

Calendar Year	Population of Children	Blood Lead Level $\geq 10 \mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	455,514	99,148	21.8	1,331	1.3	916	0.9
2006	463,331	102,974	22.2	1,274	1.2	936	0.9
2007	468,390	105,708	22.6	892	0.8	654	0.6
2008	474,900	106,453	22.4	713	0.7	489	0.5
2009	478,919	107,416	22.4	553	0.5	379	0.4
2010	491,598	114,829	23.4	531	0.5	399	0.3
2011	500,702	109,534	21.9	452	0.4	342	0.3
2012	509,885	110,539	21.7	364	0.3	255	0.2
2013	518,865	110,082	21.2	371	0.3	304	0.3
2014	527,304	109,031	20.7	355	0.3	262	0.2

Calendar Year	Population of Children	Blood Lead Level 5-9 $\mu\text{g/dL}$					
		Children Tested		Prevalence Cases		Incidence Cases	
		Number	Percent	Number	Percent	Number	Percent
2005	455,514	99,148	21.8	7,439	7.5		
2006	463,331	102,974	22.2	8,642	8.4		
2007	468,390	105,708	22.6	6,968	6.6		
2008	474,900	106,453	22.4	5,077	4.8		
2009	478,919	107,416	22.4	4,583	4.3		
2010	491,598	114,829	23.4	3,506	3.1		
2011	500,702	109,534	21.9	2,740	2.5		
2012	509,885	110,539	21.7	2,375	2.1	1,792	1.6
2013	518,865	110,082	21.2	2,251	2.0	1,724	1.6
2014	527,304	109,031	20.7	2,004	1.8	1,607	1.5

Terms and definitions

1. The 2005-2010 populations are adapted from US Census Bureau: "State Interim Population Projection by Age and Sex: 2000-2030". Populations for 2011-2014 were adapted from Maryland census population 2010, provided by the Maryland Data Center, Maryland Department of Planning, www.planning.maryland.gov/msdc.
2. The term "Prevalence" is based on number of children with a given blood lead level in a given period of time.
3. The term "Incidence" is based on number of children with the very first given blood lead level in a given period of time.

4. In March 2012, CDC adopted the blood lead level of 5 $\mu\text{g}/\text{dL}$ as "Reference Value". To accommodate this revision, from 2012 forward the prevalence and incidence of blood lead level 5-9 $\mu\text{g}/\text{dL}$ were added to this supplementary data table.
5. Numbers are based on number of children tested. For children with multiple tests in a calendar year the highest blood lead test in the order of venous, unknown, or capillary was selected. As such a child who is counted under "Blood Lead Level ≥ 10 " has not been counted under "Blood Lead Level 5-9" even if the child had a blood lead test in that category in that calendar year.
6. County assignment is based on child's address census tract or the zip code. Reports with no or incomplete address were assumed to be from Maryland children with county unknown.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Lead Poisoning Prevention Program

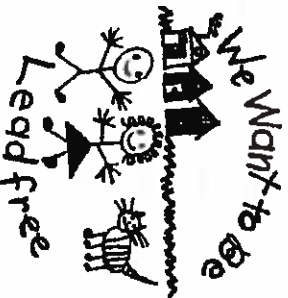
Childhood Blood Lead Surveillance in Maryland

Annual Report 2014

Age-specific blood lead testing by jurisdiction: Five year data: 2010-2014

Supplementary Data Tables: Supplement #5

July, 2015



MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program: Childhood Lead Registry
Age-specific blood lead testing by jurisdiction: Five year data: 2010-2014

Age Group	2010			2011			2012			2013			2014		
	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	894	29	3.2	832	20	2.4	846	17	2.0	858	21	2.4	868	27	3.1
One Year	805	598	74.3	775	571	73.6	789	551	69.8	802	555	69.2	813	548	67.4
Two Years	944	500	52.9	802	540	67.3	818	560	68.5	832	483	58.1	845	542	64.1
Three Years	911	80	8.8	786	80	10.2	801	66	8.2	817	57	7.0	831	58	7.0
Four Years	807	71	8.8	831	89	10.7	847	79	9.3	864	62	7.2	880	57	6.5
Five Years	779	54	6.9	739	59	8.0	752	47	6.2	767	32	4.2	782	30	3.8
Total	5,141	1,332	25.9	4,766	1,359	28.5	4,853	1,320	27.2	4,939	1,210	24.5	5,019	1,262	25.1
Anne Arundel County															
Under One	7,838	507	6.5	8,207	491	6.0	8,340	324	3.9	8,458	458	5.4	8,562	575	6.7
One Year	8,196	3,425	41.8	8,129	3,416	42.0	8,273	3,531	42.7	8,404	3,359	40.0	8,522	3,961	46.5
Two Years	7,439	2,016	27.1	7,959	1,972	24.8	8,115	2,170	26.7	8,258	2,341	28.3	8,387	2,715	32.4
Three Years	7,536	853	11.3	7,816	849	10.9	7,971	889	11.2	8,125	821	10.1	8,266	743	9.0
Four Years	7,325	673	9.2	7,746	783	10.1	7,896	747	9.5	8,051	710	8.8	8,205	726	8.8
Five Years	7,308	508	7.0	7,534	651	8.6	7,665	677	8.8	7,813	605	7.7	7,965	600	7.5
Total	45,643	7,982	17.5	47,391	8,162	17.2	48,260	8,338	17.3	49,109	8,294	16.9	49,907	9,320	18.7
Baltimore County															
Under One	10,129	1,747	17.2	11,401	1,694	14.9	11,585	1,480	12.8	11,749	1,293	11.0	11,894	1,381	11.6
One Year	10,724	5,854	54.6	11,404	5,648	49.5	11,607	5,798	50.0	11,791	5,918	50.2	11,956	6,000	50.2
Two Years	10,271	5,227	50.9	10,982	5,241	47.7	11,197	5,303	47.4	11,394	5,641	49.5	11,572	5,453	47.1
Three Years	10,743	1,614	15.0	10,956	1,503	13.7	11,173	1,502	13.4	11,390	1,409	12.4	11,588	1,343	11.6
Four Years	10,590	1,315	12.4	10,664	1,323	12.4	10,871	1,246	11.5	11,084	1,272	11.5	11,296	1,162	10.3
Five Years	10,212	975	9.5	10,607	966	9.1	10,792	1,000	9.3	11,000	1,016	9.2	11,214	962	8.6
Total	62,670	16,732	26.7	66,014	16,375	24.8	67,225	16,329	24.3	68,408	16,549	24.2	69,520	16,301	23.4
Baltimore City															
Under One	10,940	1,569	14.3	10,418	1,504	14.4	10,587	1,198	11.3	10,737	1,162	10.8	10,869	1,249	11.5
One Year	10,080	6,810	67.6	10,003	6,620	66.2	10,181	6,451	63.4	10,343	6,515	63.0	10,487	6,445	61.5
Two Years	9,231	5,834	63.2	9,511	5,462	57.4	9,697	5,597	57.7	9,868	5,415	54.9	10,022	5,277	52.7
Three Years	9,371	2,427	25.9	8,973	2,407	26.8	9,151	2,389	26.1	9,328	2,181	23.4	9,491	1,969	20.7
Four Years	9,448	1,890	20.0	8,583	1,887	22.0	8,749	1,891	21.6	8,921	1,934	21.7	9,091	1,806	19.9
Five Years	8,867	1,172	13.2	8,193	1,169	14.3	8,335	1,191	14.3	8,496	1,328	15.6	8,662	1,215	14.0
Total	57,937	19,702	34.0	55,681	19,049	34.2	56,701	18,717	33.0	57,693	18,535	32.1	58,622	17,961	30.6

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Age Group	2010			2011			2012			2013			2014		
	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	1,074	114	10.6	1,116	100	9.0	1,134	86	7.6	1,150	92	8.0	1,164	116	10.0
One Year	1,227	325	26.5	1,116	341	30.6	1,136	364	32.1	1,154	316	27.4	1,170	306	26.2
Two Years	1,132	135	11.9	1,130	172	15.2	1,152	134	11.6	1,173	147	12.5	1,191	137	11.5
Three Years	1,171	66	5.6	1,176	73	6.2	1,199	62	5.2	1,223	33	2.7	1,244	27	2.2
Four Years	1,220	48	3.9	1,202	45	3.7	1,225	33	2.7	1,249	23	1.8	1,273	24	1.9
Five Years	1,277	29	2.3	1,290	47	3.6	1,313	36	2.7	1,338	24	1.8	1,364	26	1.9
Total	7,103	717	10.1	7,030	778	11.1	7,159	715	10.0	7,286	635	8.7	7,406	636	8.6
Carroll County															
Under One	380	20	5.3	523	13	2.5	531	7	1.3	539	10	1.9	545	12	2.2
One Year	405	367	90.6	525	330	62.9	534	312	58.4	543	296	54.6	550	266	48.4
Two Years	489	329	67.3	524	283	54.0	534	297	55.6	543	258	47.5	552	242	43.8
Three Years	476	64	13.4	561	50	8.9	572	54	9.4	583	47	8.1	594	59	9.9
Four Years	405	66	16.3	532	49	9.2	542	81	14.9	552	44	8.0	563	51	9.1
Five Years	429	24	5.6	512	26	5.1	521	22	4.2	531	26	4.9	541	21	3.9
Total	2,584	870	33.7	3,176	751	23.6	3,234	773	23.9	3,291	681	20.7	3,345	651	19.5
Cecil County															
Under One	2,081	139	6.7	1,906	150	7.9	1,937	150	7.7	1,964	140	7.1	1,989	141	7.1
One Year	2,417	559	23.1	2,017	530	26.3	2,052	493	24.0	2,085	563	27.0	2,114	544	25.7
Two Years	2,506	313	12.5	2,071	299	14.4	2,111	305	14.4	2,148	336	15.6	2,182	321	14.7
Three Years	2,382	149	6.3	2,136	116	5.4	2,178	127	5.8	2,220	101	4.5	2,259	107	4.7
Four Years	2,463	111	4.5	2,256	109	4.8	2,300	95	4.1	2,345	89	3.8	2,390	83	3.5
Five Years	2,506	97	3.9	2,426	83	3.4	2,468	77	3.1	2,516	93	3.7	2,564	64	2.5
Total	14,356	1,368	9.5	12,811	1,287	10.0	13,047	1,247	9.6	13,279	1,322	10.0	13,498	1,260	9.3

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Age Group	2010			2011			2012			2013			2014		
	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	2,120	233	11.0	2,176	202	9.3	2,211	221	10.0	2,243	285	12.7	2,270	275	12.1
One Year	1,740	703	40.4	2,121	629	29.7	2,158	657	30.4	2,192	683	31.2	2,224	809	36.4
Two Years	2,036	558	27.4	2,268	512	22.6	2,313	562	24.3	2,353	699	29.7	2,390	800	33.5
Three Years	2,204	237	10.8	2,134	243	11.4	2,176	234	10.8	2,218	228	10.3	2,257	175	7.8
Four Years	2,017	199	9.9	2,170	204	9.4	2,212	176	8.0	2,255	158	7.0	2,298	181	7.9
Five Years	2,300	112	4.9	2,146	114	5.3	2,184	113	5.2	2,226	93	4.2	2,269	97	4.3
Total	12,418	2,042	16.4	13,015	1,904	14.6	13,254	1,963	14.8	13,488	2,146	15.9	13,708	2,337	17.0
Dorchester County															
Under One	413	7	1.7	494	10	2.0	502	7	1.4	509	12	2.4	515	10	1.9
One Year	416	307	73.8	472	266	56.4	480	258	53.7	488	289	59.3	495	274	55.4
Two Years	354	264	74.5	473	235	49.7	482	252	52.3	490	208	42.4	498	245	49.2
Three Years	412	99	24.0	456	82	18.0	465	94	20.2	474	70	14.8	482	60	12.4
Four Years	361	56	15.5	454	60	13.2	463	55	11.9	472	66	14.0	481	34	7.1
Five Years	389	41	10.5	399	28	7.0	406	28	6.9	413	31	7.5	421	19	4.5
Total	2,346	774	33.0	2,747	681	24.8	2,797	694	24.8	2,846	676	23.7	2,892	642	22.2
Frederick County															
Under One	3,661	187	5.1	3,312	143	4.3	3,365	118	3.5	3,413	127	3.7	3,455	113	3.3
One Year	3,150	1,398	44.4	3,311	1,446	43.7	3,370	1,383	41.0	3,423	1,374	40.1	3,471	1,370	39.5
Two Years	3,231	628	19.4	3,471	611	17.6	3,539	597	16.9	3,601	556	15.4	3,658	510	13.9
Three Years	3,544	301	8.5	3,465	354	10.2	3,534	308	8.7	3,602	292	8.1	3,665	315	8.6
Four Years	2,921	355	12.2	3,544	399	11.3	3,612	385	10.7	3,683	348	9.4	3,753	323	8.6
Five Years	3,352	278	8.3	3,495	288	8.2	3,556	248	7.0	3,624	276	7.6	3,695	218	5.9
Total	19,859	3,147	15.8	20,597	3,241	15.7	20,976	3,039	14.5	21,347	2,973	13.9	21,697	2,849	13.1
Garrett County															
Under One	535	15	2.8	356	8	2.2	362	13	3.6	367	12	3.3	372	6	1.6
One Year	378	195	51.5	330	166	50.3	336	149	44.4	341	142	41.6	346	166	48.0
Two Years	459	150	32.7	368	151	41.0	375	148	39.4	382	130	34.0	387	148	38.2
Three Years	369	75	20.3	359	44	12.3	366	53	14.5	373	51	13.7	380	60	15.8
Four Years	393	39	9.9	373	39	10.4	381	34	8.9	388	31	8.0	396	49	12.4
Five Years	421	43	10.2	399	30	7.5	406	30	7.4	413	35	8.5	421	35	8.3
Total	2,555	517	20.2	2,185	438	20.0	2,225	427	19.2	2,265	401	17.7	2,302	464	20.2

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	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	3,607	465	12.9	3,369	454	13.5	3,424	370	10.8	3,472	288	8.3	3,515	272	7.7
One Year	3,875	988	25.5	3,438	869	25.3	3,500	947	27.1	3,555	969	27.3	3,605	1,051	29.2
Two Years	3,704	835	22.5	3,421	773	22.6	3,488	726	20.8	3,550	758	21.4	3,605	751	20.8
Three Years	3,590	340	9.5	3,510	333	9.5	3,579	366	10.2	3,649	231	6.3	3,712	265	7.1
Four Years	3,546	291	8.2	3,509	290	8.3	3,577	288	8.1	3,647	297	8.1	3,716	283	7.6
Five Years	3,422	257	7.5	3,472	251	7.2	3,532	282	8.0	3,600	311	8.6	3,671	231	6.3
Total	21,745	3,176	14.6	20,720	2,970	14.3	21,100	2,979	14.1	21,473	2,854	13.3	21,824	2,853	13.1
Howard County															
Under One	4,295	260	6.1	3,893	195	5.0	3,956	192	4.9	4,012	211	5.3	4,062	181	4.5
One Year	4,184	904	21.6	3,892	909	23.4	3,962	921	23.2	4,024	990	24.6	4,081	937	23.0
Two Years	4,367	630	14.4	4,074	602	14.8	4,154	599	14.4	4,227	587	13.9	4,293	595	13.9
Three Years	4,449	338	7.6	4,036	317	7.9	4,116	306	7.4	4,196	285	6.8	4,269	241	5.6
Four Years	3,876	303	7.8	4,090	308	7.5	4,169	308	7.5	4,251	230	5.4	4,332	241	5.6
Five Years	4,474	196	4.4	4,276	227	5.3	4,350	209	4.8	4,434	184	4.1	4,520	192	4.2
Total	25,645	2,631	10.3	24,261	2,558	10.5	24,707	2,500	10.1	25,144	2,487	9.9	25,557	2,387	9.3
Kent County															
Under One	216	9	4.2	238	17	7.1	242	17	7.0	246	14	5.7	249	6	2.4
One Year	252	119	47.2	238	106	44.6	242	101	41.8	246	119	48.4	249	109	43.8
Two Years	208	95	45.7	218	81	37.1	222	71	31.9	226	72	31.8	230	86	37.4
Three Years	163	21	12.9	230	32	13.9	234	25	10.7	239	19	8.0	243	25	10.3
Four Years	194	28	14.4	223	18	8.1	227	20	8.8	232	27	11.6	236	27	11.4
Five Years	253	5	2.0	233	12	5.1	237	9	3.8	242	11	4.5	247	4	1.6
Total	1,286	277	21.5	1,380	266	19.3	1,406	243	17.3	1,430	262	18.3	1,454	257	17.7
Montgomery County															
Under One	14,467	3,823	26.4	14,892	3,696	24.8	15,132	3,592	23.7	15,347	3,484	22.7	15,536	3,398	21.9
One Year	13,999	5,363	38.3	14,857	5,061	34.1	15,121	5,261	34.8	15,361	5,317	34.6	15,575	5,480	35.2
Two Years	14,457	5,400	37.4	14,755	4,984	33.8	15,044	5,295	35.2	15,308	5,334	34.8	15,548	4,800	30.9
Three Years	13,137	2,178	16.6	14,337	2,035	14.2	14,621	1,948	13.3	14,905	1,849	12.4	15,164	1,671	11.0
Four Years	14,145	2,627	18.6	14,581	2,473	17.0	14,864	2,650	17.8	15,155	2,577	17.0	15,445	2,367	15.3
Five Years	12,884	1,570	12.2	14,173	1,594	11.2	14,420	1,769	12.3	14,698	1,747	11.9	14,984	1,592	10.6
Total	83,089	20,961	25.2	87,595	19,843	22.7	89,202	20,515	23.0	90,774	20,308	22.4	92,252	19,308	20.9

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	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	14,049	2,039	14.5	14,353	1,888	13.2	14,585	1,921	13.2	14,792	2,034	13.8	14,974	2,394	16.0
One Year	13,858	6,613	47.7	13,814	5,951	43.1	14,060	5,953	42.3	14,283	5,833	40.8	14,482	5,947	41.1
Two Years	13,278	4,982	37.5	13,406	4,749	35.4	13,669	4,931	36.1	13,908	5,051	36.3	14,126	5,046	35.7
Three Years	13,186	2,900	22.0	13,285	2,418	18.2	13,548	2,554	18.9	13,810	2,545	18.4	14,050	2,430	17.3
Four Years	13,252	3,127	23.6	12,664	2,771	21.9	12,909	2,932	22.7	13,162	2,817	21.4	13,414	2,616	19.5
Five Years	12,734	1,934	15.2	12,289	1,895	15.4	12,503	2,126	17.0	12,744	2,158	16.9	12,993	2,127	16.4
Total	80,358	21,595	26.9	79,810	19,672	24.6	81,273	20,417	25.1	82,700	20,438	24.7	84,039	20,560	24.5
Queen Anne's County															
Under One	636	29	4.6	630	14	2.2	640	11	1.7	649	19	2.9	657	13	2.0
One Year	623	262	42.0	612	211	34.5	623	221	35.5	633	204	32.2	642	256	39.9
Two Years	637	165	25.9	609	141	23.2	621	145	23.4	632	110	17.4	641	214	33.4
Three Years	722	49	6.8	627	41	6.5	640	54	8.4	652	42	6.4	663	72	10.9
Four Years	421	52	12.4	644	50	7.8	656	38	5.8	669	35	5.2	682	51	7.5
Five Years	670	16	2.4	676	18	2.7	688	25	3.6	701	34	4.8	715	28	3.9
Total	3,709	573	15.4	3,798	475	12.5	3,868	494	12.8	3,936	444	11.3	4,000	634	15.9
Saint Mary's County															
Under One	1,489	252	16.9	1,755	235	13.4	1,783	195	10.9	1,808	216	11.9	1,830	156	8.5
One Year	1,472	670	45.5	1,729	631	36.5	1,760	674	38.3	1,788	567	31.7	1,813	581	32.0
Two Years	1,420	494	34.8	1,711	468	27.4	1,744	471	27.0	1,775	503	28.3	1,803	417	23.1
Three Years	1,568	112	7.1	1,795	119	6.6	1,831	143	7.8	1,866	105	5.6	1,899	98	5.2
Four Years	1,347	81	6.0	1,739	101	5.8	1,773	100	5.6	1,808	96	5.3	1,842	84	4.6
Five Years	1,550	50	3.2	1,698	48	2.8	1,727	51	3.0	1,760	46	2.6	1,795	48	2.7
Total	8,847	1,659	18.8	10,427	1,602	15.4	10,618	1,634	15.4	10,805	1,533	14.2	10,982	1,384	12.6
Somerset County															
Under One	297	14	4.7	305	29	9.5	310	11	3.6	314	16	5.1	318	10	3.1
One Year	201	211	104.8	300	200	66.6	306	203	66.4	310	189	60.9	315	215	68.3
Two Years	291	188	64.5	314	187	59.6	320	189	59.1	325	186	57.2	330	164	49.7
Three Years	272	51	18.7	269	62	23.0	274	91	33.2	280	70	25.0	284	61	21.5
Four Years	295	42	14.3	285	42	14.7	290	65	22.4	296	58	19.6	302	51	16.9
Five Years	217	11	5.1	270	29	10.7	275	49	17.8	280	45	16.1	285	25	8.8
Total	1,575	517	32.8	1,742	549	31.5	1,774	608	34.3	1,805	564	31.2	1,834	526	28.7

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	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	341	16	4.7	399	13	3.3	405	7	1.7	411	15	3.7	416	10	2.4
One Year	392	307	78.2	465	279	60.1	473	266	56.3	480	298	62.0	487	264	54.2
Two Years	475	258	54.3	457	263	57.6	466	234	50.3	474	249	52.6	481	228	47.4
Three Years	452	64	14.2	404	50	12.4	412	49	11.9	420	50	11.9	428	36	8.4
Four Years	387	33	8.5	419	35	8.3	428	34	8.0	436	38	8.7	444	23	5.2
Five Years	435	14	3.2	457	15	3.3	465	16	3.4	474	17	3.6	483	23	4.8
Total	2,482	692	27.9	2,600	655	25.2	2,648	606	22.9	2,695	667	24.8	2,739	584	21.3
Washington County															
Under One	1,974	84	4.3	2,066	69	3.3	2,099	39	1.9	2,129	66	3.1	2,155	93	4.3
One Year	1,780	912	51.2	2,046	998	48.8	2,082	978	47.0	2,115	995	47.0	2,145	922	43.0
Two Years	2,111	708	33.5	2,114	731	34.6	2,155	783	36.3	2,193	757	34.5	2,228	761	34.2
Three Years	1,786	298	16.7	2,147	274	12.8	2,190	281	12.8	2,232	310	13.9	2,271	293	12.9
Four Years	1,905	301	15.8	1,993	361	18.1	2,031	344	16.9	2,071	332	16.0	2,111	375	17.8
Five Years	1,947	241	12.4	2,096	258	12.3	2,133	250	11.7	2,174	254	11.7	2,216	255	11.5
Total	11,503	2,544	22.1	12,462	2,691	21.6	12,691	2,675	21.1	12,915	2,714	21.0	13,126	2,699	20.6
Wicomico County															
Under One	1,318	95	7.2	1,465	74	5.0	1,489	48	3.2	1,510	42	2.8	1,529	41	2.7
One Year	1,269	883	69.6	1,470	877	59.6	1,497	831	55.5	1,520	809	53.2	1,541	781	50.7
Two Years	1,229	790	64.3	1,411	754	53.4	1,438	775	53.9	1,464	744	50.8	1,487	717	48.2
Three Years	1,342	304	22.7	1,462	239	16.3	1,491	249	16.7	1,520	225	14.8	1,546	201	13.0
Four Years	962	168	17.5	1,271	185	14.6	1,295	163	12.6	1,321	147	11.1	1,346	125	9.3
Five Years	1,126	102	9.1	1,348	86	6.4	1,371	88	6.4	1,398	81	5.8	1,425	72	5.1
Total	7,246	2,342	32.3	8,427	2,215	26.3	8,582	2,154	25.1	8,733	2,048	23.5	8,874	1,937	21.8
Worcester County															
Under One	570	21	3.7	542	24	4.4	551	9	1.6	559	13	2.3	565	14	2.5
One Year	534	318	59.6	546	316	57.9	556	330	59.4	565	300	53.1	573	280	48.9
Two Years	630	292	46.3	532	337	63.4	542	305	56.3	552	328	59.5	560	285	50.9
Three Years	482	137	28.4	525	96	18.3	536	98	18.3	546	86	15.8	555	92	16.6
Four Years	469	91	19.4	533	69	13.0	543	86	15.8	554	77	13.9	564	53	9.4
Five Years	575	41	7.1	504	35	6.9	513	28	5.5	523	26	5.0	534	22	4.1
Total	3,259	900	27.6	3,182	877	27.6	3,240	856	26.4	3,297	830	25.2	3,351	746	22.3

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Age-specific blood lead testing by jurisdiction: Five year data: 2010-2014

Age Group	2010			2011			2012			2013			2014		
	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent	Population of Children	Children Number	Tested Percent
Under One	84,607	11,842	14.0	86,129	11,128	12.9	87,520	10,115	11.6	88,763	10,146	11.4	89,854	10,604	11.8
One Year	83,496	38,815	46.5	85,146	36,854	43.3	86,659	37,144	42.9	88,034	37,133	42.2	89,267	38,092	42.7
Two Years	82,403	31,150	37.8	84,058	29,774	35.4	85,706	30,721	35.8	87,210	31,224	35.8	88,574	30,789	34.8
Three Years	81,372	12,965	15.9	82,913	11,934	14.4	84,555	12,094	14.3	86,194	11,284	13.1	87,693	10,551	12.0
Four Years	80,324	12,159	15.1	81,741	11,822	14.5	83,324	11,967	14.4	84,960	11,669	13.7	86,582	10,965	12.7
Five Years	79,446	7,898	9.9	80,715	8,022	9.9	82,121	8,498	10.3	83,704	8,626	10.3	85,334	8,030	9.4
Total	491,598	114,829	23.4	500,702	109,534	21.9	509,885	110,539	21.7	518,865	110,082	21.2	527,304	109,031	20.7

Statewide

- Terms and definitions:**
1. Population for calendar years 2010 was adapted from the US Census Bureau age-sex population projection at the state level for 2000-2030. Population for calendar years 2011-2014 was adapted from Maryland census population 2010, provided by the Maryland Data Center, Maryland Department of Planning, www.planning.maryland.gov/msdc.
 2. Number of children tested is based in the order of the highest venous, highest unknown or the highest capillary blood lead test that the Childhood Lead Registry (CLR) received from laboratories for a given child for each calendar year.
 3. County assignment is based on child's address census tract (1st choice) or child's address zip code (2nd choice). Reports with incomplete or no address were assumed to be from Maryland children with address (and county) unknown. These records are not included in this supplement. As such, counties total may not equal the total for the state.
 4. For detail information on blood lead distribution by age refer to the supplementary data tables 1-4 of the CLR Annual Reports for each calendar year.

began filing using annuitant initials and redacting personal and financial information from the public documents," he said.

The practice of filing a petition using the seller's initials is symptomatic of the lengths companies undertake to ensure competing firms don't poach clients with structured settlements by trolling online records, experts said. These agreements, as opposed to traditional settlements, eke out payments across decades so as to protect vulnerable recipients from immediately spending their compensation.

"It's a very competitive industry," said Bethesda attorney Elyse Strickland, who has filed scores of petitions to purchase structured-settlement payments in counties across Maryland. "And so you want to protect your business and your file. That's a way that companies protect themselves from other companies."

Loopholes in Maryland law can also benefit the companies. Unlike New York and Oregon, for example, Maryland doesn't make purchasing companies file their petitions in the seller's county of residence, which could make it easier for annuitants to appear in court. Critics say this omission also gives rise to a practice called "forum shopping," in which purchasing companies seek out less-scrutinous judges. Those firms "find the squeaky wheels, where things aren't as enforced as much . . . and the judge simply looks at the affidavit," said John Darer, who operates a blog monitoring the industry.

Petitions involving Maryland's lead victims cluster in Montgomery, Howard and Prince George's counties - anywhere but Baltimore City, the jurisdiction where most of the lead victims live. Access Funding says it has overwhelmingly filed in Prince George's County because that's where its attorney's office is located.

Companies working Baltimore's streets try to get a leg up on the competition any way they can - with advertisements, referrals, and by searching for annuitants in court records.

In interviews, seven victims of lead-paint poisoning who had sold payments complained about how often purchasing companies call them. Some changed their telephone numbers. Others began ignoring calls from certain numbers. Others said they felt like targets.

In August 2009, Tamika Bridgers was awarded a \$700,000 settlement as a result of a lead-paint lawsuit. In late 2012, she struck her first deal with purchasing company J.G. Wentworth, which logged her name in the public record. Since then, Bridgers said, companies have hounded her with phone calls. She ultimately had to change her phone number.

"They try to say they can give a better deal," Bridgers recalled several months ago in an interview. "But it don't matter who you go with, they're all the same." She added: "I was a fool. I don't want to talk about it anymore, because the more I talk about it, the more I get mad."

In all, Bridgers has done at least six structured-settlement deals. Four have been with Access Funding. But you wouldn't know that by placing her name into the Maryland court search. That's because two of the deals that Access Funding filed only used her initials. One called her "Tamika B" and another called her "T.B."

The day Bridgers was called T.B. in Prince George's County Circuit Court came last April. That morning, Dawson had 11 Access Funding petitions to purchase structured-settlement payments on his docket. Sud was present representing Access, but none of the sellers attended the hearing. Each deal was filed using the seller's initials.

One was Lydell Todman. He wanted to sell \$1.7 million worth of his settlement - which had a value of \$1.3 million - for about \$330,000, or about 25 cents on the dollar. His case was filed under "N.T."

No one objected to the proposed deals. And within four minutes, according to an audio recording of the hearing, Dawson approved all 11 deals.

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Crackdown on structured-settlement buyouts

The Washington Post - Washington, D.C.

Subjects: Funding; Settlements & damages; State court decisions; Structured settlements; State laws; Court hearings & proceedings; Poisoning

Author: McCoy, Terrence

Date: Sep 14, 2015

Start Page: B.1

Section: METRO

Pr. George's court tightens rules

Payment buyers accused of profiting from poor

The Prince George's County Circuit Court has implemented significant reforms to how it handles companies' petitions to purchase settlement payments amid mounting scrutiny of an industry that critics say profits from poverty and desperation.

All sellers must now appear at hearings where a judge decides whether the proposed deal is in their best interest. Independent professional advisers, who are required by Maryland law to advise settlement recipients, must also now appear at the hearings. All petitions must now be filed using the seller's full name, rather than initials. And Judge Herman C. Dawson, who heard the petitions to purchase structured-settlement payments, no longer presides over the transactions.

The changes come as criticism of companies that purchase settlement payments is mounting following a report in The Washington Post last month that showed firms routinely buy payments belonging to victims of lead-paint poisoning for dimes on the dollar.

Members of Congress have since called for investigations. Maryland lawmakers have urged stronger legislation. And officials with the state Court of Appeals Standing Committee on Rules of Practice and Procedure this month said it is drafting rules to "ensure accountability and transparency during these proceedings."

The latest critic is Prince George's County Administrative Judge Sheila R. Tillerson Adams. She has reviewed numerous cases filed by a company called Access Funding. The Post last month reported that the Chevy Chase company petitioned Prince George's County Circuit Court more than 170 times since 2013. The cases often involved victims of lead-paint poisoning, who were overwhelmingly black and poor. Dawson, who didn't respond to requests for comment, approved the petitions at a rate of roughly 90 percent.

Adams now says that the petitions require more scrutiny. She was troubled by what she called the "commonality" among the cases. The same independent adviser worked on a large number of the Access deals. State law specifies that the adviser cannot be affiliated with the purchasing company.

"When you look at the files and see the commonality of the quote-on-quote independent adviser, you see the cases require a different level of scrutiny," she said.

Adams said the way in which Access Funding attorney Anuj Sud filed some of the cases also concerned her. Nearly 80 of Access Funding's petitions were filed using the initials of the seller. Relevant information - ages, addresses, signatures, names - were redacted from some of those records.

"When I looked at these cases, and I saw the same attorney and the same adviser and the initials and no reason for them to be filed with initials and no reason that I dictated that these cases should be redacted, that was a cause of concern," Adams said. "And there were many changes that were implemented."

Sud, a College Park attorney who worked as a clerk for two Prince George's judges between 2004 and 2006, didn't return several requests for comment.

Access Funding chief executive Michael Borkowski also didn't return requests for comment. But he said in a statement in May that using initials is standard practice across the industry. "Similar to much of our competition, and at the request of many of our annuitant clients to keep their personal and financial information private, during [2014] Access Funding

Testing Rates at 1 and 2 Years of Age

During CY2014, the **Population** of children *One year of age* increased by 1,233 children over CY 2013; while **testing** increased by 959 (0.5%) children.

In CY 2014, the **Population** of children *Two years of age* increased by 1,364 children over CY 2013; while **testing** decreased by 435 (1%) children.

Statewide

<u>One Year Olds</u>		<u>Two Year Olds</u>		<u>Combined Tested Total</u>
<u>Population</u>	<u>Tested</u>	<u>Population</u>	<u>Tested</u>	
2013 – 88,034	37,133 (42.2%)	2013 – 87,210	31,224 (35.8%)	(39%)
2014 – 89,267	38,092 (42.7%)	2014 – 88,574	30,789 (34.8%)	(38.7%)

Highest Percentage of Testing of Children 1 and 2 Years of Age

<u>Jurisdiction</u>	<u>Age One Year</u>	<u>Age Two Years</u>	<u>Combined Total</u>
Allegany County	67.4%	64.1%	65.7%
Somerset County	68.3%	49.7%	59%
Baltimore City	61.5%	52.7%	57.2%
Dorchester County	55.4%	49.2%	52.3%

Population and Testing of Children 0-72 months

The CY 2014 estimated **population** of children age 0-72 months **increased** from CY 2013 by *8,440 children.

The number of **children tested** in CY 2014 **decreased** by 1,051 children compared to CY 2013.

*Maryland census population 2010, Maryland Data Center, Maryland Department of Planning.

<u>Population</u>		<u>Tested</u>	
2013 – 518,864	2014 – 527,304	2013 – 110,082 (21.2%)	2014 – 109,031 (20.7%)

New and Prevalence Cases Level 5-9

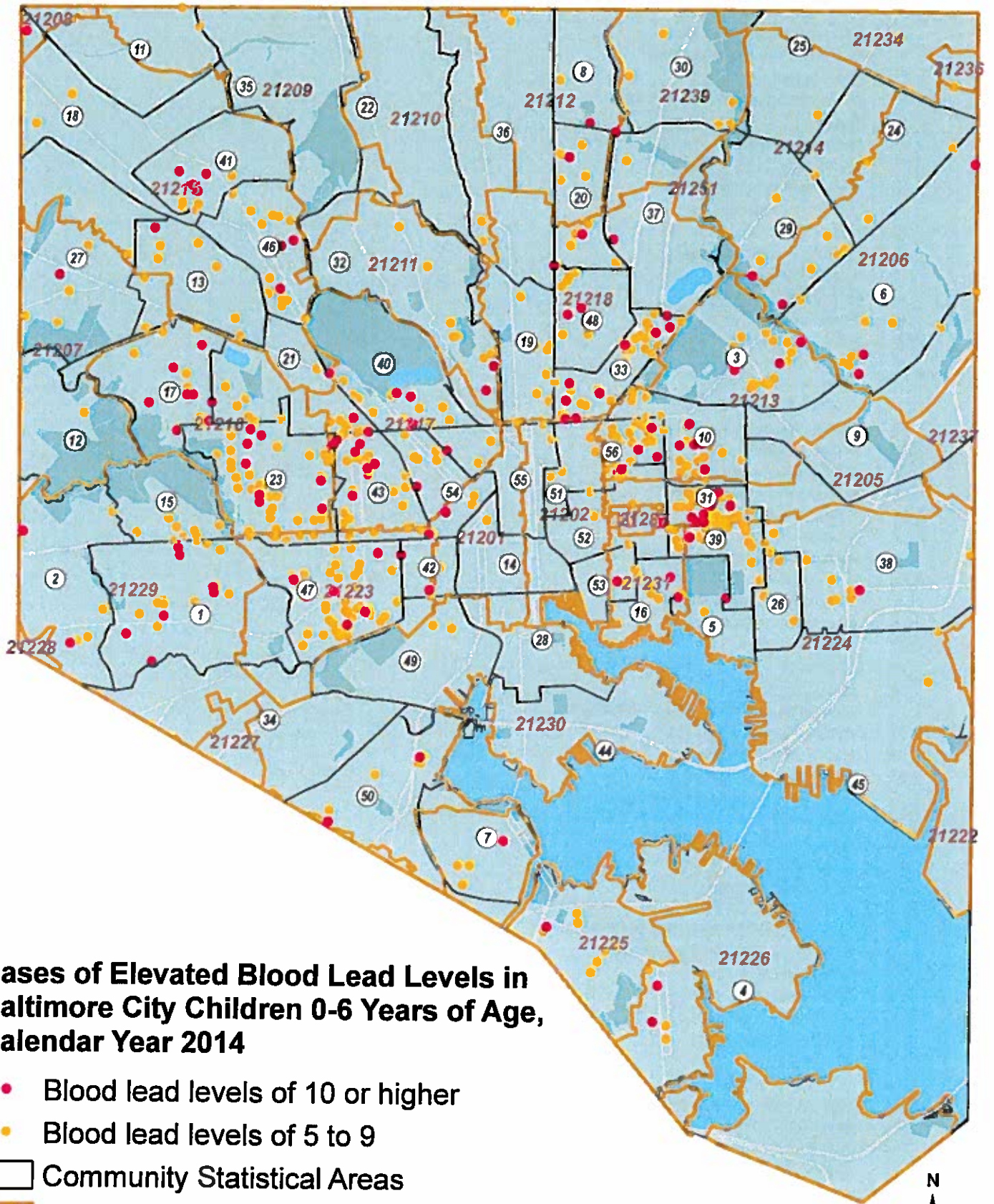
New cases of 5-9 **dropped** by 117 cases compared to CY 2013 while the **Prevalence** fell by 247.

<u>New Cases</u>		<u>Prevalence</u>	
2013 - 1,724 (1.6%)	2014 – 1,607 (1.5%)	2013 - 2,251 (2%)	2014 - 2,004 (1.8%)

New and Prevalence Cases Level > 10 µg/dL

New cases of ≥ 10 µg/dL **dropped** by 42 cases compared to CY 2013 while the **Prevalence** fell by 16 cases.

<u>New Cases</u>		<u>Prevalence</u>	
2013 – 304 (0.3%)	2014 – 262 (0.2%)	2013 - 371 (0.3%)	2014 - 355 (0.3%)



Cases of Elevated Blood Lead Levels in Baltimore City Children 0-6 Years of Age, Calendar Year 2014

- Blood lead levels of 10 or higher
- Blood lead levels of 5 to 9

□ Community Statistical Areas

□ Zip Codes

0 0.5 1 2 3 4 Miles



Map ID	Community Statistical Area
1	Allendale/Irvington/S. Hilton
2	Beechfield/Ten Hills/West Hills
3	Belair-Edison
4	Brooklyn/Curtis Bay/Hawkins Point
5	Canton
6	Cedonia/Frankford
7	Cherry Hill
8	Chinquapin Park/Belvedere
9	Claremont/Armistead
10	Clifton-Berea
11	Cross-Country/Cheswolde
12	Dickeyville/Franklintown
13	Dorchester/Ashburton
14	Downtown/Seton Hill
15	Edmondson Village
16	Fells Point
17	Forest Park/Walbrook
18	Glen-Falstaff
19	Greater Charles Village/Barclay
20	Greater Govans
21	Greater Mondawmin
22	Greater Roland Park/Poplar
23	Greater Rosemont
24	Hamilton
25	Harford/Echodale
26	Highlandtown
27	Howard Park/West Arlington
28	Inner Harbor/Federal Hill
29	Lauraville
30	Loch Raven
31	Madison/East End
32	Medfield/Hampden/Woodberry/Remington
33	Midway/Coldstream
34	Morrell Park/Violetville
35	Mt. Washington/Coldspring
36	North Baltimore/Guilford/Homeland
37	Northwood
38	Orangeville/East Highlandtown
39	Patterson Park North & East
40	Penn North/Reservoir Hill
41	Pimlico/Arlington/Hilltop
42	Poppleton/The Terraces/Hollins Market
43	Sandtown-Winchester/Harlem Park
44	South Baltimore
45	Southeastern
46	Southern Park Heights
47	Southwest Baltimore
48	The Waverlies
49	Washington Village
50	Westport/Mt. Winans/Lakeland
51	Unassigned – Jail
52	Oldtown/Middle East
53	Harbor East/Little Italy
54	Upton/Druid Heights
55	Midtown
56	Greenmount East

NOTE: THIS INFORMATION IS EMBARGOED UNTIL 08/25/15 .

**HUD Grant Award Notice
FY 2015 Awards**

Date: 08/25/2015

Title: Lead Hazard Reduction Demonstration Grant Program

Description: Recipients in 14 cities will receive grants to address lead hazards in 3,165 units and provide safer homes for low and very low-income families with children. Each recipient will collaborate with local partners, including city health departments, housing authorities, and non-profits to carry out its grant. See attached for descriptions of each individual partnership.

MARYLAND

The **City of Baltimore** will be awarded **\$3,365,733** in Lead Hazard Reduction Demonstration grant program funding and **\$325,000** in Healthy Homes supplemental funding. The City will address lead hazards in **230** housing units providing safer homes for low and very low-income families with children. The City of Baltimore will also perform healthy homes assessments in 330 units. The City of Baltimore will collaborate with a diverse set of local partners to accomplish this work, including the Baltimore City Health Department and the Green and Healthy Homes Initiative. Contact Person: Mr. Ken Strong at 410-396-3474 and ken.strong@baltimorecity.gov.

State	Recipient	Street Address	City	County	ZIP	Grant Type	
MD	City of Baltimore	417 E. Fayette St. Room 1114	Baltimore	Baltimore County	21202-3431	LHRD	\$3,

Baltimore City Lead Hazard Reduction Program Abstract

Baltimore City's Office of Housing and Community Development's (HCD) Division of Green, Healthy and Sustainable Homes has developed a comprehensive Lead Hazard Reduction Program (LHRP) plan to coordinate lead hazard reduction with existing City housing programs that integrate HUD funded lead poisoning prevention and Healthy Homes interventions as well as leveraged weatherization and housing rehabilitation in the City's most at risk, low income communities. The City requests \$3,500,000 in HUD Lead Hazard Reduction Demonstration Grant funds and \$325,000 in Healthy Homes Supplemental funding. The City has strong experience with successfully operating its current grant, MDLHD024812, ending June 30, 2015 and making 210 homes lead safe for children at risk. The proposed LHRP starting September 1, 2015 will within a three-year period produce 230 lead safe, healthy, and energy efficient units in the city's target areas of greatest need as determined by the Baltimore City Health Department. The LHRP will provide matching funds of \$2,932,537 and \$889,827 in leveraged funds from its public, private, and community-based partners for a total project investment of \$7,647,364 over 36 months.

Program Design: Baltimore City has the highest rate of children tested with elevated blood lead levels in the State of Maryland according the Maryland Department of Environment. The highest rates of childhood lead poisoning are in the lowest income neighborhoods of Baltimore City that have the most distressed older housing in the City and disproportionately impacts African-American children. In partnership with the United States Office of Housing and Urban Development (HUD), Baltimore City has made great progress to reduce the incidence of childhood lead poisoning. The City of Baltimore aims to continue its long history of partnership with HUD to complete our shared mission to bring an end to lead poisoning for all our children. With HUD Lead and Healthy Homes Supplemental funding and other leveraged funding, the Baltimore City Lead Hazard Reduction Program (LHRP) will reduce lead and other home-based environmental hazards (poor indoor air quality, trip and fall hazards, mold and moisture, pests, fire, carbon monoxide, and other safety hazards) to reduce lead poisoning, asthma episodes, household injury, and address other hazards identified by lead risk and HUD Healthy Homes Rating System assessments. By reducing home-based health hazards and reducing energy consumption and energy costs, the LHRP will increase housing affordability and promote neighborhood stabilization by reducing financial burdens on families, increasing wealth retention, and spurring economic development through increased property values.

Integrated Green and Healthy Homes Model: The Baltimore City LHRP will implement a comprehensive and sustainable lead and Healthy Homes Rating System assessment, intervention and education services that will leverage investments in weatherization and rehabilitation in low-income housing located within Baltimore City. Since Fiscal Year 2010, when HCD established the Division of Green, Healthy and Sustainable Homes, HCD has weatherized 6,800 homes for low-income families, provided major housing rehabilitation services to over 1,000 households, completed 418 roofing repairs or replacements, 742 heating system replacements; and significant health and safety improvements to 570 weatherized homes. For applicant families residing in Baltimore, the LHRP will align, braid and coordinate HUD's Lead and Healthy Homes resources with weatherization and rehabilitation interventions managed within the Division of Green, Healthy and Sustainable Homes. This comprehensive process will result in more streamlined,

integrated and cost effective housing interventions making homes served greener, healthier and more sustainable.

Program Partners: The LHRP will utilize a single portal intake process for applicants, a comprehensive assessment model including HUD's Healthy Housing Rating System (HHRS), and the creation of an integrated housing intervention strategy. The principal partners in the LHRP are the Baltimore City Health Department (BCHD) and the Green & Healthy Homes Initiative (GHHI). The BCHD will conduct 450 educational and health service home visits provide direct program referrals of children under six with elevated blood lead levels greater than 5ug/dL as reported by the Maryland Department of the Environment (MDE). GHHI will provide 230 post-remediation education home visits to families served by the LHRP, 120 broad community-based outreach and training events, and 115 integrated lead hazard reduction and healthy homes interventions. Overall, LHRP's comprehensive integrated lead hazard reduction, Healthy Homes and weatherization program serves as a model for municipal and state programs throughout Maryland. LHRP and its partners will build upon its record and improve the model for delivering braided and leveraged housing intervention resources to most positively impact the homes and the lives of Baltimore City residents.

Program Goals: Using the experience gained from successfully managing its current HUD-funded lead grant and the weatherization "plus" services funded by federal, state and utility resources, the new LHRP proposes to

- Perform lead hazard reduction (interim controls) interventions in 230 homes;
- Provide 330 free lead inspections/risk assessments for owners to identify lead hazards;
- Perform 330 HUD Healthy Housing Rating System (HHRS) assessments for owners to identify environmental and safety hazards;
- Complete 115 Healthy Homes interventions in Program units;
- Complete leverage-funded Weatherization interventions in at least 85 Program units;
- Conduct 120 outreach and education events that support the goal of reaching residents, health care providers, community organizations, faith based organizations, property owners, realtors and contractors;
- Utilize the HUD (HHRS) and tablet computer for efficient field assessments and Scope of Work development for Healthy Homes interventions.

Project Contact:

LHRP Program Director, Kenneth Strong
Baltimore City Department of Housing and Community Development
Division of Green, Healthy and Sustainable Homes
417 East Fayette Street – Suite 1114
Baltimore, MD 21202
410.396.3474; ken.strong@baltimorecity.gov

Social Issues

How companies make millions off lead-poisoned, poor blacks

By Terrence McCoy August 25

BALTIMORE — The letter arrived in April, a mishmash of strange numbers and words. This at first did not alarm Rose. Most letters are that way for her — frustrating puzzles she can't solve. Rose, who can scarcely read or write, calls herself a "lead kid." Her childhood home, where lead paint chips blanketed her bedsheets like snowflakes, "affected me really bad," she says. "In everything I do."

She says she can't work a professional job. She can't live alone. And, she says, she surely couldn't understand this letter.

[Freddie Gray's life a study in the effects of lead paint on poor blacks]

So on that April day, the 20-year-old says, she asked her mom to give it a look. Her mother glanced at the words, then back at her daughter. "What does this mean all of your payments were sold to a third party?" her mother recalls saying.

The distraught woman said the letter, written by her insurance company, referred to Rose's lead checks. The family had settled a lead-paint lawsuit against one Baltimore slumlord in 2007, granting Rose a monthly check of nearly \$1,000, with yearly increases. Those payments were guaranteed for 35 years.

"It's been sold?" Rose asked, memories soon flashing.

She remembered a nice, white man. He had called her one day on the telephone months after she'd squeaked through high school with a "one-point something" grade-point average. His name was Brendan, though she said he never mentioned his last name. He told her she could make some fast money. He told her he worked for a local company named Access Funding. He talked to her as a friend.

Rose, who court records say suffers from "irreversible brain damage," didn't have a lot of friends. She didn't trust many people. Growing up off North Avenue in West Baltimore, she said she's seen people killed.

But Brendan was different. He bought her a fancy meal at Longhorn Steakhouse, she said, and guaranteed a vacation for the family. He seemed like a gentleman, someone she said she could trust.

One day soon after, a notary arrived at her house and slid her a 12-page “purchase” agreement. Rose was alone. But she wasn’t worried. She said she spoke to a lawyer named Charles E. Smith on the phone about the contract. She felt confident in what it stated. She was selling some checks in the distant future for some quick money, right?

The reality, however, was substantially different. Rose sold everything to Access Funding — 420 monthly lead checks between 2017 and 2052. They amounted to a total of nearly \$574,000 and had a present value of roughly \$338,000.

In return, Access Funding paid her less than \$63,000.

‘They fall through a crack’

Rose, who spoke to The Washington Post on the condition that her full name not be used, had just tumbled into the little-noticed, effectively unregulated netherworld of structured settlements.

Traditional settlements are paid in one immediate lump sum. But these structured agreements often deliver monthly payments across decades to protect vulnerable recipients from immediately spending the money. Since 1975, insurance companies have committed an estimated \$350 billion to structured settlements. This has given rise to a secondary market in which dozens of firms compete to purchase the rights to those payments for a fraction of their face value.

What happens in these deals is a matter of perspective. To industry advocates, the transactions get money to people who need it now. They keep desperate families off the streets, pay medical bills, put kids through school.

“What we do is provide equity for those people to buy homes,” said Access Funding chief executive Michael Borkowski. He said his organization had no reason to think Rose was cognitively impaired, pointing to her high school degree, driver’s license and written documents in her name. He said Access Funding has no record showing that Brendan, whom he praised for “the highest level of professionalism,” took Rose out to eat, and he disputed that she’d been promised a vacation. “We’re trying to bring better value to people,” Borkowski continued. “. . . We really do try to get people the best deals.”

But to critics, Access Funding is part of an industry that profits off the poor and disabled. And Baltimore has become a prime target. It’s here that one teen — diagnosed with “mild mental retardation,” court records show — sold her payments through 2030 in four deals and is now homeless. It’s here that companies blanket certain neighborhoods in advertisements, searching for a potentially lucrative type of inhabitant, whose stories recall the legacy of Freddie Gray.

Before his April [death after being severely injured in police custody](#), before this hollowed-out city [plunged into rioting](#), the life of Freddie Gray was a case study in the effect of lead paint on poor blacks. The lead poisoning Gray

suffered as a child may have contributed to his difficulties with learning, truancy and arrests — all of it culminating in a 2008 lead-paint lawsuit and a windfall of cash locked inside a structured settlement. By late 2013, Gray was striking deals with Access Funding.

People like Gray who have suffered lead poisoning as children are especially vulnerable to predatory transactions. Many are impulsive and mentally disabled, but not so much that the law regards them as incapable of acting on their own behalf, as long as they're 18 or older.

“A lot of them can barely read,” said Saul E. Kerpelman, who estimates he has defended more than 4,000 victims of lead poisoning, nearly all of them black. “They have limited capacity. But they fall through a crack. If they were severely disabled enough, you could file a court petition to have a trustee manage their property. But they're not disabled enough.”

Over the past two decades, state legislatures and the U.S. Congress have passed measures to protect vulnerable people selling structured settlements. In 2000, Maryland inked the Structured Settlement Protection Act, which enumerated a series of requirements. First, a seller must seek the counsel of an independent professional adviser. Then the proposed deal must go before a county judge, who decides whether that agreement reflects the seller's best interests.

But today, critics say, that measure is failing. “There are weaknesses and ways people can circumvent it,” said Eric Vaughn, executive director of the National Structured Settlements Trade Association, which represents companies and lawyers working in the industry. “And these companies are getting around the intents of the law. . . . And when that happens, people get hammered.”

A Washington Post review of thousands of pages of court records and interviews with industry insiders and eight victims of lead poisoning have revealed these loopholes in Baltimore.

Access Funding, located in Chevy Chase, isn't the biggest player in the industry. But the company's court documents nonetheless illuminate the mechanics of this trade, as well as how little scrutiny it receives. The firm has filed nearly 200 structured settlement purchases in Maryland since 2013. A review of two-thirds of those cases, which primarily funnel through one judge's courtroom in Prince George's County Circuit Court, shows nearly three-fourths involved victims of lead poisoning.

Every case spells out the deal's worth. It lists the aggregate value of the lead victim's payments, their present value and the agreed purchase price. A random survey of 52 of those deals shows Access Funding generally offers to pay around 33 cents on the present value of a dollar. Sometimes, it offers more. And sometimes, much less. One 24-year-old lead victim sold nearly \$327,000 worth of payments, which had a present value of \$179,000, for less than \$16,200 — or about 9 cents on the dollar. Another relinquished \$256,000 worth of payments, which had a present

value of \$166,000, for \$35,000 — or about 21 cents on the dollar.

Taken together, the sample shows Access Funding petitioned to buy roughly \$6.9 million worth of future payments — which had a present value of \$5.3 million — for around \$1.7 million.

Presented with these findings, Borkowski said Access Funding doesn't target lead victims and that Baltimore's glut of lead-paint lawsuits has artificially inflated that aspect of its business. He said interested investors set the purchase prices, which are lower than the payments' present value because various factors — such as a life-contingency clause that stops payments if the holder dies — diminish their worth.

“When you get all the way until 2052, that's pretty far out there,” he said, adding that his company, which does 80 percent of its work outside Maryland, survives only by offering better deals than other firms.

Still, Borkowski urged stricter legislation and more oversight. “These questions you raise touch on fundamental things we are going to be doing differently now,” he said. “We want to secure ourselves in the future from any potential questions like this again, so we can say, ‘No, that's not us.’”

‘They sucker you in’

The court proceeding that would alter the futures of Freddie Gray and his siblings took place an hour's drive south from their home in Baltimore, in the town of Upper Marlboro. At stake were hundreds of thousands of dollars, but none of the Grays attended the hearing.

The issue — and the company — was familiar to the presiding judge, Herman C. Dawson. Access Funding has petitioned his court more than 160 times since 2013 to purchase structured settlement payments. Dawson has approved those requests 90 percent of the time.

Freddie Gray, awarded a structured settlement as a result of his lead-paint lawsuit, now wanted the same. “Being debt free will be a great help,” said an affidavit that Gray signed. “It will take a lot of stress off of me and will help improve my credit rating so that I can make larger purchases in the future.”

Gray had agreed to sell \$146,000 worth of his structured settlement, valued at \$94,000, to Access Funding for around \$18,300. His sisters wanted almost the same exact deal, which in all would relinquish \$435,000 of the Gray siblings' settlement — valued at around \$280,000 — for about \$54,000, or less than 20 cents on the dollar of its present-day value.

No one objected to the proposed deals. Dawson adjudicated the petitions, along with two other deals involving victims of lead poisoning, within three minutes, according to a recording of the hearing. “The matter is closed,”

Dawson said at the hearing. He declined to comment.

The Gray family, which signed six contracts with Access Funding, now burns with resentment. The kids were in a tough spot financially, stepfather Richard Shipley said. Shipley said he tried to dissuade them from taking the deal but failed. “They sucker you in. . . . They didn’t know they were giving up so much for so little,” he said. Now, he said, the lead checks have stopped, and Access Funding won’t return their calls.

Access Funding, Borkowski said, has a “good” relationship with the Grays. “In fact, we have had dialogue since Freddie’s passing in which we provided our condolences and sent flowers to the family,” Borkowski wrote in an e-mail.

The path that led the Gray siblings into these deals began decades ago, inside a series of poorly maintained, lead-painted tenements in the neighborhood of Sandtown-Winchester, court records show.

“They told us to move out of the house,” Shipley recalled one lead-paint inspector advising the family. But where could they go? Every house they lived in between 1988 and 1996 had lead paint. Each of the siblings’ lead levels soared to at least 36 micrograms of lead per deciliter of blood. This was considered high then, when the city annually produced thousands of lead-poisoned children. It’s considered even higher now. The Centers for Disease Control and Prevention today describes any level above 5 micrograms as “elevated,” and on Tuesday, federal authorities pledged \$3.7 million to eliminate what remains of Baltimore’s lead-paint problem.

The study of lead’s effects on the body remains an evolving science. Used as an artificial sweetener in ancient Rome, lead later became a cheap manufacturing additive. But lead never lost its sweetness — a poison candy irresistible to children. Scientists once assumed the body could withstand a fair amount of lead, which government authorities banned in residential paint in 1978. But researchers now say any trace of lead, which children absorb by eating paint chips and breathing paint dust, can cripple cognitive development.

The Grays eventually exhibited “neurocognitive deficits,” records say. Psychologists also discovered those same “deficits” in Rose and her siblings. Her blood lead level reached 31 and inflicted “permanent and severe brain damage,” according to court papers, severing her capacity to “enjoy a normal life.”

So the Grays — as Rose did, as thousands of other families did — sued their landlord, settling in 2010. The Grays then decided on a course that six lead-paint lawyers say they often counsel clients to take. The Grays structured their settlements, an arrangement recommended by insurance companies, disability advocates and even Congress.

“I try to convince my clients that taking a structured settlement might be in their best interest,” Kerpelman said. “They have no experience managing money, are brain compromised, and history shows they’ll likely run through a large cash settlement in a short time.”

But poverty is expensive. Disability is expensive. Debt mounts. Forfeiting future payments for immediate cash can seem like a painful necessity.

That's how 42-year-old Tarsha Simms recently reconciled her decision to sell a portion of her daughter's settlement to Access Funding. "I do regret it," Simms said. "But if it wasn't for this deal, we would be on the street right now."

To balance clients' vulnerabilities with purchasing companies' desire for profit, most state legislatures called upon county judges to decide the cases. But Maryland's law, according to longtime structured settlement expert Craig Ulman, is "substantially weaker" than in most states. For example, it doesn't require that settlement recipients appear in court, as Illinois' law does. It also doesn't make purchasing companies file their petitions in the seller's county of residence, as in New York, Oregon and other states.

Critics say such conditions can give rise to something called "forum shopping," in which purchasing companies seek out less-scrutinous judges. Those firms "find the squeaky wheels, where things aren't as enforced as much . . . and the judge simply looks at the affidavit," said John Darer, who operates a blog monitoring the industry.

Petitions involving Maryland's lead victims cluster in Montgomery, Howard and Prince George's counties — anywhere but Baltimore City, the jurisdiction where most of those lead victims live. Access Funding says it has overwhelmingly filed in Prince George's County because that's where their attorney's office is located.

Maryland's court system also makes it easy to find the right clientele. Its case search puts lead-paint lawsuits into their own category, meaning a few keystrokes can call forth thousands of names. This unique confluence of factors constitutes the "perfect storm of bad stuff," said Earl Nesbitt, executive director of the National Association of Settlement Purchasers.

But it isn't bad for everyone. For the savvy operative, someone willing to travel deep into Baltimore's poorest neighborhoods, this can be a lucrative trade.

And for a time, it was for Scott Blumenfeld.

An insider's view

He likes risks. He's partial to large, shiny watches. He has played so much poker, peering over cards, shuffling chips, that he's developed carpal tunnel syndrome in his right arm and now wears a large, black brace. He drives a late-model blue Audi, which he says has made him nervous when driving through certain Baltimore neighborhoods at night to meet a lead-paint victim.

"I never roll up on someone without calling first," he said.

Blumenfeld, who has worked hundreds of settlement transfer contracts, said he never intended to get into this sort of work. He grew up in Rockville, got his undergraduate degree in Madison, Wis., then entered the University of Baltimore School of Law. While there, he says he met other law students who went on to form the legal foundation for some of the area's biggest structured settlement purchasing firms.

Many settled in one place, he said. "Around Bethesda, there's a whole concentration of these structured settlement companies, but no [settlement recipients] are in Bethesda. Zero. None. Like, I've never heard of one in Bethesda," Blumenfeld said. "But they're not doing business with anyone in Bethesda. No one even in Montgomery County. It's all about Baltimore."

Blumenfeld's first role in the industry came in 2005, notarizing contracts for a Bethesda settlement purchasing company. Over the next five years, he rapped on doors in Baltimore's toughest blocks to secure hundreds of signatures.

In 2010, Blumenfeld became an independent professional adviser and started counseling sellers before their deals went to court. Maryland legislation holds that such a person — who can neither be paid by nor affiliated with a purchasing firm — must "render advice concerning the [deal's] legal, tax and financial implications." The sellers are supposed to pay their adviser.

Sounds complicated. It wasn't, Blumenfeld said. "I was doing most of them on the phone," he said. He asked whether they understood the "legal, tax and financial implications" of the deal. "It would take less than a minute. I didn't go over the terms of the contract. That wasn't my function. I don't think any of the other lawyers do that, or else they would never get any repeat business."

Charles E. Smith is another lawyer who does this work. A review of 52 Access Funding deals revealed that Smith worked as the independent adviser on every one. Smith entered the same letter in every case stating that the lead victim understood the deal's "legal, tax and financial implications" and that he was not "affiliated" with Access Funding. Borkowski said his company has no contractual or business relationship with Smith, declining to answer additional questions.

Smith said such transactions "represent an extremely small percentage of my practice. I have no business partnerships with any company in the structured settlement purchasing industry. . . . In all instances, I am directly contacted by the [settlement recipient.] . . . I'm not exactly sure how [they] come to me. . . . My independence is in no way compromised or at risk."

Critics condemned the practice of an independent adviser working deal after deal for the same company. "It's a total conflict of interest," lawyer Kerpelman said. "He's doing business for them and with them all the time. Imagine if he ever said, 'No, she can't read. She can't understand what she's signing.'" That partnership, he said, would evaporate.

But Blumenfeld said perceived conflicts of interest weren't the only matters that discomforted him. "A 10-year-old does not have the mental ability to sell these payments, but you see this person is 20, but he has the mental brain capacity of a 10-year-old. . . . So does this annuitant have the ability to sell these payments?"

So Blumenfeld said he adopted a third and final role, this time as something of a broker. He shopped around clients between several purchasing companies, he said, to secure better deals. One client was lead victim Kevin Owens, who wanted to sell hundreds of thousands of dollars' worth of payments. He committed to Access Funding and other firms, but backed out of the Access Funding deal after Blumenfeld spoke with him. In a lawsuit dismissed in March, Access Funding accused Blumenfeld of interference with business practices and unjust enrichment.

Around that same time, the Maryland Attorney Grievance Commission accused Blumenfeld of employing a paralegal with a "substantial criminal history" whom an elderly client gave power of attorney. The board also alleged that Blumenfeld "failed to properly maintain trust account records" and client ledgers. It suspended him in July last year for at least six months for improper supervision and record maintenance.

Those legal issues have stalled Blumenfeld's work in the structured settlement industry, he said. But even now, he said he still wonders at opportunities missed. One person, especially, still crosses his thoughts. He tried to get in touch with him. He sent him letters.

But Blumenfeld never did connect with Vincent Maurice Jones Jr.

'They gave me pennies'

Sunlight spilled across the silent street in West Baltimore. But inside one of its few occupied homes, everything was dark. Black curtains hung across the windows. The living room was strewn with pawn slips and a pamphlet advising what to do upon suffering a gunshot wound. And anchoring its mantel was a cookie tin emblazoned with the words "Access Funding."

Vincent Maurice Jones Jr., who didn't graduate from high school, was playing video games upstairs in his bedroom. He quickly tired of questions.

What happened with Access Funding? "You feeling me, they got all that money, and I didn't even get a lot." How much money was in his settlement? "What settlement?"

Jones, 25, came of age in a house on Mosher Street, which today stands abandoned and boarded up. Lead paint so infested its interior that only a few walls were free of it, according to records filed in a lead-paint lawsuit that Jones settled in 2008. "Just a lead pit," was what one Baltimore pediatrician called it in a deposition.

When Jones was 2 years old, his blood carried 16 micrograms — triple the level considered elevated — before shooting to 28. Then it dropped to 16 before rising to 22. Even at age 8, lead still coursed at high levels in his bloodstream. Soon, he was repeating grades, failing classes.

One psychologist, court records show, doubted his employability, citing his “severe learning difficulties.” He put his lifetime economic loss at more than \$1.5 million. Another medical professional couldn’t determine whether Jones, who repeated several grades, was “severely disabled” or just “generally disabled.”

“His mother essentially handles his medical regimen, takes him to doctors and makes sure he gets his medications,” pediatrician Michael A. Conte said in a deposition. “She, obviously, takes care of all the financial matters. And she transports him, or his girlfriend transports him, when he needs to travel to places that involves more than just walking down the street.”

But an affidavit written by Access Funding and signed by Jones in 2013 said Jones wanted to sell \$90,000 of his settlement for \$26,000 to “purchase a vehicle.” The money, the affidavit said, would also be used to “look for work and also need furniture, clothes, school supplies for my young daughter.”

But Jones has a son, not a daughter. And Jones has never had a driver’s license. Within months of buying a Ford sedan, Jones collected four tickets for operating a vehicle without a license. That car today bakes in the sun, unused.

Months later, Jones struck another deal with Access Funding. This time, he signed two contracts. One relinquished \$327,000 worth of future payments, with a present value of \$179,000, for \$16,000 in return. Another deal, later dismissed, offered \$34,000 for a stream of payments that totaled \$336,000 and had a present value of \$195,000. In all, Jones seemed willing to sell \$663,000 of his settlement for \$50,000.

The official reason stated in the two spring 2014 affidavits was puzzling. Jones, who had just bought the house he and his mother share using money from a structured-settlement deal, hadn’t needed to pay rent for months. But he signed an affidavit compiled by Access Funding saying he intended “to purchase [a] down payment on a house. Because I am currently unemployed, renting is expensive and detracts from my ability to provide suitable housing for myself and my dependent.” The other affidavit said: “Renting is an expense I no longer wish to incur.”

Burkowski, Access Funding’s chief executive, said he could only speculate as to what happened. “We take what is told to us,” he said. “These are people, respectable people who have honest needs. If they say they need a house, it’s not Access Funding’s position to challenge what that client is representing to us. We’re trying to help these people.”

It’s help that Jones said he could have done without. “The whole thing’s a scam,” said Jones, claiming Access Funding made up why he needed the money. “All that money I got is gone. They gave me pennies.”

So Jones has decided to fight. He's working with an attorney who's considering litigation against Access Funding. And he's not the only one.

Tears, then litigation

"There it is," Rose said, pointing at a large structure looming just blocks from where the CVS burned during the Freddie Gray protests. This is where her lead-painted, childhood house once stood. "They knocked it down," Rose said. "It's gone now."

It was a Saturday afternoon, and West Baltimore was alive with funeral processions. The city had just undergone its bloodiest month in four decades — 43 shot dead — and Rose pulled out her phone to show a grisly image of a dead black man making the rounds on Facebook. "He got killed over nothing," she said.

Rose said she hates it here. She doesn't want to stay long. The funeral processions remind her of everything she was happy to leave behind when her family bought a large home just outside Baltimore with settlement money. The move brought her within a few miles of Heritage High School, where she secured the diploma she now calls her greatest achievement.

That accomplishment, Rose said, now feels far away. One afternoon, she suddenly began to cry. She often tells people she's "not dumb." She just needs a little extra time to understand things. But right now, saddled by the weight of decisions made and contracts signed, she felt less sure of that conviction.

Believing she still had money, Rose in March again tried to sell some settlement payments. But the petition, filed in April, was later dismissed when it emerged that all her money was gone. It was around that time that she also stitched together what had happened with Access Funding. In May, she called lawyers to see whether anything could be done.

In early June, Rose sued Smith, the attorney who had worked as Rose's independent adviser in the Access Funding deal. Smith "has signed at least 40 identical or substantially similar letters under similar circumstances in other petitions where Access Funding was seeking a transfer of a structured settlement," states the lawsuit, filed in Baltimore City Circuit Court. The lawsuit, filed by attorneys Raymond Marshall and Brian Brown, accuses Smith of legal malpractice and intentional misrepresentation.

It says Smith failed to disclose his ongoing relationship with Access Funding to Rose and neither met her in person nor inquired about her intellectual capabilities. "No reasonable attorney acting on behalf of Rose would have recommended the proposed transaction," it says.

Smith argued in court papers that Rose's lawsuit is "fundamentally inconsistent" with her earlier position and

warrants dismissal. Rose, he said, signed a contract stating her desire to sell the payments. She signed an affidavit saying she'd spoken to an independent adviser. "A party who signs a contract is presumed to have read and understood its terms," the response stated. "... This general rule applies even where the individual signing the document is 'functionally illiterate.'"

Rose now works for a local home care service, providing companionship to an elderly woman, she said. In between shifts and helping her brother with his kids, she said she tries not to think about what has happened to her settlement. Still, she said she feels hunted, "like a target or something."

Settlement purchasing companies, she said, pester her with phone calls and letters. Just the other day, Rose said she opened the mailbox and there was a letter from Access Funding. It promised her fast money. All Rose had to do was pick up the phone and call.

Terrence McCoy covers poverty, inequality and social justice. He also writes about solutions to social problems.

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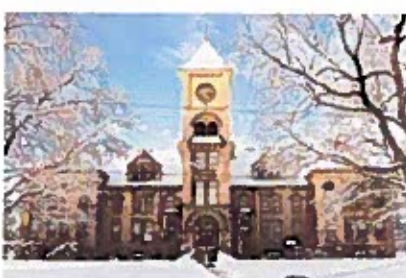
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Lead-poisoning settlement deals draw scrutiny, calls for reform

By **Timothy B. Wheeler** and **John Fritze**
The Baltimore Sun

AUGUST 27, 2015, 9:45 PM

Maryland lawmakers vowed Thursday to investigate and clamp down on companies that "buy" lawsuit settlements after learning that hundreds of lead-poisoning victims in Baltimore had signed away their court-approved rights to long-term financial support in return for quick cash worth only a fraction of what they were due.

Attorney General Brian E. Frosh said his office would work to strengthen Maryland's law regulating purchases of so-called "structured settlements" when the General Assembly meets in January. But he also pledged to investigate the companies involved and go after them if his staff determines they broke the law as it stands now.

"We want to be able to take action to protect people from this kind of scam and see if we can help the folks that have already been victimized," Frosh said.

State legislators and members of Maryland's congressional delegation joined in expressing dismay and pledging change in reaction to a Washington Post report this week on companies that struck deals with lead-poisoning victims to swap guaranteed regular payments over years for much smaller one-time payouts.

One lead-poisoning victim has filed a lawsuit in Baltimore Circuit Court saying she had been misled into agreeing to such a deal.

Baltimore lawyer Saul Kerpelman said he brought the case because he considers such settlement transfers "obscene." Kerpelman, who's represented thousands of families in lead-poisoning lawsuits, said the companies are undoing financial arrangements specifically crafted to give victims a long-term stream of income, rather than a big one-time payout.

The payments help make up for victims' inability to get or hold a job, Kerpelman said, because they were exposed to the toxic lead-based paint that riddles much of Maryland's older housing. Ingestion by infants and toddlers of even small amounts of lead paint flakes or dust can lead to lasting learning and behavior problems, research has shown.

"Obviously, the reason they go after lead-poisoning victims is they historically get big settlements, and they're easy to take advantage of because the very nature of their [legal] claim is they've suffered cognitive deficits," Kerpelman said.

Rep. Elijah E. Cummings of Baltimore, the top Democrat on the House Oversight and Government Reform Committee, said he is looking into the issue. It's not clear how much of a role Congress will play in the issue, as states have taken much of the initiative in recent years.

"We gotta tighten this thing up," Cummings said in an interview. "We have people who are already suffering from lead paint poisoning. They then have some glimmer of hope to at least not be in dire straits from an economic standpoint, and then somebody comes along and snatches that away."

Responding to an earlier outcry over the practice, the Maryland General Assembly passed a law governing it in 2000, ahead of most other states. Two years later, President George W. Bush signed a federal law that imposed a high excise tax on settlement purchasers that did not have their agreements signed off by a court in accordance with state law.

The federal law prompted statehouses across the country to draft their own legislation guiding how the transactions would take place — and many of the laws were more robust than the Maryland legislation, experts say.

Many states require purchasers to go to court where the seller lives, rather than allowing them to bring the cases in remote jurisdictions. That gap in Maryland's law, critics say, has allowed settlement purchasers to "shop" for judges who would approve the deals in courts far from where the sellers live.

Del. Samuel I. "Sandy" Rosenberg, a Baltimore Democrat and a leader in legislative efforts to curb lead poisoning, said he's working on a bill to reform the state's law. While not willing to discuss it in detail, he did say there aren't strong enough requirements for having independent advisers explain the transactions to potential sellers.

"You want to have the parties fully understand the consequences of what's being discussed and what's being agreed to," Rosenberg said. "Just as people who are thinking about investing in the stock market generally have a financial adviser, part of the solution may be to make sure that people have a financial or legal adviser, and that that must be demonstrated to the court before a structured settlement is approved."

Leaders of national trade groups representing both the drafters of structured settlements and their purchasers said they're already pressing for changes in the law — though not necessarily the same ones.

Eric Vaughn, executive director of the Washington-based National Structured Settlements Trade Association, said his group of attorneys, insurance companies and others has worked to pass and improve laws in other states. But Vaughn, who lives in Bethesda, said he wasn't aware until recently that lead-poisoning victims in Maryland have been targeted by settlement purchasers.

"The law needs to be toughened," he said. But he added that the current law could be enforced better if the state's judges would subject settlement transfers to more careful scrutiny before approving them. Judges need to insist on better disclosure of the deals' terms, and have hearings in which they can assess the settlement sellers' ability to understand what they're agreeing to and what their options are.

"If the judges don't act in the best interests of the [settlement recipients]," Vaughn said, "they're just going to get abused because there's no one there to protect them."

Earl S. Nesbitt, executive director of the Texas-based National Association of Settlement Purchasers, said the industry has been working for months in Maryland to improve the state's law, including supporting a requirement that the seller appear in court in most cases.

"That will improve the situation," Nesbitt said. "That will help with the few situations...where people seem to be regretting having done the transaction."

But Nesbitt cautioned against "going overboard" with regulations. "You don't want to make it so difficult for them to have access to liquidity that they say 'I wish I'd never done this structured settlement,'" he said. "You have to strike a balance."

Craig Ulman, a Washington lawyer who represents the structured settlement association, said the industry

appears to be trying to get ahead of the reform push.

"They're willing to support reasonable improvements in existing legislation rather than run the risk of radical changes," he said.

Cummings, meanwhile, said he may well broaden his inquiry to settlement purchase practices in other states.

"I'm not limiting this to the Maryland corporations, this is national," Cummings said. "We're going to address this and correct it by any means necessary."

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Protecting Baltimore's lead paint victims

AUGUST 27, 2015, 1:48 PM

The list of adverse health impacts associated with childhood lead exposure is seemingly without end, but perhaps the most serious are the neurological effects. Even what were once thought to be harmless levels of lead exposure can, in a child with a developing brain, lead to irreversibly damaged cognitive abilities. Those who suffer childhood lead poisoning can see lowered IQs, impaired concentration and memory problems, among other deficits. They also frequently exhibit behavioral and psychological impacts, including hyperactivity, impulsive decision making and decreased ability to act independently.

It is the enormity of lead's ill effects — and their economic consequences for victims — that prompted the Maryland Court of Appeals four years ago to throw out strict liability caps in many lead poisoning cases. And it is the very nature of those effects that has prompted many of the judgments and settlements entered in lead poisoning cases to be paid not in at once but over the course of a victim's lifetime. Someone with diminished mental capacity, reduced independence and poor impulse control is often better served by what's known as a structured settlement rather than a lump sum payout. Lead's effects don't go away, and neither do the economic needs that arise from them.

That's what was so disturbing about the Washington Post's report Wednesday about a burgeoning industry of firms seeking to buy out those who have received lead paint structured settlements, primarily in Baltimore, typically for pennies on the dollar. The Post's Terrence McCoy details case after case of Baltimore lead poisoning victims — including Freddie Gray and his sisters — who agreed to buyouts without a full understanding of their consequences and without any kind of meaningful protection from the legal system.

Rep. Elijah Cummings has pledged to investigate and pursue federal reforms if necessary, but state leaders need to take up the issue as well. As the General Assembly considers legislation in response to Gray's death and the subsequent Baltimore riots, reform of Maryland's structured settlement buyout restrictions needs to be on the agenda.

The Post analyzed dozens of buyout offers made by one Maryland firm, Access Funding, and found that they typically amounted to about 33 percent of the present value of the structured settlements, and sometimes much less. We'll grant two points made by the industry. First, investors seeking to buy out these settlements have reason to discount from their present value because there is some risk involved, primarily that the recipient will die before the structured settlement runs its course. And second, settlement recipients may have legitimate reasons for accepting a smaller amount of cash up front. If selling off part of the settlement enables a family to move into lead-free housing, it might be worth the long-term sacrifice.

But such a decision is a monumental one whose implications may not be completely obvious to the average person, much less someone whose mental and decision-making capabilities are impaired, and some deals are better than others. That's why state law includes a couple of protections: Those opting to sell their settlements must be counseled by an independent professional adviser, and the proposed sales must be approved by a judge.

But The Post's reporting suggests a breakdown on both counts. Mr. McCoy's review of documents revealed that a single adviser had worked on dozens of settlement buyouts for Access Funding, a circumstance for which neither the company nor the attorney, Charles E. Smith, offered much explanation. In all instances, according to The Post, Mr. Smith provided identical letters attesting that the settlement recipients understood the implications of the

proposed transactions and that he was not affiliated with Access Funding. Mr. McCoy also found that a single judge in Prince George's County, Herman C. Dawson, had presided over 160 structured settlement purchase applications by Access Funding since 2013, approving 90 percent of them. One was Freddie Gray's.

The pattern described in The Post strongly suggests that vulnerable people are being taken advantage of. Two reforms to Maryland's law could help. First, petitions should be filed in the jurisdiction where the settlement recipient lives. Lead paint poisoning in Maryland is predominantly a Baltimore problem, and we suspect judges here, who are more familiar with the issue and its impact, would scrutinize settlements more closely. And second, those proposing to sell all or part of their settlements should be required to appear in court. A conscientious judge should be able to determine through in-person questioning whether a petitioner understands the implications of the proposal much more effectively than through an affidavit signed by some third-party adviser.

The recipients of structured settlements, provided they are adults and not judged incompetent, are allowed to do with their money what they will, but the law is clearly not providing them with enough protection. Maryland can and must do better.

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Tighter rules sought for Md. settlement buyouts

Maryland lawmakers on Wednesday called for strengthened legislation that would tighten restrictions on an industry that buys settlement payments amid mounting criticism that some of the businesses profit off the poor and disabled.

Members of the House of Delegates and Attorney General Brian E. Frosh (D) pressed for increased scrutiny of these transactions after an article in The Washington Post detailed how companies often strike deals with victims of lead poisoning that deliver dimes on the dollar. "My office is going to be looking into this," said Frosh, who also called on the General Assembly to strengthen legislation. "And we're going to be looking into a number of different aspects of these transactions."

Baltimore's long struggle with lead paint poisoning has generated thousands of cognitively disabled residents and a glut of lead paint lawsuits, some of which have resulted in what are known as structured settlements. Traditional settlements are paid out in one lump sum. But these agreements often dispense payments across decades under the argument that doing so protects vulnerable recipients from immediately spending all of their money.

This has made Baltimore a primary target for companies interested in buying settlement payments. In 2000, Maryland inked the Structured Settlement Protection Act for vulnerable residents. It called upon county judges to determine whether these deals reflect the seller's best interests.

But according to The Post's analysis, this has not averted what critics call predatory deals between purchasing companies and victims of lead paint poisoning, who are overwhelmingly black and poor. One person sold decades worth of payments that totaled nearly \$574,000 — and had a present value of \$338,000 — for less than \$63,000. Another young woman, who court records say was diagnosed with "mild mental retardation," sold all of her payments through 2030 over four deals and is now homeless.

Frosh said he was angered by these anecdotes. "My blood is still boiling," he said. He added: "If they aren't incompetent, they're certainly impaired and deserve and need the protection of the courts. There are safeguards in Maryland's law, but they're obviously not working 100 percent of the time."

Del. Samuel I. Rosenberg (DBaltimore) said he is working on amendments that would place greater requirements on purchasing companies. The amendments, which he hopes to introduce in January, will address concerns over how companies do business with victims of lead paint poisoning.

"We will absolutely address this problem that you've raised," said Rosenberg, adding that he was working on crafting amendments to strengthen the law before The Post published its report.

Depending on whom you talk to, the structured settlement purchasing industry is either one that gets money to people who need it now or a cluster of companies that profit off disability. Industry advocates highlight deals that have staved off homelessness or put children through school. But critics said vulnerable residents may unwittingly sign away fortunes for little in return.

That is why officials said it is important to make sure the system in which these companies operate functions well, striking a balance between settlement recipients' vulnerability and firms' desire for profit.

"There's a group of legislators interested in working on this, and, hopefully, we'll be able to address the issue," Del. Ariana B. Kelly (D-Montgomery) said. "I know I have talked to more than a dozen legislators" about working on amendments.

Specifically, she said, the legislation should require companies to file their purchase petitions in the county where the settlement recipient lives. Without that prerequisite, critics said, something called "forum shopping" can proliferate, in which purchasing companies seek pliable judges for petitions. In Maryland, many filings cluster in Montgomery, Howard and Prince George's counties. But few go through Baltimore City, where most victims of lead poisoning reside.

John R. Stierhoff, a government affairs attorney in Baltimore, is working on the legislation with Rosenberg. He said the initial act is only a "few pages. I think we're going to triple the size. It's a significant rewriting and updating of the act." He said he wants Maryland's act to "address all of the concerns that have been raised, because there certainly are a lot of them."

He said he wants to get it passed in the 2016 legislative session.

[Previous Story](#)[Next Story](#)

The U.S. solicitor general on Wednesday essentially urged the Supreme Court's chief justice to send former Virginia governor Robert F. McDonnell to prison while he pursues his last legal avenue to overturn his public corruption convictions, arguing that McDonnell cannot make the "de-

Supreme Court challenge — an outcome that would kick-start the process to put McDonnell behind bars, probably in a few months.

Verrill argued that the Supreme Court was not likely to agree to hear McDonnell's case. It

MCDONNELL CONTINUED ON B2

lence they've seen recently in their communities.

Franklin's slaying was the latest in a rising number of shootings and homicides reported this

Fern Franklin, at top, joins other mourners at a vigil for her son, J. R. Reid Franklin, in the parking lot of the Bradbury Heights Recreation Center in Sulland, Md., where he was killed.

the springtime shooting outside of Northridge Park in Bowie and the gunfire a month later, in May, at Highland Gardens Park in

VIOLENCE CONTINUED ON B2

Md. woman acquitted in cousin's fatal shooting

BY KEITH L. ALEXANDER

The Silver Spring woman charged with orchestrating the 2012 fatal shooting of her cousin in an effort to secure a \$100,000 insurance payoff was found not guilty by a D.C. Superior Court jury Wednesday.

After a trial that lasted more than a week, the jury of 10 women and two men took less than a day to acquit Claire Rice, 68, of first-degree murder in the death of Anthony Rice, 58. Prosecutors had said she lured her cousin into Fort Lincoln Park in Northeast Washington about 2:30 a.m. Dec. 17, 2012. Anthony Rice was shot twice

in the back of the head and once through the heart.

After the jury forewoman announced the not-guilty verdicts, Claire Rice broke into tears and then hugged her public defenders. It was the second time Rice was tried in the case. The first, in December, ended in a mistrial when jurors were unable to reach a unanimous verdict.

The case has pitted family members against each other.

One of Rice's friends cried out, "Thank you, Jesus!" as the verdict was read. Willy O. Greffenreid, a friend who attended both trials, wondered aloud "Now how is she

RICE CONTINUED ON B4

Tighter rules sought for Md. settlement buyouts

BY TERENCE MCCOY

Maryland lawmakers on Wednesday called for strengthened legislation that would tighten restrictions on an industry that buys settlement payments amid mounting criticism that some of the businesses profit off the poor and disabled.

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"My office is going to be looking into this," said Frosh, who also called on the General Assembly to strengthen legislation. "And we're going to be looking into a number of different aspects of these transactions."

Baltimore's long struggle with lead paint poisoning has generated thousands of cognitively disabled residents and a glut of lead paint lawsuits, some of which have resulted in what are known as structured settlements. Traditional settlements are paid out in one lump sum. But these agreements often disperse payments across decades under the argu-

LEGISLATION CONTINUED ON B4

Some D.C. charter schools raise millions; others, almost nothing

BY MICHAEL ALISON CHANDLER

Eight of the District's 60 public charter schools raised nearly 75 percent of all charitable funds that went to such schools in the city between 2012 and 2014, highlighting a serious inequality between schools that raised millions of dollars and many that raised little or none.

Just three public charter schools — KIPP DC, Maya Angelou and E.L. Haynes — reported nearly half of all fundraising dollars that went to the city's charter schools over the three-year period, according to the D.C. Public Charter School Board's most recent financial audit. In total, those three

schools combined averaged \$14.5 million a year in donations from 2012 to 2014; the average annual donations for all 60 charter schools over that time frame was \$29 million.

Many leaders of charter schools see fundraising as an important way to advance their missions, charitable dollars being a key way to bolster their budgets as they work to build adequate school facilities and offer competitive teacher salaries. But records show a significant inequality in how much the city's charters receive from donors.

Although seven schools reported at least \$1 million in donations in fiscal 2014, at least 20 schools

DONATIONS CONTINUED ON B2

LOCAL OPINIONS

8/30/2015

An unfruitful effort to monitor structured settlements

The Aug. 26 front-page article "Cashing in off poor lead-poisoning victims" and the Aug. 27 Metro article "Tighter rules sought for Md. settlement buyouts" were splendid, if overdue.

I tried to build support for proper regulation of the structured settlement industry a decade or so ago. I was unsuccessful, even in my actuarial profession. Spectacularly, I proposed that prospective purchasers of a structured settlement for a lump sum be required to tell the beneficiary seller what the proposed lump sum purchase payment was equivalent to in the number of future years and months of the monthly structured settlement payments, discounting the future payments of some appropriate

I tried to build support for proper regulation but was unsuccessful.

annual discount rate, such as 5 percent. The beneficiary seller then could make a judgment as to the reasonableness of the proposed lump sum payment based on his or her self-assessment of the likely number of future payments he or she would receive under the structured settlement. The appropriate state agencies to enforce this requirement would perhaps be the state insurance departments, as the requirement parallels similar requirements for the sale of life insurance policies.

DEWEET K. BARTLEY, Annapolis
The writer, a member of the American Academy of Actuaries, was Maryland Insurance Commissioner from 1993 to 1997.

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- 26 Aug 2015
- *The Washington Post*
- BY *TERRENCE MCCOY*

Cashing in off poor lead-poisoning victims

In Baltimore, black residents are lured by fast money to sell decades of settlement payments for dimes on the dollar

The letter arrived in April, a mishmash of strange numbers and words. This at first did not alarm Rose. Most letters are thatway for her — frustrating puzzles she can't solve. Rose, who can scarcely read or write, calls herself a "lead kid." Her childhood home, where lead paint chips blanketed her bedsheets like snowflakes, "affected me really bad," she says. "In everything I do."



LANCE ROSENFELD FOR THE WASHINGTON POST

She says she can't work a professional job. She can't live alone. And, she says, she surely couldn't understand this letter.

So on that April day, the 20-year-old says, she asked her mom to give it a look. Her mother glanced at the words, then back at her daughter. "What does this mean all of your payments were sold to a third party?" her mother recalls saying.

The distraught woman said the letter, written by her insurance company, referred to Rose's lead checks. The family had settled a lead-paint lawsuit against one Baltimore slumlord in 2007, granting Rose a monthly check of nearly \$1,000, with yearly increases. Those payments were guaranteed for 35 years. "It's been sold?" Rose asked, memories soon flashing. She remembered a nice, white man. He had called her one day on the telephone months after she'd squeaked through high school with a "one-point something" grade-point average. His name was Brendan, though she said he never mentioned his last name. He told her she could make some fast money. He told her he worked for a local company named Access Funding. He talked to her as a friend.

Rose, who court records say suffers from "irreversible brain damage," didn't have a lot of friends. She didn't trust many people. Growing up off North Avenue in West Baltimore, she said she's seen people killed.

But Brendan was different. He bought her a fancy meal at Longhorn Steakhouse, she said, and guaranteed a vacation for the family. He seemed like a gentleman, someone she said she could trust.

One day soon after, a notary arrived at her house and slid her a 12-page "purchase" agreement. Rose was alone. But she wasn't worried. She said she spoke to a lawyer named Charles E. Smithon the phone about the contract. She felt confident in what it stated. She was selling some checks in the distant future for some quick money, right?

The reality, however, was substantially different. Rose sold everything to Access Funding — 420 monthly lead checks between 2017 and 2052. They amounted to a total of nearly \$574,000 and had a present value of roughly \$338,000.

In return, Access Funding paid her less than \$63,000.

'They fall through a crack'

Rose, who spoke to The Washington Post on the condition that her full name not be used, had just tumbled into the little-noticed, effectively unregulated netherworld of structured settlements.

Traditional settlements are paid in one immediate lump sum. But these structured agreements often deliver monthly payments across decades to protect vulnerable recipients from immediately spending the money. Since 1975, insurance companies have committed an estimated \$350 billion to structured settlements. This has given rise to a secondary market in which dozens of firms compete to purchase the rights to those payments for a fraction of their face value.

What happens in these deals is a matter of perspective. To industry advocates, the transactions get money to people who need it now. They keep desperate families off the streets, pay medical bills, put kids through school.

"What we do is provide equity for those people to buy homes," said Access Funding chief executive Michael Borkowski. He said his organization had no reason to think Rose was cognitively impaired, pointing to her high school degree, driver's license and written documents in her name. He said Access Funding has no record showing that Brendan, whom he praised for "the highest level of professionalism," took Rose out to eat, and he disputed that she'd been promised a vacation. "We're trying to bring better value to people," Borkowski continued. ". . . We really do try to get people the best deals."

But to critics, Access Funding is part of an industry that profits off the poor and disabled. And Baltimore has become a prime target. It's here that one teen — diagnosed with "mild mental retardation," court records show — sold her payments through 2030 in four deals and is now homeless. It's here that companies blanket certain neighborhoods in advertisements, searching for a potentially lucrative type of inhabitant, whose stories recall the legacy of Freddie Gray.

Before his April death after being severely injured in police custody, before this hollowed-out city plunged into rioting, the life of Freddie Gray was a case study in the effect of lead paint on poor blacks. The lead poisoning Gray suffered as a child may have contributed to his difficulties with learning, truancy and arrests — all of it culminating in a 2008 lead-paint lawsuit and a windfall of cash locked inside a structured settlement. By late 2013, Gray was striking deals with Access Funding.

People like Gray who have suffered lead poisoning as children are especially vulnerable to predatory transactions. Many are impulsive and mentally disabled, but not so much that the law regards them as incapable of acting on their own behalf, as long as they're 18 or older.

"A lot of them can barely read," said Saul E. Kerpelman, who estimates he has defended more than 4,000 victims of lead poisoning, nearly all of them black. "They have limited capacity. But they fall through a crack. If they were severely disabled enough, you could file a court petition to have a trustee manage their property. But they're not disabled enough."

Over the past two decades, state legislatures and the U. S. Congress have passed measures to protect vulnerable people selling structured settlements. In 2000, Maryland inked the Structured Settlement Protection Act, which enumerated a series of requirements. First, a seller must seek the counsel of an independent professional adviser. Then the proposed deal must go before a county judge, who decides whether that agreement reflects the seller's best interests.

But today, critics say, that measure is failing. "There are weaknesses and ways people can circumvent it," said Eric Vaughn, executive director of the National Structured Settlements Trade Association, which represents companies and lawyers working in the industry. "And these companies are getting around the intents of the law. . . . And when that happens, people get hammered."

A Washington Post review of thousands of pages of court records and interviews with industry insiders and eight victims of lead poisoning have revealed these loopholes in Baltimore.

Access Funding, located in Chevy Chase, isn't the biggest player in the industry. But the company's court documents nonetheless illuminate the mechanics of this trade, as well as how little scrutiny it receives. The firm has filed nearly 200 structured settlement purchases in Maryland since 2013. A review of two-thirds of those cases, which primarily funnel through one judge's courtroom in Prince George's County Circuit Court, shows nearly three-fourths involved victims of lead poisoning.

Every case spells out the deal's worth. It lists the aggregate value of the lead victim's payments, their present value and the agreed purchase price. A random survey of 52 of those deals shows Access Funding generally offers to pay around 33 cents on the present value of a dollar. Sometimes, it offers more. And sometimes, much less. One 24-year-old lead victim sold nearly \$327,000 worth of payments, which had a present value of \$179,000, for less than \$16,200— or about 9 cents on the dollar. Another relinquished \$256,000 worth of payments, which had a present value of \$166,000, for \$35,000 — or about 21 cents on the dollar.

Taken together, the sample shows Access Funding petitioned to buy roughly \$6.9 million worth of future payments— which had a present value of \$5.3 million— for around \$1.7 million.

Presented with these findings, Borkowski said Access Funding doesn't target lead victims and that Baltimore's glut of lead-paint lawsuits has artificially inflated that aspect of its business. He said interested investors set the purchase prices, which are lower than the payments' present value because various factors — such as a life-contingency clause that stops payments if the holder dies — diminish their worth.

"When you get all the way until 2052, that's pretty far out there," he said, adding that his company, which does 80 percent of its work outside Maryland, survives only by offering better deals than other firms.

Still, Borkowski urged stricter legislation and more oversight. "These questions you raise touch on fundamental things we are going to be doing differently now," he said. "We want to secure ourselves in the future from any potential questions like this again, so we can say, 'No, that's not us.' "

'They sucker you in'

The court proceeding that would alter the futures of Freddie Gray and his siblings took place an hour's drive south from their home in Baltimore, in the town of Upper Marlboro. At stake were hundreds of thousands of dollars, but none of the Grays attended the hearing.

The issue — and the company — was familiar to the presiding judge, Herman C. Dawson. Access Funding has petitioned his court more than 160 times since 2013 to purchase structured settlement payments. Dawson has approved those requests 90 percent of the time.

Freddie Gray, awarded a structured settlement as a result of his lead-paint lawsuit, now wanted the same. "Being debt free will be a great help," said an affidavit that Gray signed. "It will take a lot of stress off of me and will help improve my credit rating so that I can make larger purchases in the future."

Gray had agreed to sell \$146,000 worth of his structured settlement, valued at \$94,000, to Access Funding for around \$18,300. His sisters wanted almost the same exact deal, which in all would relinquish \$435,000 of the Gray siblings' settlement — valued at around \$280,000 — for about \$54,000, or less than 20 cents on the dollar of its present-day value.

No one objected to the proposed deals. Dawson adjudicated the petitions, along with two other deals involving victims of lead poisoning, within three minutes, according to a recording of the hearing. "The matter is closed," Dawson said at the hearing. He declined to comment.

The Gray family, which signed six contracts with Access Funding, now burns with resentment. The kids were in a tough spot financially, stepfather Richard Shipley said. Shipley said he tried to dissuade them from taking the deal but failed. "They sucker you in. . . . They didn't know they were giving up so much for so little," he said. Now, he said, the lead checks have stopped, and Access Funding won't return their calls.

Access Funding, Borkowski said, has a "good" relationship with the Grays. "In fact, we have had dialogue since Freddie's passing in which we provided our condolences and sent flowers to the family," Borkowski wrote in an e-mail.

The path that led the Gray siblings into these deals began decades ago, inside a series of poorly maintained, lead-painted tenements in the neighborhood of Sandtown-Winchester, court records show.

"They told us to move out of the house," Shipley recalled one leadpaint inspector advising the family. But where could they go? Every house they lived in between 1988 and 1996 had lead paint. Each of the siblings' lead levels soared to at least 36 micrograms of lead per deciliter of blood. This was considered high then, when the city annually produced thousands of lead-poisoned children. It's considered even higher now. The Centers for Disease Control and Prevention today describes any level above 5 micrograms as "elevated," and on Tuesday, federal authorities pledged \$3.7 million to eliminate what remains of Baltimore's lead-paint problem.

The study of lead's effects on the body remains an evolving science. Used as an artificial sweetener in ancient Rome, lead later became a cheap manufacturing additive. But lead never lost its sweetness — a poison candy irresistible to children. Scientists once assumed the body could withstand a fair amount of lead, which government authorities banned in residential paint in 1978. But researchers now say any trace of lead, which children absorb by eating paint chips and breathing paint dust, can cripple cognitive development.

The Grays eventually exhibited "neurocognitive deficits," records say. Psychologists also discovered those same "deficits" in Rose and her siblings. Her blood lead level reached 31 and inflicted "permanent and severe brain damage," according to court papers, severing her capacity to "enjoy a normal life."

So the Grays — as Rose did, as thousands of other families did— sued their landlord, settling in 2010. The Grays then decided on a course that six lead-paint lawyers say they often counsel clients to take. The Grays structured their settlements, an arrangement recommended by insurance companies, disability advocates and even Congress.

"I try to convince my clients that taking a structured settlement might be in their best interest," Kerpelman said. "They have no experience managing money, are brain compromised, and history shows they'll likely run through a large cash settlement in a short time."

But poverty is expensive. Disability is expensive. Debt mounts. Forfeiting future payments for immediate cash can seem like a painful necessity.

That's how 42-year-old Tarsha Simms recently reconciled her decision to sell a portion of her daughter's settlement to Access Funding. "I do regret it," Simms said. "But if it wasn't for this deal, we would be on the street right now."

To balance clients' vulnerabilities with purchasing companies' desire for profit, most state legislatures called upon county judges to decide the cases. But Maryland's law, according to longtime structured settlement expert Craig Ulman, is "substantially weaker" than in most states. For example, it doesn't require that settlement recipients appear in court, as Illinois' law does. It also doesn't make purchasing companies file their petitions in the seller's county of residence, as in New York, Oregon and other states.

Critics say such conditions can give rise to something called "forum shopping," in which purchasing companies seek out less- scrupulous judges. Those firms "find the squeaky wheels, where things aren't as enforced as much . . . and the judge simply looks at the affidavit," said John Darer, who operates a blog monitoring the industry.

Petitions involving Maryland's lead victims cluster in Montgomery, Howard and Prince George's counties — anywhere but Baltimore City, the jurisdiction where most of those lead victims live. Access Funding says it has overwhelmingly filed in Prince George's County because that's where their attorney's office is located.

Maryland's court system also makes it easy to find the right clientele. Its case search puts lead-paint lawsuits into their own category, meaning a few keystrokes can call forth thousands of names. This unique confluence of factors constitutes the "perfect storm of bad stuff," said Earl Nesbitt, executive director of the National Association of Settlement Purchasers.

But it isn't bad for everyone. For the savvy operative, someone willing to travel deep into Baltimore's poorest neighborhoods, this can be a lucrative trade.

And for a time, it was for Scott Blumenfeld.

An insider's view

He likes risks. He's partial to large, shiny watches. He has played so much poker, peering over cards, shuffling chips, that he's developed carpal tunnel syndrome in his right arm and now wears a large, black brace. He drives a late-model blue Audi, which he says has made him nervous when driving through certain Baltimore neighborhoods at night to meet a lead-paint victim.

"I never roll up on someone without calling first," he said.

Blumenfeld, who has worked hundreds of settlement transfer contracts, said he never intended to get into this sort of work. He grew up in Rockville, got his undergraduate degree in Madison, Wis., then entered the University of Baltimore School of Law. While there, he says he met other law students who went on to form the legal foundation for some of the area's biggest structured settlement purchasing firms.

Many settled in one place, he said. "Around Bethesda, there's a whole concentration of these structured settlement companies, but no [settlement recipients] are in Bethesda. Zero. None. Like, I've never heard of one in Bethesda," Blumenfeld said. "But they're not doing business with anyone in Bethesda. No one even in Montgomery County. It's all about Baltimore."

Blumenfeld's first role in the industry came in 2005, notarizing contracts for a Bethesda settlement purchasing company. Over the next five years, he rapped on doors in Baltimore's toughest blocks to secure hundreds of signatures.

In 2010, Blumenfeld became an independent professional adviser and started counseling sellers before their deals went to court. Maryland legislation holds that such a person — who can neither be paid by nor affiliated with a purchasing firm — must "render advice concerning the [deal's] legal, tax and financial implications." The sellers are supposed to pay their adviser.

Sounds complicated. It wasn't, Blumenfeld said. "I was doing most of them on the phone," he said. He asked whether they understood the "legal, tax and financial implications" of the deal. "It would take less than a minute. I didn't go over the terms of the contract. That wasn't my function. I don't think any of the other lawyers do that, or else they would never get any repeat business."

Charles E. Smith is another lawyer who does this work. A review of 52 Access Funding deals revealed that Smith worked as the independent adviser on every one. Smith entered the same letter in every case stating that the lead victim understood the deal's "legal, tax and financial implications" and that he was not "affiliated" with Access Funding. Borkowski said his company has no contractual or business relationship with Smith, declining to answer additional questions.

Smith said such transactions "represent an extremely small percentage of my practice. I have no business partnerships with any company in the structured settlement purchasing industry. . . . In all instances, I am directly contacted by the [settlement recipient.] . . . I'm not exactly sure how [they] come to me. . . . My independence is in no way compromised or at risk."

Critics condemned the practice of an independent adviser working deal after deal for the same company. "It's a total conflict of interest," lawyer Kerpelman said. "He's doing business for them and with them all the time. Imagine if he ever said, ' No, she can't read. She can't understand what she's signing.' " That partnership, he said, would evaporate.

But Blumenfeld said perceived conflicts of interest weren't the only matters that discomforted him. "A 10-year-old does not have the mental ability to sell these payments, but you see this person is 20, but he has the mental brain capacity of a 10-year-old. . . . So does this annuitant have the ability to sell these payments?"

So Blumenfeld said he adopted a third and final role, this time as something of a broker. He shopped around clients between several purchasing companies, he said, to secure better deals. One client was lead victim Kevin Owens, who wanted to sell hundreds of thousands of dollars' worth of payments. He committed to Access Funding but backed out after Blumenfeld spoke with him. In a lawsuit dismissed in March, Access Funding accused Blumenfeld of interference with business practices and unjust enrichment.

Around that same time, the Maryland Attorney Grievance Commission accused Blumenfeld of employing a paralegal with a "substantial criminal history" whom an elderly client gave power of attorney. The board also alleged that Blumenfeld "failed to properly maintain trust account records" and client ledgers. It suspended him in July last year for at least six months for improper supervision and record maintenance.

Those legal issues have stalled Blumenfeld's work in the structured settlement industry, he said. But even now, he said he still wonders at opportunities missed. One person, especially, still crosses his thoughts. He tried to get in touch with him. He sent him letters.

But Blumenfeld never did connect with Vincent Maurice Jones Jr.

'They gave me pennies'

Sunlight spilled across the silent street in West Baltimore. But inside one of its few occupied homes, everything was dark. Black curtains hung across the windows. The living room was strewn with pawn slips and a pamphlet advising what to do upon suffering a gunshot wound. And anchoring its mantel was a cookie tin emblazoned with the words "Access Funding."

Vincent Maurice Jones Jr., who didn't graduate from high school, was playing video games upstairs in his bedroom. He quickly tired of questions.

What happened with Access Funding? "You feeling me, they got all that money, and I didn't even get a lot." How much money was in his settlement? "What settlement?"

Jones, 25, came of age in a house on Mosher Street, which today stands abandoned and boarded up. Lead paint so infested its interior that only a few walls were free of it, according to records filed in a lead-paint lawsuit that Jones settled in 2008. "Just a lead pit," was what one Baltimore pediatrician called it in a deposition.

When Jones was 2 years old, his blood carried 16 micrograms — triple the level considered elevated— before shooting to 28. Then it dropped to 16 before rising to 22. Even at age 8, lead still coursed at high levels in his bloodstream. Soon, he was repeating grades, failing classes.

One psychologist, court records show, doubted his employability, citing his "severe learning difficulties." He put his lifetime economic loss at more than \$1.5 million. Another medical professional couldn't determine whether Jones, who repeated several grades, was "severely disabled" or just "generally disabled."

"His mother essentially handles his medical regimen, takes him to doctors and makes sure he gets his medications," pediatrician Michael A. Conte said in a deposition. "She, obviously, takes care of all the financial matters. And she transports him, or his girlfriend transports him, when he needs to travel to places that involves more than just walking down the street."

But an affidavit written by Access Funding and signed by Jones in 2013 said Jones wanted to sell \$90,000 of his settlement for \$26,000 to "purchase a vehicle." The money, the affidavit said, would also be used to "look for work and also need furniture, clothes, school supplies for my young daughter."

But Jones has a son, not a daughter. And Jones has never had a driver's license. Within months of buying a Ford sedan, Jones collected four tickets for operating a vehicle without a license. That car today bakes in the sun, unused.

Months later, Jones struck another deal with Access Funding. This time, he signed two contracts. One relinquished \$327,000 worth of future payments, with a present value of \$179,000, for \$16,000 in return. Another deal, later dismissed, offered \$34,000 for a stream of payments that totaled \$336,000 and had a present value of \$195,000. In all, Jones seemed willing to sell \$663,000 of his settlement for \$50,000.

The official reason stated in the two spring 2014 affidavits was puzzling. Jones, who had just bought the house he and his mother share using money from a structured-settlement deal, hadn't needed to pay rent for months. But he signed an affidavit compiled by Access Funding saying he intended "to purchase [a] down payment on a house. Because I am currently unemployed, renting is expensive and detracts from my ability to provide suitable housing for myself and my dependent." The other affidavit said: "Renting is an expense I no longer wish to incur."

Burkowski, Access Funding's chief executive, said he could only speculate as to what happened. "We take what is told to us," he said. "These are people, respectable people who have honest needs. If they say they need a house, it's not Access Funding's position to challenge what that client is representing to us. We're trying to help these people."

It's help that Jones said he could have done without. "The whole thing's a scam," said Jones, claiming Access Funding made up why he needed the money. "All that money I got is gone. They gave me pennies."

So Jones has decided to fight. He's working with an attorney who's considering litigation against Access Funding. And he's not the only one.

Tears, then litigation

"There it is," Rose said, pointing at a large structure looming just blocks from where the CVS burned during the Freddie Gray protests. This is where her lead painted, childhood house once stood. "They knocked it down," Rose said. "It's gone now."

It was a Saturday afternoon, and West Baltimore was alive with funeral processions. The city had just undergone its bloodiest month in four decades — 43 shot dead — and Rose pulled out her phone to show a grisly image of a dead black man making the rounds on Facebook. "He got killed over nothing," she said.

Rose said she hates it here. She doesn't want to stay long. The funeral processions remind her of everything she was happy to leave behind when her family bought a large home just outside Baltimore

with settlement money. The move brought her within a few miles of Heritage High School, where she secured the diploma she now calls her greatest achievement.

That accomplishment, Rose said, now feels far away. One afternoon, she suddenly began to cry. She often tells people she's "not dumb." She just needs a little extra time to understand things. But right now, saddled by the weight of decisions made and contracts signed, she felt less sure of that conviction.

Believing she still had money, Rose in March again tried to sell some settlement payments. But the petition, filed in April, was later dismissed when it emerged that all her money was gone. It was around that time that she also stitched together what had happened with Access Funding. In May, she called lawyers to see whether anything could be done.

In early June, Rose sued Smith, the attorney who had worked as Rose's independent adviser in the Access Funding deal. Smith "has signed at least 40 identical or substantially similar letters under similar circumstances in other petitions where Access Funding was seeking a transfer of a structured settlement," states the lawsuit, filed in Baltimore City Circuit Court. The lawsuit, filed by attorneys Raymond Marshall and Brian Brown, accuses Smith of legal malpractice and intentional misrepresentation.

It says Smith failed to disclose his ongoing relationship with Access Funding to Rose and neither met her in person nor inquired about her intellectual capabilities. "No reasonable attorney acting on behalf of Rose would have recommended the proposed transaction," it says.

Smith argued in court papers that Rose's lawsuit is "fundamentally inconsistent" with her earlier position and warrants dismissal. Rose, he said, signed a contract stating her desire to sell the payments. She signed an affidavit saying she'd spoken to an independent adviser. "A party who signs a contract is presumed to have read and understood its terms," the response stated. ". . . This general rule applies even where the individual signing the document is 'functionally illiterate.' "

Rose now works for a local home care service, providing companionship to an elderly woman, she said. In between shifts and helping her brother with his kids, she said she tries not to think about what has happened to her settlement. Still, she said she feels hunted, "like a target or something."

HUD: 50 years of failure

An agency designed to bolster cities has had little impact in places like Baltimore

By E.J. McNULTY

Describing the need to establish the U.S. Department of Housing and Urban Development in 1965, President Lyndon B. Johnson said, "Our cities and our new urban age must not be symbols of a sordid society."

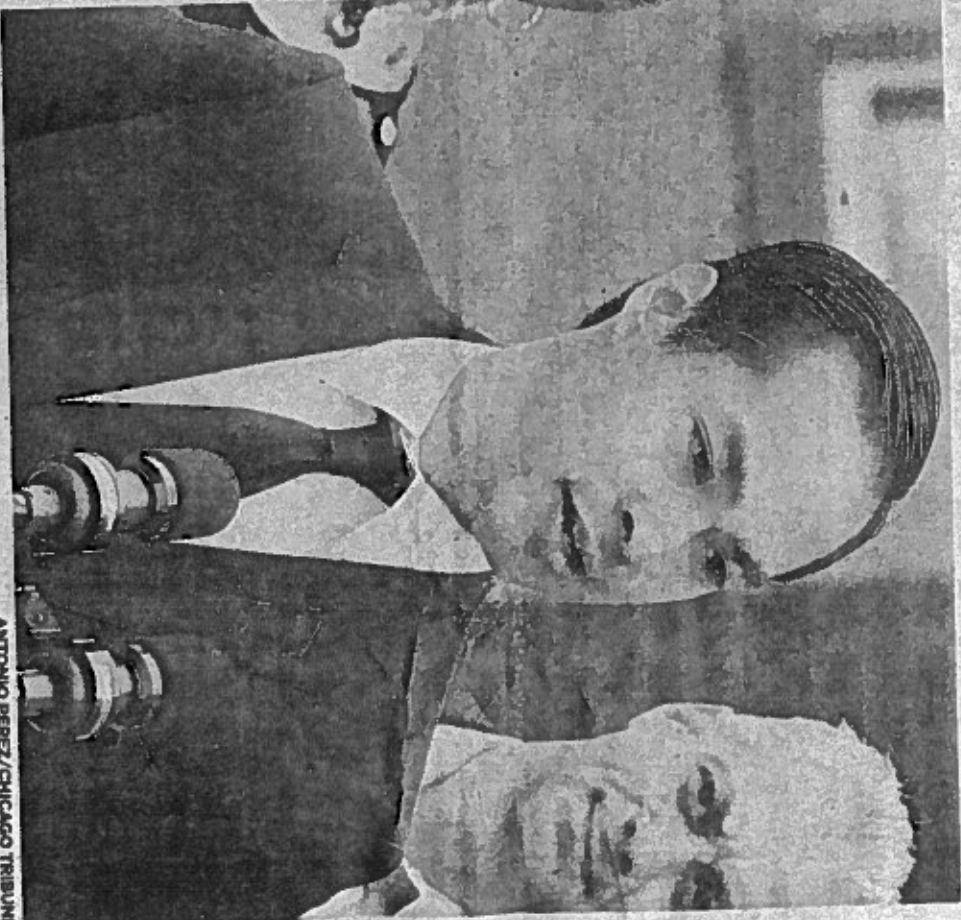
As September marks the 50-year anniversary of the federal government's 11th Cabinet department, few will be celebrating in Baltimore or elsewhere. HUD's original purpose was to prevent the backsliding of urban America into the very abyss where Charm City now teeters. That is never going to happen as long as the department mission-creeps into politically driven talking points and avoids risk-taking and bold initiatives.

Did anyone see Housing and Urban Development Secretary Julian Castro take action in the wake of the Baltimore riots this spring? A visit to the city following the riots, a press conference or public statement, a new initiative, a new way of looking at old problems? No to all the above.

Instead, what the secretary offers is "helpful tools" three months after Freddie Gray's death sparked riots which damaged an estimated 380 businesses and caused an economic impact projected to cost over \$30 million.

The helpful tool is found in a 377 page "final rule" called "Affirmatively Furthering Fair Housing" which inserts the federal government into local planning and zoning decisions. The program sets up a data collection regime to monitor what the department deems as racial disparities regarding site selection for affordable housing and access to services. The complicated final rule will withhold grant funding when bureaucrats determine a local jurisdiction is out of compliance.

"I see this as a helpful tool to address the kind of challenges we've seen in Baltimore, in Ferguson and other cities," Mr. Castro said in announcing the rule.



ANTONIO PEREZ/CHICAGO TRIBUNE

Housing and Urban Development Secretary Julian Castro announced in July that the federal government will embrace a much more active role in shaping efforts to integrate neighborhoods by race and class.

viduals.

According to the GAO, "In a 2011 testimony, we summarized our work that found the array of human services programs was too fragmented and overly complex — for clients to navigate, for program operators to administer efficiently, and for program managers and policy-

OCTOBER 1, 2015





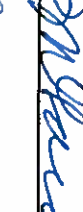






**LEAD POISONING PREVENTION
COMMISSION MEETING**

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SIGN-IN MEMBERS
Governor's Lead Commission Meeting Attendance Sheet
October 1, 2015

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

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LANDON, Edward	Dept. Housing and Community Dev.	
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VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet

October 1, 2015

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
Andra Harrison	JPT CD	
John Leggett	MTHA	
Dean Powell	MIA	
Paul Winkler	APRA	
DAVID FIEDER	CSBC	
Mike O'Leary	HCD Betty	
Jan Ayl	DACD	
Deanne Johnson	MDE	
Rachel Miranda	DHM	
Elizabeth Dixon	DWH	
Leuca For	BHD	
Christine Schrakoff	CONNOR	
Arlene Koumou	MSE	
CS Buve	BCHD	
Todd Krustrey	MSE	
Daphny Hayspiel	SHHI	
Sue Kiehnhammer		
Myra Small	BCD	
Michelle Branson	Agency	
Horacio Tejada	MDE	
501 WRIGHT	MDK	X 3392

Carol Payne v. D. HUD

LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Thursday, October 1, 2015

9:30 a.m. - 11:30 a.m.

AERIS Conference Room

AGENDA

I. Welcome and Introductions

II. New Business

Secretary Kenneth C. Holt, Maryland Department of Housing and Community Development

Update on meetings of the Special Sub Committee on Structured Settlements, Maryland Insurance
Agency - Devin L. Rhoad, Sr.

Presentation on 2014 Annual Report – Childhood Blood Lead Surveillance in Maryland
Dr. Keyvan

Other

III. Old Business

Report from the Childcare Subcommittee – Christina Peusch

Other

IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday,
November 5, 2015 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 TERRA Conference Room Room
October 1, 2015

APPROVED Minutes

Members in Attendance

Nancy Egan, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell, Paula Montgomery, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, Ken Strong

Members not in Attendance

Mel Jenkins, Linda Roberts, John Scott, Tameka Witherspoon

Guests in Attendance

C. E. Burke - BCHD, Elizabeth Dissen – DHMH, David Fielder – LSBC, Laura Fox – BCHD, Michelle Fransen – Cogency, Syeetah Hampton-El – GHHI, Audra Harrison – DHCD, Ken Holt – DHCD, Duane Johnson – MDE, Myra Knowlton – BCHD, Ariane Kouamou – MDE, John Krupinsky – MDE, Rachel Mutinda – DHMH, Mike O'Leary – BCHCD, Dean Rhoad – MIA, Christine Schifkovitz – CONNOR, Horacia Tablada – MDE, Tommy Tomsett – MMHA, Ron Wineholt – AOBA, Joseph Wright – MDE, Carol Payne – HUD.

Introductions

Pat McLaine called the meeting to order at 9:40 with welcome and introduction.

New Business

Secretary Kenneth C. Holt, Maryland Department of Housing and Community Development
Secretary Holt addressed the meeting. He stated he had spent a lot of time learning from Commission members about lead poisoning. He indicated that this has been an immersion, an education that will convert to action. DHCD has spent \$13 million on lead hazard control in the last 10 years, including \$6.2 million in Baltimore City and \$1.5 million on the Eastern Shore. Funds have remediated 1,000 dwellings. A variety of issues need to be addressed. Maryland Insurance Agency is focusing on improvement of structural settlement money. Dr. Wen and Laura Fox have discussed the importance of uniform testing to get a benchmark. DHCD has been involved with weatherizing homes and identifying older homes. He stated he wants to ensure that Maryland's older housing stock is in a condition that young children can thrive. He understands that everyone is working together. He indicated that DHCD will focus on blight remediation. Secretary Holt indicated that Governor Hogan has met with the Mayor Stephanie Rawlings-Blake and details are forthcoming. They are very positive about strategic demolition followed by redevelopment. He stated that he believed this would advance the aims of all members of the Commission. He stressed the need to address structural issues with older stock and tactical issues to make sure all kids are tested. When settlements are reached, he wants to make sure people who need capital get it. He indicated that he had a long term commitment and looked forward to helping to eradicate lead paint hazards in Maryland.

John Krupinsky stated he was concerned about access to funds to remediate lead hazards. The process is very time consuming – could it be streamlined? The current requirements result in many families dropping out; many do not qualify. He suggested Secretary Holt might want to speak with families. Secretary Holt replied that the process needs to be improved. He stated he would talk to Ed Landon to look at the steps that families go through and stated that DHCD will improve. Michael O’Leary stated that the documents are very time consuming to complete and that by the time some families have completed all documents, the time has expired and new documents are needed. Secretary Holt said DHCD would get on this and that he understands there are many concerns about red tape.

David Fielder (Baltimore County) noted that combining health and housing was a unique problem: often there was no conversation between the two groups. The Governor should ask the county to create dialogue between health and housing which in turn would create more successful conditions. Secretary Holt replied that he has started a dialogue with DHMH.

Susan Kleinhammer asked what was going on in jurisdictions outside of Baltimore City with regards to enforcement of existing regulations on contractors – MDE and RRP Federal Rule. If we had more enforcement through permits or rules we would have fewer incidents and could prevent exposure to lead. Ed Landon noted that Maryland is a home rule state where counties enforce the codes; DHCD adopts building and livability codes and provides training for codes. Local jurisdictions are required to enforce all codes. Susan Kleinhammer clarified that she was asking about outreach, not enforcement per se. Secretary Holt stated that DHCD could do that from an information/training purpose. Pat McLaine noted the Commission’s work with Baltimore City on incorporating RRP training verification into the City’s permitting process. Ed Landon stressed that having the City incorporate RRP training verification in the permit process would set the standard for the state. Ken Strong stated that with regards to the permit issue, he has emailed Jason Hessler.

Ken Strong thanked Secretary Holt for authorizing matching funds for the HUD proposal; Maryland had one of the highest matches in the country. State DHCD is keeping lead follow-up alive. Many of the homes that are being treated have multiple problems and having state money is very important. Carol Payne stated she was pleased that Secretary Holt was here at this meeting and that she would like to talk again with him at a later time.

Secretary Holt stated that clearly it is partnership, teamwork and required execution. That is what DHCD is all about. Secretary Holt thanked the Commission and stated that it has been a blessing to hear from Commissioners including Tameka Witherspoon and Pat McLaine who are extremely committed. He indicated that his door is always open. He pledged to cut through red tape and improve administrative processes.

Update on meetings of the Special Sub Committee on Structured Settlements

Nancy Egan - Maryland Insurance Agency (MIA) stated that former Commissioner Bartlett wrote an op ed piece published in the Washington Post on August 26, 2015 stating that the courts should consider structured settlements based on how we do annuity buyouts. Devon Rhoad, Sr.

became part of the Rules Committee to develop new rules for the court, which will be reviewed October 9, 2015 and sent to the Court of Appeals for expedited approval. Devin L. Rhoad, Sr., an annuity expert at MIA, addressed the Commission. Articles about how victims of lead poisoning have been pressured to selling off portions or all of their settlements for as little as nine cents on the dollar. The law governs how payments can be transferred. Independent advice, if in the best interest of the payer, will be approved.

There are a large number of loopholes. The Committee put together a list of new rules that will address the problem and loopholes: (1) courtroom shopping – the petition to transfer the payment must be filed in the county of request; (2) disclosure must be provided to the payee and the court. The court will be in a better position to decide if it is a good deal; (3) Rules about how independent professional advisor can function – must provide detail on the number of structured settlements they have advised, and the relationship with the party trying to purchase payment. (4) the rules specifically apply to lead poisoned children or cases where cognitive or other impairments are present which requires additional scrutiny. (5) personal attendance of the payee will be required in court; (6) the court may appoint a guardian ad litem for the duration of legal action to also make sure the rights of individuals are being protected. The consent of the payee and affidavit of the professional advisor must both contain information on the current value and the present value (the annuity rate). The money being offered must also be disclosed. Carol Payne asked what evaluation method would be used to look at this going forward. Will someone be looking at the behavior of the individual attorney identified in these cases? Nancy Egan indicated that she would reach out to individuals about plans for the long term-term evaluation. The District Court rules communication and she will ask if they will be taking any action. Ed Landon asked how these rules will impact individuals who are in a position to receive structured settlements. There should be a way to stop it. He stated there should not be a way for the individual to sign away their benefits. Devin Rhoad, Sr. indicated that all structured settlements have a non-assignability clause. But in the 1990s, companies got Power of Attorney signature stamps and had the settlements going to companies. The legislature made a decision to allow a transfer but to regulate so it is in the interest of the payee. Sycetah Hampton-El - GHHI stated he is working on a structured settlement piece. This adds protection for victims of lead poisoning. There was form shopping – sales of settlements were pushed through one court. These additional rules are beneficial, checks and balances are necessary. If this requires a judge to speak with the seller, it will have a benefit. Ed Landon noted that people who don't understand the value of long-term settlement don't understand this.

2014 Annual Report – Childhood Lead Surveillance in Maryland

Dr. Keyvan provided a power point presentation for the Commission reviewing the major points from the 2014 Annual Report. He noted that lead, cadmium, arsenic, mercury and lead are all part of the Adult Heavy Metal reporting, but essentially all reports to that registry are lead. The number of children screened continues to go down. Lab slips are essentially complete per the statute except for race, which is reported by the family. The highest BLL in 2014 was a 64. The number of sites using Lead Care 2 is increasing. The volume of hard copy reports has increased tremendously: 13.3% from 2013 to 2014, more than 50% since 2010. Resources are needed for case management in the City at 10ug/dL. All 10-14 get EH inspections in the counties but a

county nurse may not make a home visit to the family of children with this BLL. Concerns were raised that no case management outcomes are being reported. The number of cases outside Baltimore City was higher than the number of cases for Baltimore City. Commissioners were asked to please bring a list of issues for MDE to consider.

Future Meeting Dates

The next meeting is scheduled for Thursday November 5 at 9:30 in the Aeris Conference Room.

Approval of Minutes

A change was made to the September meeting minutes on page 2. Ken Strong moved to approve the minutes, Christina Peusch seconded and the motion was passed unanimously.

Old Business

Child Care Subcommittee – Christina Peusch reported that the Sub-Committee met on Monday (Ed Landon, Christina Peusch, Les Paul and others). The sub-committee is looking at targeting needs for child care providers and will provide a short report next time.

Agency updates

MDE – Horacio Tablada stated that Lead Week is the last week in October, October 25-31. MDE will coordinate with the Coalition to have a kick-off on October 26; the Commissioners will be invited. They may do testing at St. Agnes Hospital. MDE will get a calendar out to the Commission.

DHMH – Cliff Mitchell stated that DHMH is finishing up revised testing strategy and coordinating with state agencies about how to improve testing rates to ensure that every child is tested. He is hoping for events on the Eastern Shore, Western Maryland and PG County.

DHCD (State) – Ed Landon said that DHCD can provide information about new codes.

Baltimore City Health Department – Camile Burke has scheduled something for every day of the week with culminating event on Friday. Laura Fox invites participation of other organizations.

Baltimore City Housing and Community Development – Ken Strong indicated he was closing out the grant ending 6/30 and starting work on the new grant. The department is coordinating efforts with BCHD and Green and Healthy Homes Initiative.

Child Care Administration – No representative present

Maryland Insurance Administration – Nancy Egan indicated that MIA was contacted by MDE to remove obsolete language about the qualified offer still in the insurance code. Now they are working with MDE to add language in to remove the qualified offer and change the effect date to 1978 in the insurance code.

Public Comment

Barbara Moore indicated that she had done a presentation to Johns Hopkins Community Partners on screening and neurodevelopmental effects and would be doing a presentation to PG County.

Pat McLaine read an email from Commissioner Tameka Witherspoon. She was unable to attend the meeting today but wanted the Commissioners to know that last weekend she and her daughter Dallas went to East Baltimore on Ashland Avenue, passed fruit out to the neighborhood and spoke with parents. She indicated the parents were glad and excited to see someone out in the community and that she plans to go back soon. Pictures from her meeting in East Baltimore were passed around.

Christine Schiffkovitz from Connor Environmental showed a copy of the posters sent to 150 local hardware stores including ACE, Home Depot, Lowes, McCormick, Sherwin Williams. Connor will be following up to see if the posters were put up in stores.

Baltimore County reported that to increase community awareness, they are planning their own lead week on October 13, partnering with GHHI. They are planning media events and outreach throughout the County.

Vacants to Value Summit (November 18-19) – Connor will be there; MDE also hopes to attend.

Adjournment

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

Protecting structured settlements

The Washington Post - Washington, D.C.

Subjects: Insurance industry; Structured settlements; State laws; Settlements & damages

Author: Latino, Heather; Papson, Thomas

Date: Sep 13, 2015

Start Page: C.4

Section: EDITORIAL - OPINION

The Post recently revealed, using lead- poisoning cases in Baltimore as an example, that unsophisticated people with structured settlements are being victimized by companies seeking to purchase their future payments for far too little and without regard for the protective purpose of the structured settlement.

These settlements are designed to afford their beneficiaries a steady stream of income over a long period of time for a reason. That is why federal law requires the purchaser to obtain an order from a state court judge finding that the transfer of rights to future payments for immediate cash would be in the "best interest" of the seller. To implement that law, 48 states have adopted structured settlement protection acts.

But not the District, which has no law on this subject. As a result, when a company proposing to purchase structured settlement payments from a District resident seeks approval from a D.C. Superior Court judge, the court must apply the law of the state where the insurance company responsible for the future payments is located. (The future payments are made through an annuity purchased by the defendant in the underlying personal injury case.) Although the state laws are built on the same model, they vary significantly in how well they protect the interests of the sellers. The Maryland law that applies to Baltimore's lead-poisoning victims has weaknesses that could be addressed with stronger legislation. For example, some state laws require more complete disclosures to the reviewing judge, including information about the underlying personal injury settlement and whether there have been prior transfers of payment rights. State laws also differ in the way they address the requirement for "independent professional advice." New York's law requires the judge to make a specific finding that the financial terms of the deal are "fair and reasonable" to the seller.

Fortunately, D.C. Council members Mary M. Cheh (D-Ward 3), Charles Allen (D-Ward 6), Anita Bonds (D-At Large), David Grosso (I-At Large) and Brandon T. Todd (D-Ward 4) introduced a structured settlement protection bill that would put the District in the forefront of jurisdictions with strong laws. The proposed legislation also would put to rest a minority view among D.C. Superior Court judges that their court does not have jurisdiction over these cases because the District has not adopted legislation implementing the federal law. As things now stand, D.C. residents sometimes find their cases being filed in some far-off jurisdiction that happens to be the place where the annuity insurer is located and where they cannot attend the hearing in person.

At the Legal Aid Society of the District of Columbia, our attorneys regularly counsel low-income D.C. residents seeking to sell their rights to future structured settlement payments. We try to help our clients understand that these sales always come at a high cost and should be considered only as a last resort when there are truly no other alternatives. When appropriate, we also assist our clients in getting substantially better deals from the purchaser or restructuring the deals to retain more of the protective features of the original structured settlement. The proposed D.C. legislation would be a huge step toward ensuring that District residents with structured settlements from personal injury cases are not victimized a second time by a company seeking to purchase their settlement payments for too little money and too little regard for their best interests.

Heather Latino is a supervising attorney in the Consumer Law Unit of the Legal Aid Society of the District of Columbia. Thomas Papson is a volunteer staff attorney in the unit.

Credit: Heather Latino; Thomas Papson

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MARYLAND DEPARTMENT OF THE ENVIRONMENT
Lead Poisoning Prevention Program
Childhood Lead Registry

Report to Lead Commission: Annual Report 2014



October 1, 2015

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 11,700 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: 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	863,025
Child	377,545	1,195,612
Test	530,800	1,893,599
Provider	11,904	17,627

* As of September, 2015

Both databases are kept in same format (i.e., Stellar format.)

All “Case-Management” cases are kept in current (active) database.

Baltimore City has its own “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 DHMH to do blood lead measurement on Maryland residents.
5. Casual report of EBL by health care providers/guardian.
Average monthly blood lead reports processed \approx 11,700

Registry Productions

I. Report Generation

- **Daily:**
Report of EBLs (Blood Lead Level ≥ 10 $\mu\text{g/dL}$) to the county health department
- **Weekly:**
Baltimore City data
BLL 5-9 to Baltimore County
- **Quarterly:**
CDC
Medicaid
- **Annual:**
CLR Annual Report
CDC
Medicaid
- **Ad hoc**
County data as requested by counties
Interested parties
Maryland EPHIT
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).

Findings from 2014

In 2014, the registry received and processed 126,820 reports of blood lead test on 120,644 children 0-18 years old from 55 establishments.

Method of Reporting by Laboratories

Method of Reporting	Number of Laboratories	Volume of Report	
		Number	Percent
Electronic	Lab Secure Website	47,480	37.4
	MDE Secure FTP site	62,582	49.3
	Mail	3,243	2.6
Hard copy	Fax	13,515	10.7
	Total	126,820	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 ≥ 15 (10) $\mu\text{g/dL}$ are faxed and processed within 24 hours.

Increase in Hard Copy (Mail, Fax) Reporting

Lab Reporting	2010		2011		2012		2013		2014	
	Lab	Report	Lab	Report	Lab	Report	Lab	Report	Lab	Report
Electronic	8	115,878	9	113,824	8	115,940	8	113,952	8	110,062
Hard Copy	30	9,702	31	12,072	32	11,041	35	12,908	47	16,758
Total	38	125,580	40	125,896	40	126,981	43	126,860	55	126,820
% Electronic	92.3		90.4		91.3		89.8		86.8	

Increase in POC testing did not necessarily increased statewide blood lead testing

Calendar Year	2010	2011	2012	2013	2014
Statewide Blood Lead Testing	23.4	21.9	21.7	21.2	20.7

Quality of data (completeness and accuracy)

Blood Lead Laboratory Reporting Requirement

Completeness of data for 2014

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 $\mu\text{g/dL}$ to be reported (fax) within 24 hours after result is known. All other results to be reported every two weeks.
6. Reporting format should comply with the format designed and provided by the Registry.
7. Data should be provided electronically.

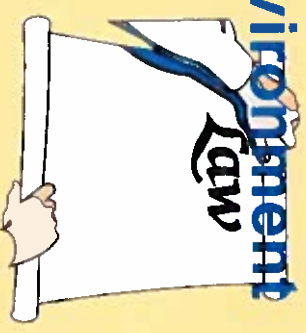
Item	% Complete
Child's name	100.0
Date of Birth	99.9
Sex/Gender	99.7
Race	56.7
Guardian's name	60.3
Sample type	94.0
Test date	99.8
Blood lead level	99.9
Address (geocoded)	90.0
Telephone number	91.8

With some exceptions, the information on the report is taken as it is. (no check on accuracy of the data.)

Program Activities

Primary Prevention: Removal of lead from child's environment

State regulations on Lead based paint Know your rights and responsibilities

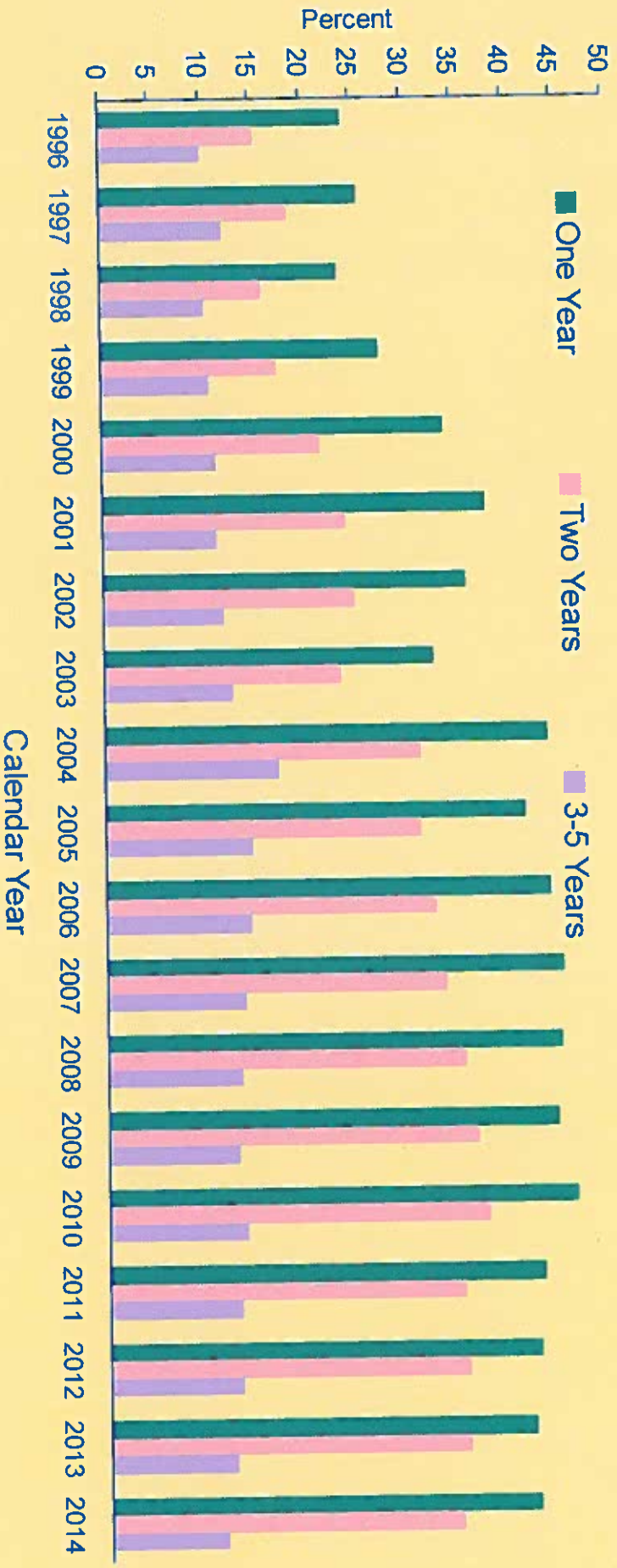


- Requirements to perform lead hazard reduction at each turnover in rental housing units built before 1950. [Environment Article (EA) §6-8]
- The requirements have expanded to all pre-1987 rental units on January 1, 2015.
- Property owners are required to provide the tenants with a copy of
 - Tenant's right package
 - Certificate of compliance
 - EPA pamphlet "Protect Your Family From Lead in Your Home"
- Requirements for Distribution
 - Inception of Tenancy
 - Every two (2) years of Tenancy

Program Activities Secondary Prevention (Identifying children at risk of lead exposure)

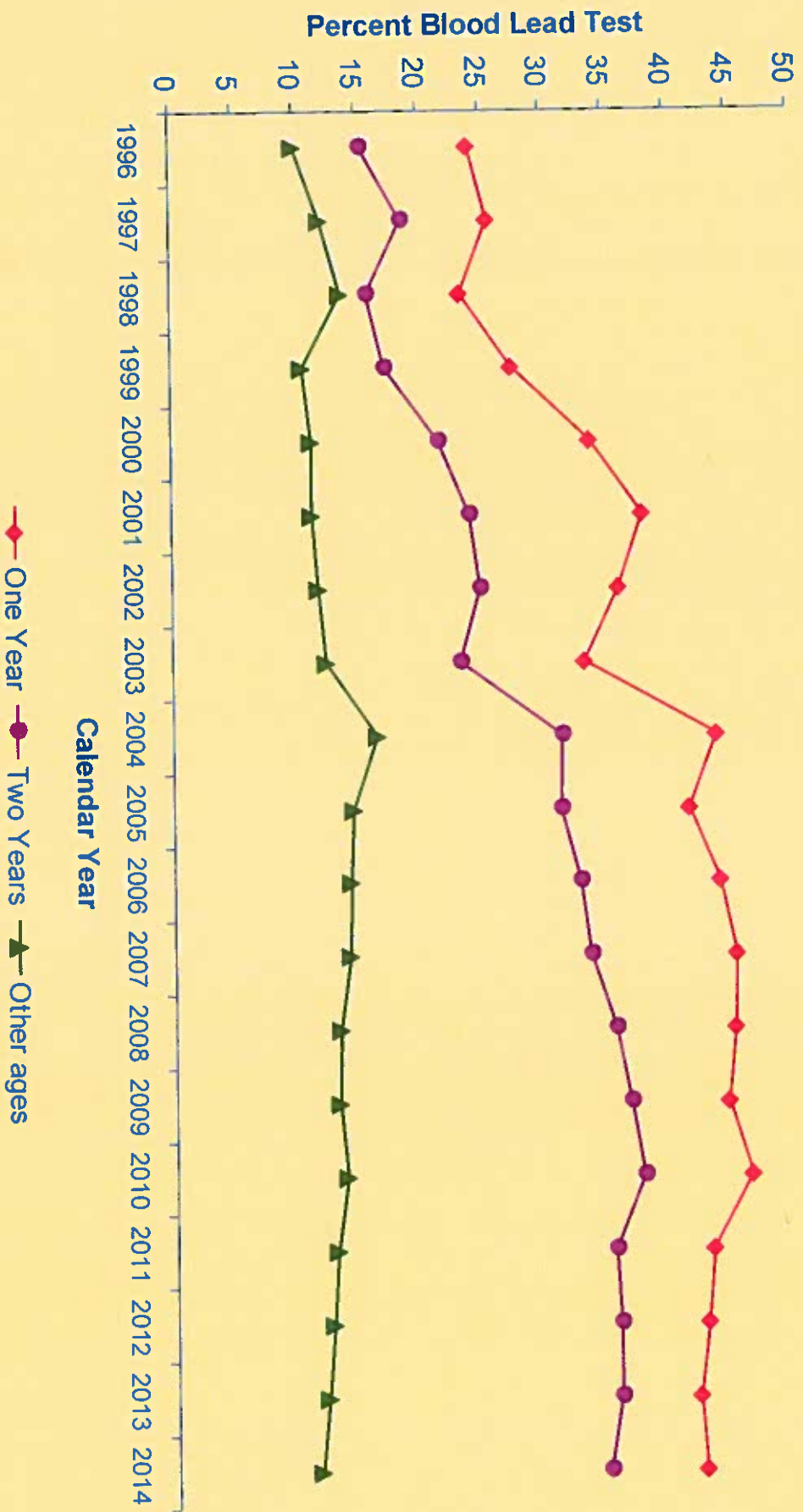
Blood lead testing is more concentrated among children one and two years old who are more likely to be at risk of lead exposure

Percent of Blood Lead Testing by Age: 1996-2014



Program Activities

Blood Lead Testing by Major Age Group: 1996-2014



County	One Year Old			Two Years Old			Total			All children	
	Population of Children	Children Tested		Population of children	Children Tested		Population of Children	Children Tested		Percent	Percent
		Number	Percent		Number	Percent		Number	Percent		
Allegany	813	548	67.4	845	542	64.1	1,658	1,090	65.7	25.1	
Anne Arundel	8,522	3,961	46.5	8,387	2,715	32.4	16,909	6,676	39.5	18.7	
Baltimore	11,956	6,000	50.2	11,572	5,453	47.1	23,528	11,453	48.7	23.4	
Baltimore City	10,487	6,445	61.5	10,022	5,277	52.7	20,509	11,722	57.2	30.6	
Calvert	1,170	306	26.2	1,191	137	11.5	2,361	443	18.8	8.6	
Caroline	550	266	48.4	552	242	43.8	1,102	508	46.1	19.5	
Carroll	2,114	544	25.7	2,182	321	14.7	4,296	865	20.1	9.3	
Cecil	1,611	580	36.0	1,558	335	21.5	3,169	915	28.9	15.7	
Charles	2,224	809	36.4	2,390	800	33.5	4,614	1,609	34.9	17.0	
Dorchester	495	274	55.4	498	245	49.2	993	519	52.3	22.2	
Frederick	3,471	1,370	39.5	3,658	510	13.9	7,129	1,880	26.4	13.1	
Garrett	346	166	48.0	387	148	38.2	733	314	42.8	20.2	
Harford	3,605	1,051	29.2	3,605	751	20.8	7,210	1,802	25.0	13.1	
Howard	4,081	937	23.0	4,293	595	13.9	8,374	1,532	18.3	9.3	
Kent	249	109	43.8	230	86	37.4	479	195	40.7	17.7	
Montgomery	15,575	5,480	35.2	15,548	4,800	30.9	31,123	10,280	33.0	20.9	
Prince George's	14,482	5,947	41.1	14,126	5,046	35.7	28,608	10,993	38.4	24.5	
Queen Anne's	642	256	39.9	641	214	33.4	1,283	470	36.6	15.8	
Saint Mary's	1,813	581	32.0	1,803	417	23.1	3,616	998	27.6	12.6	
Somerset	315	215	68.3	330	164	49.7	645	379	58.8	28.7	
Talbot	487	264	54.2	481	228	47.4	968	492	50.8	21.3	
Washington	2,145	922	43.0	2,228	761	34.2	4,373	1,683	38.5	20.6	
Wicomico	1,541	781	50.7	1,487	717	48.2	3,028	1,498	49.5	21.8	
Worcester	573	280	48.9	560	285	50.9	1,133	565	49.9	22.3	
Statewide	89,267	38,092	42.7	88,574	30,789	34.8	177,841	68,881	38.7	20.7	

And, further
 Blood lead testing is more emphasized in “At-Risk” areas of the state.



Average Blood Lead Testing and Blood Lead Level of 5-9 and ≥ 10 $\mu\text{g}/\text{dL}$ in At-Risk and Not At-Risk Areas: 2010-2014

Area	Population	Children Tested		Children with BLL 5-9 $\mu\text{g}/\text{dL}$ *		Children with BLL ≥ 10 $\mu\text{g}/\text{dL}$	
		Number	Percent	Number	Percent	Number	Percent
At-Risk	114,597	30,516	26.6	1,364	4.2	278	0.9
Not At-Risk	395,074	80,270	20.3	845	1.0	136	0.2
Statewide	509,671	110,786	21.7	2,209	2.0	414	0.4

* Includes calendar years 2012-2014

Program Activities: Tertiary Prevention

Case-Management of children exposed to lead: BLL ≥ 10 $\mu\text{g}/\text{dL}$

Blood Lead Diagnostic and Follow-Up: Confirmation of a Capillary Blood Lead Test

BLL ($\mu\text{g}/\text{dL}$)	Confirm with venous blood lead test within
≤ 9	Routine blood lead test according to protocol
10 – 19	3 months
20 – 44	1 week to 1 month*
45 – 59	48 hours
60-69	24 hours
≥ 70	Immediately as an emergency lab test

Blood Lead Diagnostic and Follow-Up: Follow-Up for Venous Blood Lead Testing

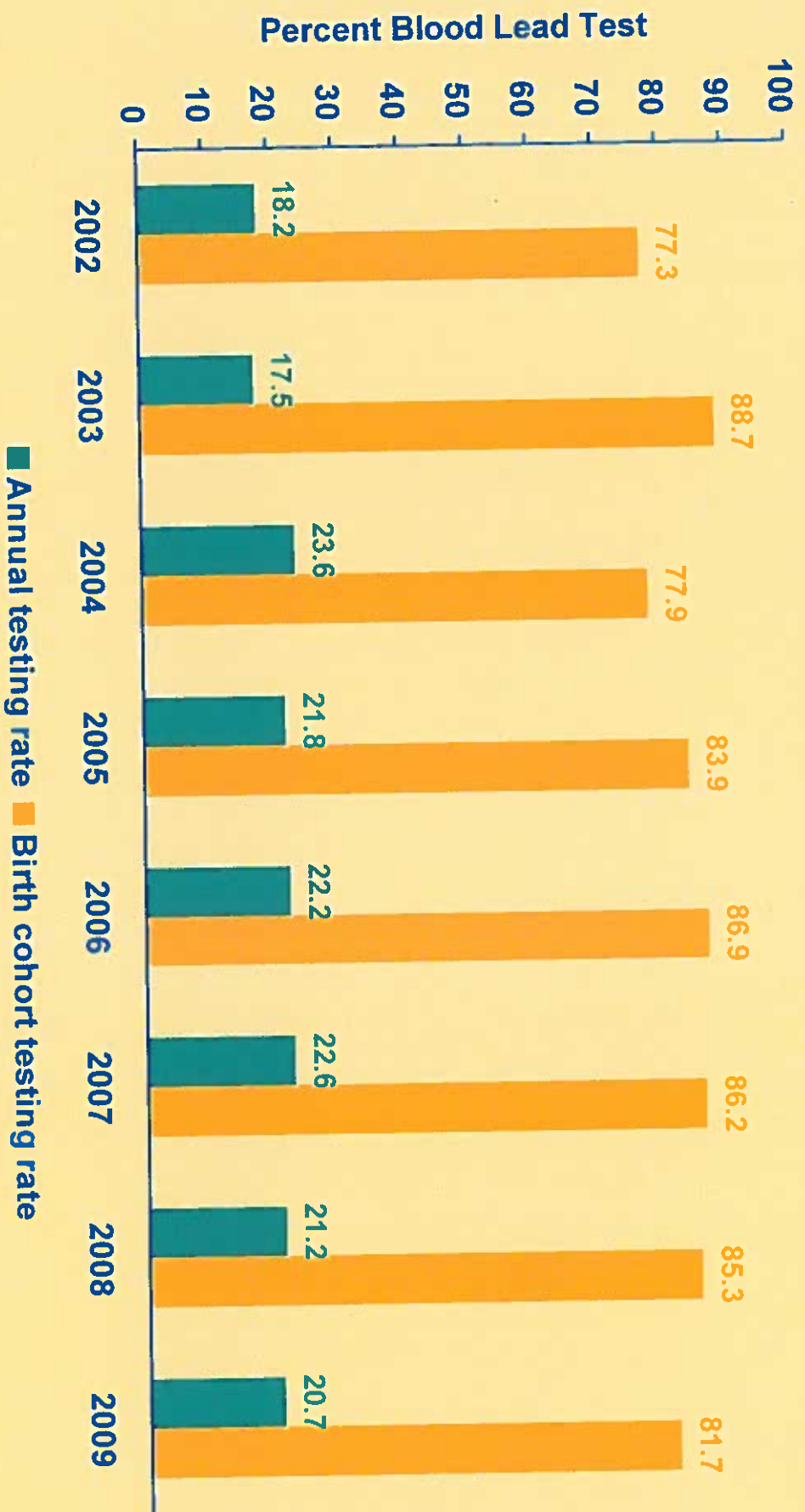
BLL ($\mu\text{g}/\text{dL}$) Venous	Early follow-up (First 2-4 tests after identification)	Late follow-up (After BLL begins to decline)
≤ 4	Routine blood lead test according to protocol	
5-9	Case management protocol in preparation	
10 - 14	3 months ²	6 – 9 months
15 - 19	1 - 3 months ²	3 – 6 months
20 - 24	1 - 3 months ²	1 – 3 months
25 - 44	2 weeks – 1 month	1 month
≥ 45	As soon as possible	Chelation with subsequent follow-up

Case-Management of children exposed to lead: BLL ≥10 µg/dL

Blood Lead Level	Local Health Department	Follow-up Blood Lead Testing	Statewide Law Enforcement
5 - 9 µg/dL	<p>Anything above zero indicates some exposure or contact with lead.</p> <p>Focus on primary prevention and provide education to decrease exposure. For tenants of pre-1978 rental units: Complete EA 6-8 Compliance Interview with guardian then forward to MDE and provide copy or "Notice of Defect".</p>	<ul style="list-style-type: none"> Follow-up within 3 months Early Follow-up within 3 months Late Follow-up within 6-9 months 	<p>Compliance enforcement of pre-1950 rental property owners along with enforcement of "Notice of Defect".</p>
10 - 14 µg/dL	<p>If capillary test, coordinate with health care provider and guardian for follow-up testing.</p> <p>If venous test:</p> <ul style="list-style-type: none"> Home visit if resources allow. Coordinate with MDE Environmental for home inspection. Provide education to decrease exposure, including information about Special Grants and Loans Housing Program. For venous tests at this level and higher, send Official Notice of Elevated Blood Lead Level to Tenant and Rental Property Owner when child is under 6 years of age and residence is pre-1950 rental housing. (Actions under Environment Article § 6-8, Reduction of Lead Risk in Housing Law). Provide appropriate referrals to other agencies (Social Services, Housing, etc.) 	<p>Capillary</p> <ul style="list-style-type: none"> Follow-up within 1 week-1 month Early Follow-up within 1-3 months Late Follow-up within 3-6 months 	<p>All of the above.</p> <p>PLUS</p> <p>MDE Environmental Investigation</p> <p>MDE enforcement of Reduction of Lead Risk in Housing Law</p> <p>"Notice of Elevated Blood Lead Level"</p> <p>Plus, MDE and local health department enforcement of "Notice of Violations"</p>
15 - 19 µg/dL	<p>If capillary test, coordinate with health care provider and guardian for follow-up testing.</p> <p>If venous test:</p> <ul style="list-style-type: none"> Coordinate with the health care provider and guardian for follow-up testing. Coordinate home visit and environmental inspection with MDE. Home visit should be completed within 15 days. Mail out of "Notice of EBL" if living in a pre-1950 rental property. Provide appropriate referrals to other agencies (Social Services, Housing, etc.) 	<p>Capillary</p> <ul style="list-style-type: none"> Follow-up within 1 week-1 month Early Follow-up within 1-3 months Late Follow-up within 3-6 months 	
20 - 44 µg/dL	<p>If capillary test, coordinate with health care provider and guardian for follow-up testing.</p> <p>If venous test:</p> <ul style="list-style-type: none"> Coordinate with the health care provider and guardian for follow-up testing. Coordinate home visit and environmental inspection with MDE. Home visit should be completed within 5 days. Mail out of "Notice of EBL" if living in a pre-1950 rental property. Discuss with the health care provider possible referral to tertiary care centers specializing in management of childhood lead poisoning Provide appropriate referrals to other agencies (Social Services, Housing, etc.) 	<p>Capillary</p> <ul style="list-style-type: none"> Follow-up within 1 week-1 month Early Follow-up within 1wk-3 mths Late Follow-up within 1-3 months <p>(The higher the result the sooner a follow-up test should be scheduled)</p>	
≥ 45 µg/dL	<p>If capillary test, coordinate with health care provider and guardian for follow-up testing</p> <p>Complete all above activities along with the following: Coordinate home visit and environmental inspection with MDE. Home visit should be completed within 2 days.</p> <p>Referral to specialty clinic for inpatient chelation.</p>	<p>Capillary</p> <p>Follow-up within 24-48 hrs</p> <p>Venous</p> <p>As Soon As Possible</p>	
> 70 µg/dL	<p>If capillary test, coordinate with health care provider and guardian for follow-up testing</p> <p>Complete all above activities along with the following: Coordinate home visit and environmental inspection with MDE. Home visit should be completed within 1 day.</p> <p>Referral to specialty clinic for inpatient chelation.</p>	<p>Capillary</p> <p>As Soon As Possible</p> <p>Venous</p> <p>As Soon As Possible</p>	

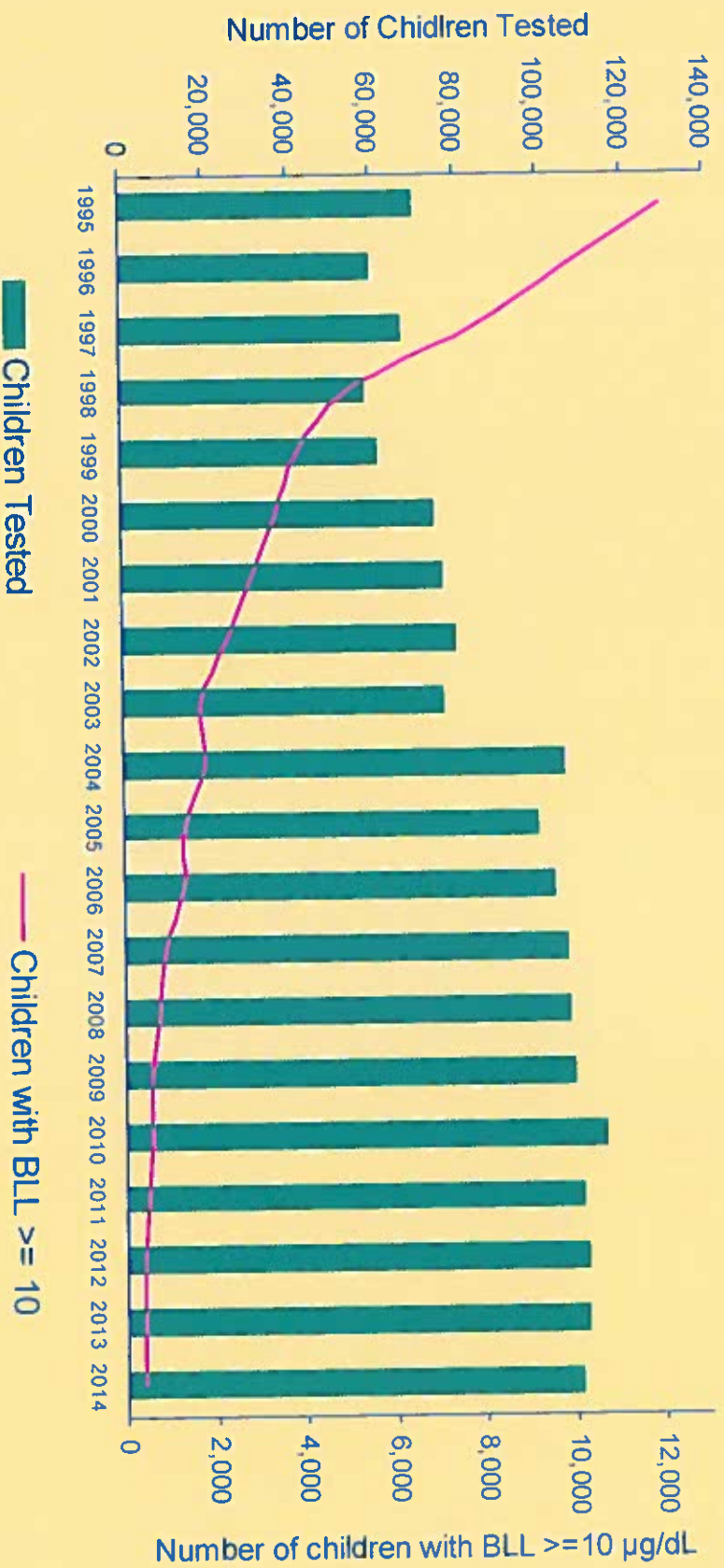
Program Achievements

Blood Lead Testing of Children 0-72 Months Annual vs. Birth Cohort



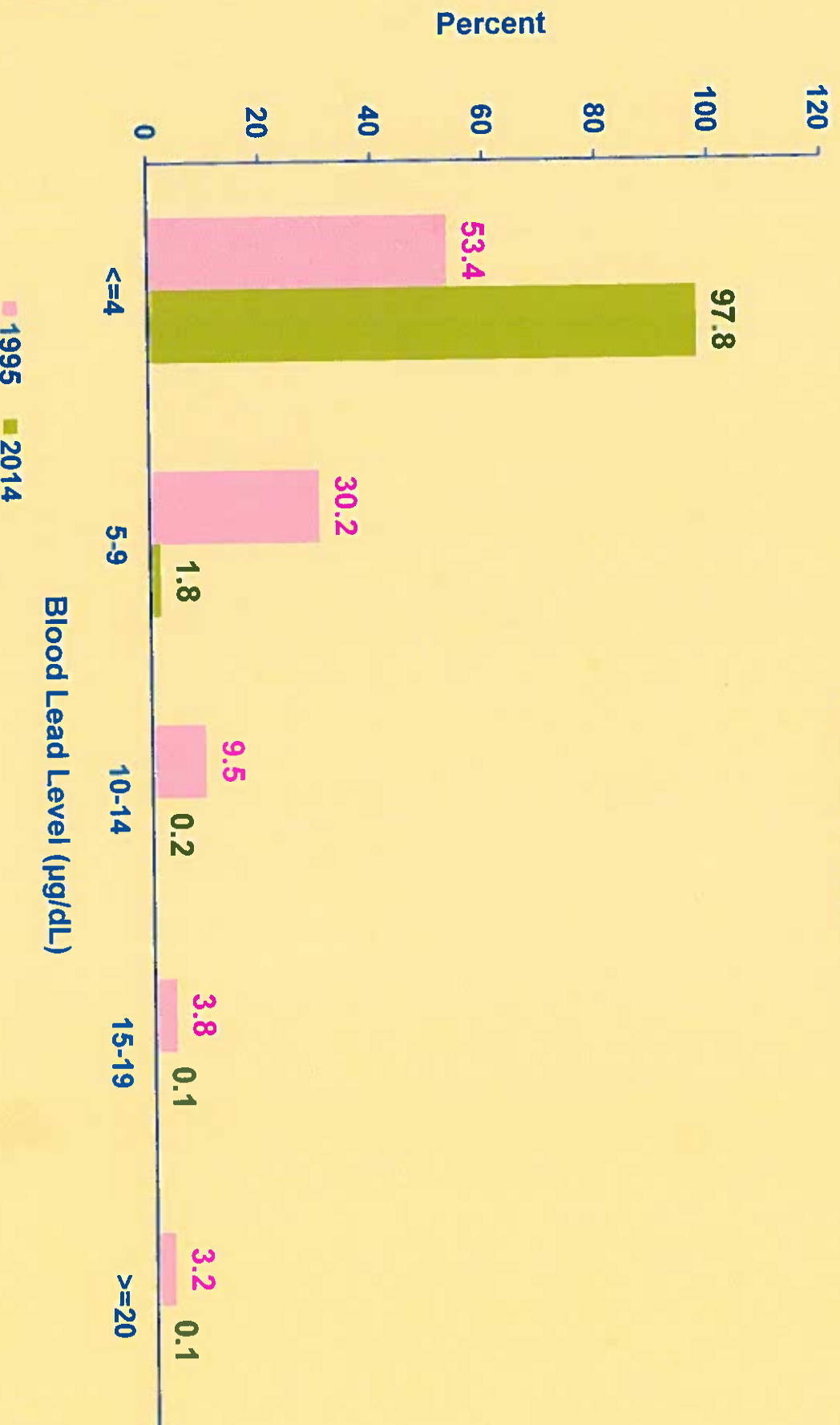
Program Achievements

Number of Children 0-72 Months Tested and the Number Reported to Have Blood Lead Level ≥ 10 $\mu\text{g}/\text{dL}$: 1995-2014



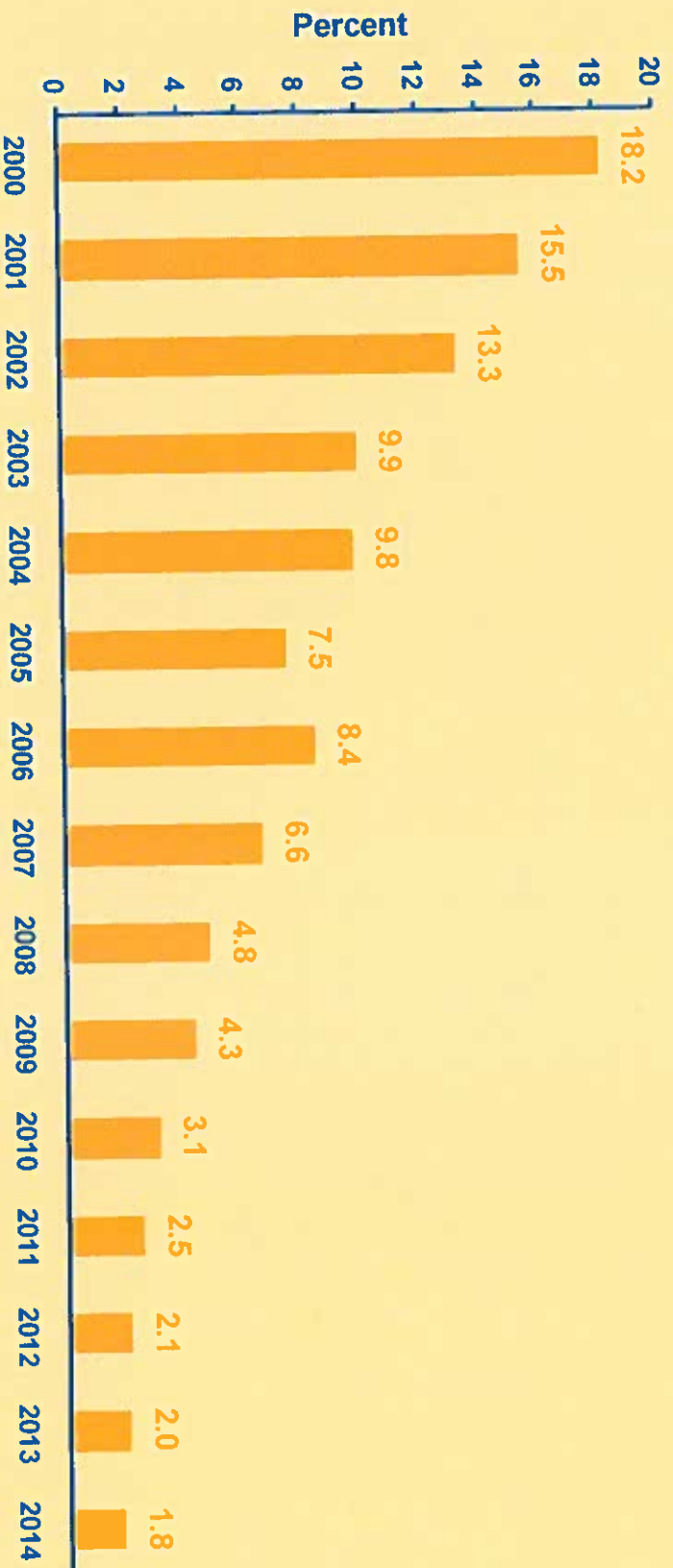
Program Achievements

Blood Lead Distribution of Children 0-72 Months Tested for Lead 1995 vs. 2014



Program Achievements

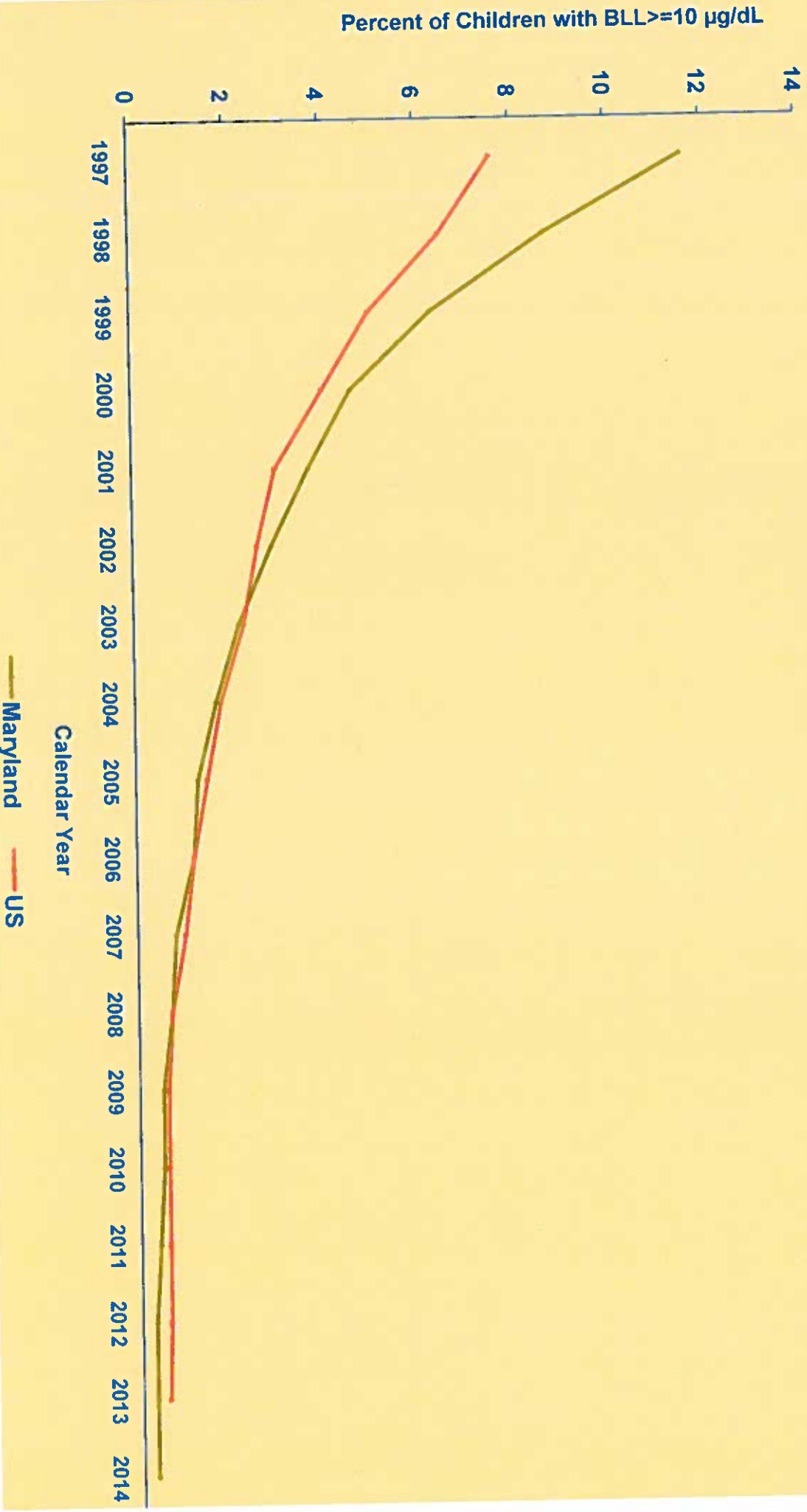
Percent of Children 0-72 Months Tested for Lead with the Highest Blood lead Level of 5-9 µg/dL: 2000-2014



Program Achievements

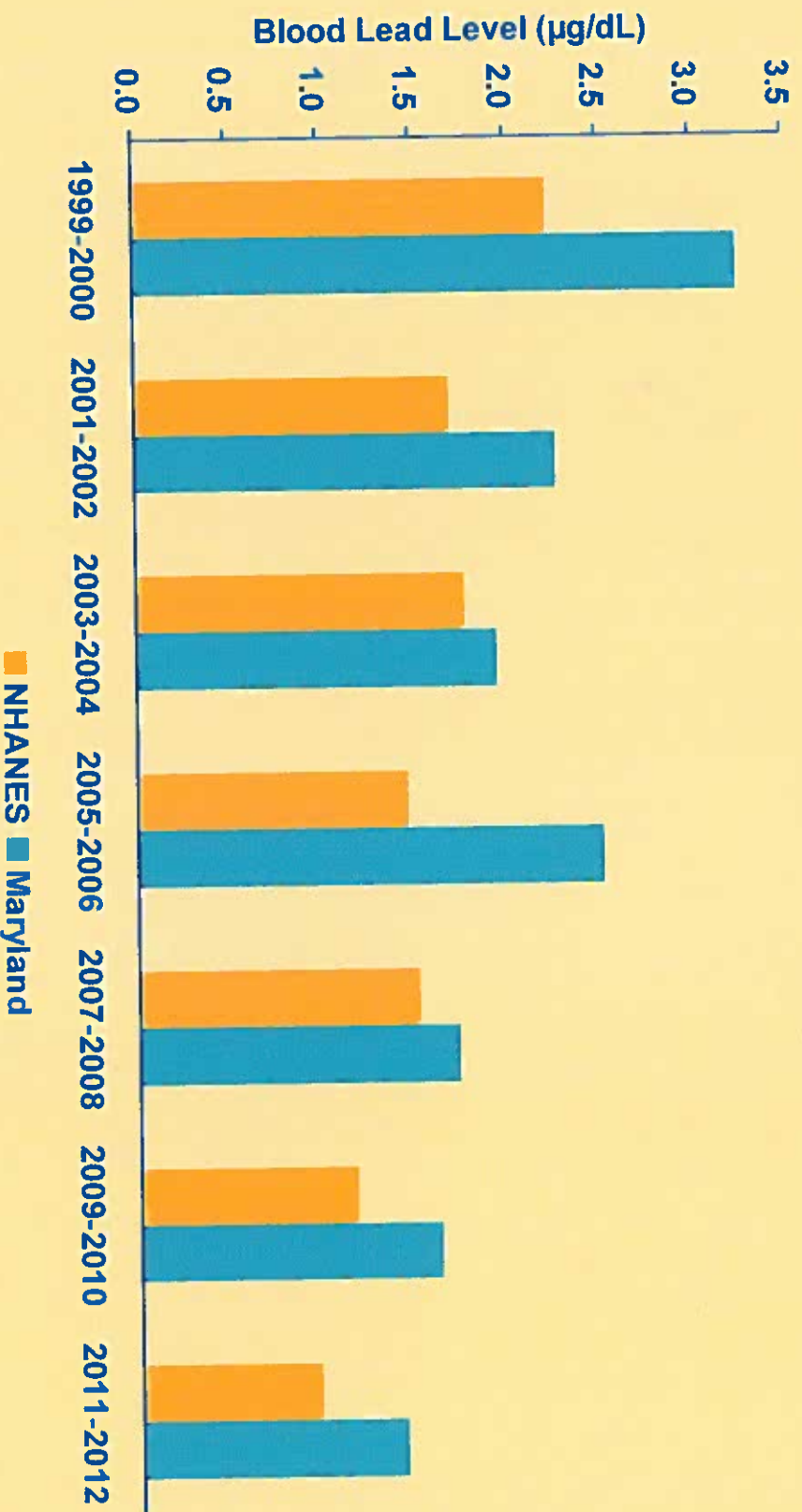
State of Maryland Vs. National Data (CDC)

Percent of Children 0-72 Months Tested for Lead and Had Blood Lead Level ≥ 10 $\mu\text{g}/\text{dL}$: 1997-2014



State of Maryland Vs. National Data (NHANES)

Geometric Mean of Blood Lead Concentration ($\mu\text{g/dL}$), NHANES vs. Maryland: 1999-2012*



* As of September 2015, NHANES data for 2013-2014 were not available for public distribution.

Program Achievements

Number of new cases (incident cases) with blood lead level ≥ 10 $\mu\text{g}/\text{dL}$:
2009-2014

Calendar Year	Number of New Cases with BLL ≥ 10 $\mu\text{g}/\text{dL}$
2009	379
2010	399
2011	342
2012	255
2013	304
2014	262

The number is dropping, but there are variations and dropping is not as steep as desired.

This is not necessarily failure of the Program to achieve its goal (zero cases of BLL ≥ 10 $\mu\text{g}/\text{dL}$.)

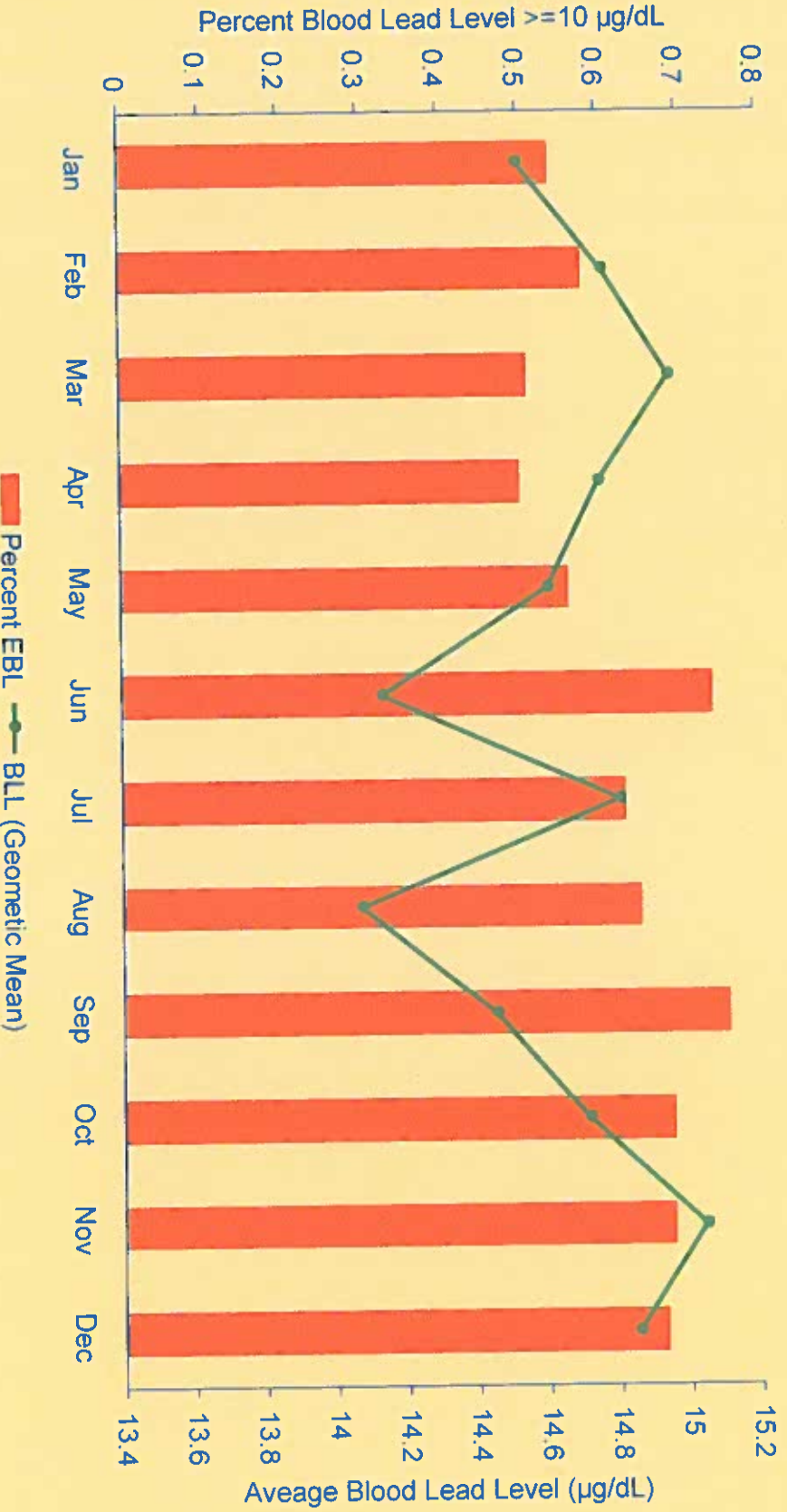
Rather it is a challenge that the Program is confronted with as long as the lead is around.

For example, the Program has no control on the arrival of migrant children who were exposed to lead in their homeland country.

Seasonal Variation of Lead Exposure Among Children

Do the extent and severity of lead exposure vary by time (month, season) of the year? Blood lead data from 2010-2014 were pulled together and sorted by month.

For each child the highest blood lead test for the month based on specimen (venous, unknown, capillary) was selected.



Seasonal Variation of Lead Exposure Among Children

Average Monthly Blood Lead Testing: 2010-2014

Month	Percent
January	7.49
February	7.03
March	8.43
April	8.79
May	8.91
June	8.52
July	9.35
August	11.44
September	8.79
October	8.11
November	6.84
December	6.28

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

NOVEMBER 5, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**


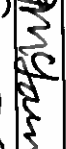
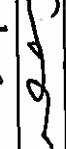






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SIGN-IN MEMBERS

Governor's Lead Commission Meeting Attendance Sheet
November 5, 2015

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne 	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINNE, Patricia 	Child Health/Youth Advocate	
MITCHELL, Cliff 	Department of Health and Mental Hygiene	
MONTGOMERY, Paula 	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	
ROBERTS, Linda Lee	Property Owner Post 1949	
SCOTT, John 	Insurer for Premises Liability Coverage in the State	
STRONG, Ken 	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT 	Office of Child Care/MSDE	410-335-0815 Mangyka Paul
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

Governor's Lead Commission Meeting Attendance Sheet
November 5, 2015

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
Nector Powell	HHS	202-408-7597 nector@hhs.gov
DAVID FIEDER	USBC	DAVID.FIEDER@BALTIMORECOUNTY.MD.GOV
LARRY LORETT	MHA	thomasett@mhaha.org
Chris Wike	Arc	white@arcenvironmental.com 413 250-6011
Dianne Johnson	MDE	Dianne.Johnson@maryland.gov
Christine Schifkowitz	CONNOR	CSCHIFKOWITZ@CONNORINSTITUTE.COM
Alliance Kouramon	MDE	Alliance.Kouramon@Maryland.gov
SND Karpusky	MDE	SND.Karpusky@Maryland.gov
Paul Winkler	AUSA	winkler@usa-maryland.gov
Clyburn	RELD	winkler@usa-maryland.gov
Richard Creden	MDE	KREZ@CDC.GOV
[Signature]	G44 I	
Dawn Jay	AMA	
Carol Payne	HCD	
Monica Grimage	Baltimore	mgrimage@baltimorecountymd.gov

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

Thursday, November 5, 2015

9:30 a.m. - 11:30 a.m.

AQUA Conference Room

AGENDA

- I. Welcome and Introductions
- II. Old Business
 - a. Funding for Child Care Facilities Workgroup
 - b. Report on Maryland Lead Poisoning Prevention Week Activities
 - c. Update on DHMH regulations and Lead Targeting Roll-out
- III. New Business
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, December 3, 2015 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 5, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Patricia McLaine, Cliff Mitchell, Paula Montgomery, John Scott, Ken Strong, Tameka Witherspoon

Members not in Attendance

Nancy Egan, Susan Kleinhammer, Edward Landon, Barbara Moore, Del. Nathaniel Oaks, Christina Peusch, Linda Roberts

Guests in Attendance

C. E. Burke (BCHD), Deputy Sec. Ellington Churchhill (DHCD), Kimball Credle (CDC), David Fielder (LSBC), Monica Grinnage (Baltimore County), Syeetah Hampton-El (GHHI), Duane Johnson (MDE), Dawn Joy, (AMA), Ariane Kouamou (MDE), John Krupinsky (MDE), Manjula Paul (MSDE), Carol Payne (HUD), Victor Powell (HUD), Christine Schiffkovitz (CONNOR), Tommy Tompsett (MMHA), Chris White (Arc), Ron Wineholt (AOBA).

Introductions

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

Approval of Minutes

No corrections were offered for the minutes for October 1, 2015. A quorum was not present; approval of minutes was deferred until the December 3rd meeting.

Future Meeting Dates

The next meeting is scheduled for Thursday December 3, 2015 at 9:30 in the Aeris Conference Room.

Old Business

Lead Week Activities

Baltimore City hosted a number of events at Total Health Care, lead education parties, an event in NW Baltimore. Dr. Wen was featured on Fox 45 News promoting an event at Park West clinic, which sees 4,000 children per week. Representatives were present from HUD and the City. The event helped to kick off the new universal testing approach and was an excellent event in an at-risk community, with lots of audience response. The new HUD videos feature Baltimore and will be shown at our December meeting. Friday was also National Weatherization Day, and Baltimore City promoted the synergy between lead and weatherization/housing treatments. Ken Strong noted that spotlight on the two programs was very appropriate since funding comes from both sources. The Commission has encouraged coordination of services and funding. In the last 5 years, 8,000 low income families have received weatherization work in Baltimore City with expected savings of \$10 million for low-income families. Money is also earmarked for training for minorities and women; \$24,000 is set aside for RRP training. Syeetah Hampton-El noted that it was a pleasure for GHHI to partner on these events. Ruth Ann Norton was represented at the

press conference on Monday, attended other events on Tuesday, went to Prince George's County on Wednesday for training with MDE for property owners with 50-60 people in attendance. GHHI also joined in efforts at Park West.

Update on DHMH regulations and Lead-testing Roll-out

Cliff Mitchell reported that DHMH, the City and others kicked off the press event on Monday at Total Health Care, with DHCD in attendance. Cliff Mitchell indicated he had also met with county health department nurses about 1 week ago, attended a meeting in Howard County with the United Health Care Advisory Board, and attended a rural health conference where he spoke about the importance of universal testing. DHMH had preliminary conversations with Kaiser about possible use of their mobile lab for testing. Cliff Mitchell indicated he had great appreciation for the testing efforts going on in Baltimore and realized there were many issues about insurance coverage and reimbursement; he is starting conversations with private insurers. There appears to be a lot of support by clinicians and the medical community for universal testing. Cliff Mitchell plans to reach out to pediatricians at AAP and to work with GHHI to create materials. He expects to be on the road to talk about health care practices, testing and case management. If there are any questions about the targeting plan, please send them to Cliff Mitchell. The DHMH web page has the regulations posted. Cliff Mitchell noted that the Commission has been very supportive of this effort, as has the Health Commissioner and Secretary of the Department of the Environment; Baltimore City has led the way on this.

Paula Montgomery stated she has been thinking about how MDE will handle several hundred more cases; nothing is budgeted currently to be able to absorb that workload. This will make the program "reactionary" and she expressed concerns that there will not be resources to meet primary prevention resource needs.

John Scott asked if it isn't better to identify and know about the kids. Pat McLaine suggested that the Commission could identify a workgroup to look at the issue and project the impact/workload on MDE and on local health departments. John Krupinsky stated that increasing screening will also increase work for the local Health Departments, asking how are we going to support county programs. Prince Georges County now has 33 cases and only one nurse, overseeing six programs. John Scott stated that from an outside perspective, it seems most important to identify kids. John Krupinsky stated that a big issue is lack of information: 5 to 6 parents are calling MDE every day, asking for more information about what lower BLLs mean and what they should do. A representative from Baltimore County noted that there would be unintended consequences: once the County identifies kids, they will identify substandard housing. This is a real problem for which funds are limited. Deputy Secretary Churchill said he looked forward to working with other agencies on this matter. Cliff Mitchell projected that we will find more kids, probably in the 10-15µg/dL BLL range and that this will be a resource issue for MDE and the local health departments. He suggested that the impact won't occur all at once, and will probably take a year to roll in, so the biggest impact will be in the 2017 fiscal year. The first year will probably be a stretch. But the bigger impact will be in the increased numbers of 5-9µg/dL BLLs. DHMH will give Baltimore City, Somerset and other counties additional resources to advise other counties. It is not yet clear how case management will be done. Many parents and providers are concerned – providers will retest the child and ask about exposure sources, but local health departments will not inspect all of these. We will need to

have a follow-up plan for environmental investigation at 5-9 μ g/dL. We must be able to identify when there is a problem, when BLLs are rising or likely to rise. Evaluation will be important.

Paula Montgomery asked if there were any new regulations in Baltimore City for BLLs 5-9 μ g/dL; Camille Burke indicated there were not, stating that Baltimore City is only doing full environmental investigations of children with BLLs of 10+ μ g/dL. Home visits are being made to families of a child with a BLL of 5-9 μ g/dL and a Notice of Defect will be issued if a problem is identified. Ron Weinhold asked what the end game was: if the CDC standard is 5 μ g/dL now, what will happen over time? Will the standard just keep dropping – maybe to a 3 or a 4 in another 5-10 years? Can laboratory equipment even detect levels that low? Pat McLaine indicated that most laboratories were able to analyze BLLs down to 1 μ g/dL, handhelds had accuracy down to 2 μ g/dL. At lower BLLs, accuracy is very important. We still need to get answers from the labs regarding continued acceptance of BLLs in purple top tubes.

New Business

CDC Update - Kimball Credle from CDC was introduced. He stated that CDC has not recognized follow up for BLLs of 5-9 μ g/dL. CDC's Advisory Council recommended the change. CDC still recommends follow-up at 10 μ g/dL. He said that he would hate to see a mother with a young baby tested at one year and found to have a 6 μ g/dL BLL, then retested again at 8 μ g/dL, then retested again and now with a 10 μ g/dL. It is possible to prevent new cases – how will families react if they think cases could be prevented? There is potential for class action. CDC looked at a lot of data – there is a lot of room for improvement. We need to create synergy and maximize efforts to go into homes. We will want to make sure that follow up occurs. This will increase screening but decrease the risk of exposure. Evaluation is also key – are the outcomes statistically valid? How effective are our interventions? What is the impact on the community? Cliff Mitchell stated that ACCLPP had recommended using BLL of 5 μ g/dL – the 97.5th percentile, and reevaluating every 4 years. Currently, about 97.5% of kids have BLLs less than 5 μ g/dL. CDC agreed with the recommendations to use BLL to identify at-risk kids and lead exposure hazards. DHMH received one recommendation to change the state's follow-up to the CDC standard but said he did not want to tie the state to this. Kimbell Credle indicated that several states have passed laws to adopt BLLs of 5-9 μ g/dL and have set up protocols for follow up at that level. CDC is not trying to tell states what to do. Vermont passed a law to require all providers to test. Ohio now focuses on 5-9 μ g/dL as does Arizona and Houston City. CDC has 35 grantee awards and most have adopted some form of reduction. Pat McLaine requested a list of CDC programs that have called for universal screening and addressed follow-up of BLLs 5-9 μ g/dL based clearly on the science. Ken Strong asked if CDC anticipated increasing funding to the states. Kimball Credle noted that CDC got \$13 million back, half of what they had. There is not enough money to focus on comprehensive programs – just surveillance, data management and outreach. Pat McLaine noted that the Commission had actively encouraged Maryland's Federal delegation to support an increase in funding for CDC, HUD and EPA. CDC would like to see a 20% increase in BLL screening. Victor Powell asked who was providing enforcement across the country. Many health departments are really hurting because of CDC funding cuts. Kimbell Credle stated that CDC had supported resources for GHHI programs and building partnerships. Ohio has maximized partnerships.

Tommy Thompsett stated he was concerned about CDC's reference level – it isn't an elevated blood lead level, it is a "reference" level. A lot of exposure may come from soil in the community itself. We don't always know where it is coming from. This will expose property owners to litigation. He said he was concerned by the use of the term and concerned that it would negatively affect older housing stock.

Syeetah Hampton-El stated that at the end of the day, no level of lead in blood is safe. We are still dealing with the fact that affordable, safe housing in Baltimore City is rare. There was an article in the Saturday or Sunday Baltimore Sun, saying that it makes more sense to own than to rent a home. Many children are living in substandard, deteriorated housing. There will be a cost to fix this housing. Carol Payne stated that this is a public health imperative – children are at risk. We have to take a stand with the Mayor and Governor to identify the public health path we will take to protect children. If money can be pulled, it should be pulled. City Council and politicians must be informed about this issue. Should we have a hearing in the City about the failure to protect children from lead? We should use every opportunity that we can – write Representative Cummings. Write the HUD Secretary. Ken Strong stated that he was preparing a memo to Secretary Holtz to request that roofing costs be included as lead hazard activity. There is a plan to raise the tax on tobacco by one dollar, and that would create a fund of \$100 million. Money could go to healthy homes improvement. He stated he is hosting a meeting with Pete Hammond, House Subcommittee, about the need for additional money for health concerns like lead, asthma, tobacco and seniors. John Scott asked if the tobacco tax impacted lower income families more. Mel Jenkins stated he appreciated Carol Payne's eloquent remarks but was concerned about expressed anger towards property management. Property management is doing much better than the general population of owners. Mel Jenkins stated that he represents Baltimore pre-1950 property managers on the Commission and believes that by far they are doing an excellent job. He said that he agrees 100% that if we want lead safety, we should be looking at much lower levels of lead, below 5µg/dL. Property managers want to know what to do, how to make it safe. He wants zero – he wants children to never have lead exposure. Pat McLaine thanked the Commission for this discussion. She said she would set up a subcommittee to talk more about the impacts of screening on MDE and local health departments.

Pat McLaine reported that she had spoken with Horacio Tablada about awards to the counties with high screening rates, as we have discussed in previous meetings. MDE and DHMH will be making awards to the counties with the highest screening rates. John Krupinsky noted that all these counties were "high risk". He thinks Baltimore County should also be given an award: even though they are not at risk, 50% of their kids have been tested. Baltimore County is unique: strong screening efforts here are really the result of a combined metropolitan/Baltimore City/Baltimore County effort.

Agency updates

MDE – Paula Montgomery reported that she and Cliff Mitchell presented to 200 child care providers about targeting plan, regulations and compliance with the lead law. MDE sent out 15,000 notices of non-compliance with registration and is following up on those currently. MDE will provide an update on registration in December.

DHMH – Noting more to report.

DHCD (State) – Nothing to report – will report next month.

Baltimore City Health Department – Nothing more to report – will present next month.

Baltimore City Housing and Community Development – Ken Strong stated that Code Enforcement plans to add RRP training to the permit process within the next 60 days. Pat McLaine indicated that the Commission was very interested in hearing the details of what was decided, since this is such an important primary prevention issue. Ken Strong indicated that Baltimore County has money for contractors to get free training.

Child Care Administration – Manjula Paul reported that Childcare Administration has trained 110 licensing specialists who go out to inspect child care facilities. Providers, nurses and inspectors were also at the training. Manjula Paul stated she is getting calls from Centers now about what they can do and what funding resources are available. An out of state banker called yesterday about the law requiring child care centers to be lead free. She indicated that the Childcare Administration is very excited to be part of the lead poisoning prevention program and lead poisoning screening. Child Care will provide an update on their program soon.

Maryland Insurance Administration – John Scott noted that as an insurer of landlords, he has never given a presentation. He will make a presentation in February about the availability of insurance.

Public Comment

Tameka Witherspoon stated that she appreciates everybody and that she has gotten a lot of feedback from parents who are concerned. She did a radio show with Baltimore County Health Department and attended the press conference last week. She set up a table at the Silas Point Community Center.

Christine Schiffkovitz (Connor) reported on the effort to get paint retailers to post posters about lead hazards. Only Home Depot and Lowes had posted posters that had been sent out. An owner of one hardware store asked if lead paint was still around. ACE Hardware stores had outdated pamphlets. She gave them new pamphlets and access to website and twitter Town Hall with EPA, CDC and HUD. Christine Schiffkovitz will make a report to the Commission of her findings for this project. She also spoke about EPA Echo, a database on RRP violations. Connor includes this in their RRP classes and offered to provide a presentation at the next meeting.

Adjournment

A motion was made by John Scott to adjourn the meeting, seconded by Mel Jenkins. The motion was approved unanimously and the meeting was adjourned at 11:18 AM.

Governor's Lead Commission 11 5 15 Baltimore Housing Notes
Ken Strong, HCD Deputy Commissioner
Ken.Strong@baltimorecity.gov

- HUD Negotiations for new grant ongoing – Projected to be in full gear January 1st
- Plans for faith-based community outreach should focus on the first quarter of 2106 2016 .
- The HCD Code Enforcement Division, Jason Hessler, states the addition of the RRP number on Baltimore City permit applications will be up, as part of the broader electronic reform of the permit system overall within 60 days by the end of December. I have encouraged Michael Braverman and Jason to begin working now with MDE so that the optimal response when permit applicants don't have the RRP number is crafted and coordinated.
- RRP training proposals are being requested from three firms recommended by MDE in the greater Baltimore area. The first training will be for HCD staff 15 to 20 people, but it may be expanded to include other HCD Divisions and city agencies up to 30-40 City filed staff. That one-day training at least for my division's staff will be followed by training by HUD in their lead requirements and MDE will be invited to present as well. If time permits, we will ask GHHI to review HUD's Healthy Homes Rating System in preparation for the new grant.
- Following staff training, HCD will provide funding for current division contractors and their employees to take RRP training and refresh or obtain their certifications. The third training phase will be for minority and women businesses wishing to contract or subcontract with our division. HCD has budgeted \$24,000 for RRP and related trainings that could serve approx. 120 trainees.
- HCD is asking State Housing to allow roof repairs/replacements to be considered lead hazard eligible activities in the homes of applicants being served by the city with the new federal grant. These will allow those roof repairs and replacements to be grants rather than loans and allow streamlining of the combined roofing and traditional lead safety work to be completed more expeditiously.

DECEMBER 3, 2015

**LEAD POISONING PREVENTION
COMMISSION MEETING**

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SIGN-IN MEMBERS

**Governor's Lead Commission Meeting Attendance Sheet
December 3, 2015**

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

Name/Signature	Representing	Telephone/Email
EGAN, Nancy	Maryland Insurance Administration	
JENKINS, Melbourne	Property Owner Pre 1950	
KLEINHAMMER, Susan	Hazard ID Professional	
LANDON, Edward	Dept. Housing and Community Dev.	
McLAINE, Patricia	Child Health/Youth Advocate	
MITCHELL, Cliff	Department of Health and Mental Hygiene	
MONTGOMERY, Paula	Secretary of the Environment or Designee	
MOORE, Barbara	Health Care Provider	
OAKS, Nathaniel (Delegate)	Maryland House of Delegates	
PEUSCH, Christina	Child Care Providers	m3caq1 410 820 9196
ROBERTS, Linda, Lee	Property Owner Post 1949	
SCOTT, John	Insurer for Premises Liability Coverage in the State	
STRONG, Ken	Baltimore City Housing	
WITHERSPOON, Tameka	Parent of a Lead Poisoned Child	
VACANT	Child Advocate	
VACANT	Local Government	
VACANT	Financial Institution	
VACANT	Office of Child Care/MSDE	
VACANT	Property Owner Pre 1950 Outside Baltimore City	
VACANT	Maryland Senate	

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GUESTS

**Governor's Lead Commission Meeting Attendance Sheet
December 3, 2015**

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 Jay	Aerosol Monitoring & Analysis	
Christine Schiffroutz	CONNOR	
Sheneka Faskerky	DHCR	
John Karpusky	MDE	
John O'Brien	"	
Ren W. Wenzel	ANISA	
Quipe Wilmot	MDE	
Peter Johnson	MTHA	
P. Connce	CONNOR	
The Hon. Powell	HCB	
DAVID FIEDER	SRE	
LAWA FOR	RCHD	
CEU	BCRD	
Sgt. WALTER	NOI	X3392
M. G. Kowalski	KITH	
Chris White	Ave	
M. G. W. Daniel	M. G. W. Daniel	
S. Hampton-El	GH HI	G
Dannel Harris	MDE	

LEAD POISONING PREVENTION COMMISSION

**Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230**

Thursday, December 3, 2015

9:30 a.m. - 11:30 a.m.

AQUA Conference Room

AGENDA

- I. Welcome and Introductions
- II. Old Business
 - a. Funding for Child Care Facilities Workgroup
 - b. Looking up EPA Violation Data in ECHO – Christine Schitkovitz, CONNOR
 - c. HUD training videos
- III. New Business
 - a. Baltimore City Health Department Presentation – Laura Fox
 - b. Update on Rental Registry and Mail-out – Joe Wright and Cynthia Keller, MDE
- IV. Future Meeting Dates: The next Lead Commission Meeting is scheduled for Thursday, January 7, 2016 at MDE in the AERIS Conference Room – Front Lobby, 9:30 am – 11:30 am
- V. Agency Updates
 - A. Maryland Department of the Environment
 - B. Department of Health and Mental Hygiene
 - C. Department of Housing and Community Development
 - D. Baltimore City Health Department
 - E. Baltimore City Department of Housing and Community Development
 - F. Office of Childcare
 - G. Maryland Insurance Administration
 - H. Other Agencies
- VI. Public Comment

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
December 3, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell
Barbara Moore, Christina Peusch, John Scott

Members not in Attendance

Nancy Egan, Paula Montgomery, Del. Nathaniel Oaks, Ken Strong, Tameka Witherspoon

Guests in Attendance

Camille E. Burke (BCHD), P. T. Connor (CONNOR), David Fielder (LSBC), Laura Fox (BCHD), Sheneka Frasier-Kyer (DHCD), Syeetah Hampton-El (GHHI), Pamela Harris (MDE), Dawn Joy (AMA), Myra Knowlton (BCHD), John Krupinsky (MDE), John O'Brien (MDE), Manjula Paul (MSDE), Victor Powell (HUD), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Chris White (Arc), Laurie Wilmot (MDE), Ron Wineholt (AOBA), Joseph Wright (MDE).

Introductions

Pat McLaine called the meeting to order at 9:35 AM, with a welcome and a moment of silence in reflection on the events yesterday in San Bernardino, California, involving local Environmental Health staff. Introductions followed.

Approval of Minutes

After a quorum was achieved, minutes were reviewed. John Scott moved to accept the minutes for October, Mel Jenkin seconded and the October 2015 minutes were accepted unanimously. With regards to November minutes, after minor correction of the date on the page heading, John Scott moved to accept the minutes, Mel Jenkins seconded, and the November 2015 minutes were accepted unanimously.

Future Meeting Dates

The next meeting is scheduled for Thursday, January 7, 2016 at 9:30 in the AERIS Conference Room.

Old Business

Looking up EPA Violation Data in ECHO – Christine Schifkovitz (Connor) reviewed how to search for RRP enforcement on EPA's website. A total of 286 cases are posted, seven (7) from Maryland. Fines vary from \$0 to \$500,000. Enforcement is complaint driven, initiated by region; some regions have not submitted any or all cases. Victor Powell indicated that most of the enforcement is driven by tips and complaints to EPA. Ed Landon asked when MDE will be in a position to follow through on complaints in Maryland. Will complaints be driven by code enforcement? Code enforcement officials have been trained and could report violations. Paula Montgomery was absent, but will address the Commission about RRP enforcement at a future meeting.

Victor Powell stated that Ken Strong is sponsoring training on December 14 and 15 for Baltimore City field staff on RRP and lead laws. The second day will focus on HUD rules, EPA rules and Maryland enforcement.

Ed Landon stated that the training would be very helpful if provided to people who would be enforcing this. Code officials should be trained. This ties into the importance of City officials understanding the need for RRP training by contractors doing major renovation work. Victor offered to let Pet Grant know if there is availability for the second day of training so that information can be shared.

HUD Training Videos –Sheneka Frasier-Kyer, Division Chief for Lead Hazard Reduction Program for Baltimore City, said one video was for consumers and one for stakeholders. The consumer video was shown. Sheneka Frasier-Kyer will send the stakeholder video for distribution to Commissioners.

Funding for Child Care Facilities Workgroup – Christina Peusch indicated that the workgroup will meet again later this month. Information has been found regarding funding for small businesses. A full report will be presented in January 2016.

New Business

Baltimore City Health Department Presentation

Laura Fox showed a map on life expectancy in Baltimore City. There is a 20 year life expectancy gap in the city: some neighborhoods (such as Hollins Market and Upton/Druid Heights) have a life expectancy of 63 years, the same as the US life expectancy in 1940 and comparable to developing countries. The top five reasons that Baltimore residents are dying too young are heart disease, cancer, homicide, HIV/AIDS and drug-induced deaths. Poor educational attainment is associated with lead exposures of childhood and with dying at an early age. Problems are not just about the single issue of lead but about the social determinants of health: where you live, learn, work, and play has a lot to do with health. Laura Fox noted that about 50% of a person's health outcomes are associated with their physical environment and SES. The lead program is often the only City agency involved with the family and staff make many referrals (to WIC, food stamps, mental health). The City is meeting with families whose children have BLLs of 5-9 μ g/dL and 10 μ g/dL+. Clusters of cases are seen in both west and east side communities. Maps from 2000 to 2015 show decreases in the sizes of areas with lead poisoning cases, but the same areas are still identified. Camille Burke stated that one staff handles children with 5-9 μ g/dL BLLs; home visits are made by Public Health Investigators (PHIs), community health workers who are all certified lead assessors. PHI staff provide education about BLL testing, education about lead, distribute green cleaning supplies and refer families to community agencies. Staff hold gatherings in community and recreation centers where conversations occur about lead and green cleaning. Twenty such meetings were held in 2014 and 40+ held in 2015. BCHD collaborates with community groups, MCOs, schools, and early childhood organizations. Monthly meetings to coordinate on cases are held with housing and quarterly meetings are held with DHMH. BCHD also meets regularly with the HUD field office and partners with GHHI.

Follow-up for BLLs 5-9 μ g/dL includes telephone calls and a home visit. The overall goals for 5-9s are to reduce BLL and prevent BLLs from elevating. MDE sends a lab slip to BCHD, where a case is opened and entered into Stellar. The system assigns the case for public health investigation. PHIs reach out to the family, usually within 2-3 days, up to 5 days, to schedule a home visit focused on health education, nutrition, and cleaning. Families are strongly encouraged to arrange repeat testing for their child. PHIs can issue a Notice of Defect if observations warrant. A large list of literature is provided to the family. If there is no phone number, BCHD mails out information. Families are contacted four times, twice by mail, twice by phone. Reminder post cards are sent following 3 months. The case is closed in 6 months if BLL is below 10 μ g/dL. So far in FY 2015, BCHD has conducted 72 telephone call follow-ups, 131 home visits, and organized 15 healthy homes gatherings.

For cases with BLLs of $10\mu\text{g}/\text{dL}+$, BCHD does a QC spot check review of 10-50 cases per year, focusing on if timelines have been met and if families received services. In addition, all charts are reviewed for quality purposes quarterly. Based on this review, a list of concerns is developed and a plan developed to follow up. Of interest: timeliness of the initial contact, the medical HV, the EH contact, the EH inspection, action taken including issuing a lead violation notice, and the outcomes of the follow-up. Two years ago, staff were going out separately. Now the sanitarians and PHIs go out together. Questionnaires have been streamlined to reduce redundancy, which has been beneficial to the families. The percentage of families referred to legal has increased.

Cliff Mitchell asked what interaction program staff had with medical providers. Laura Fox indicated that these contacts focused primarily on repeat BLL testing. Cliff Mitchell suggested that a case manager at the provider's office could play a role in this coordination, not only for lead but for other health hazards as well. The lead program does not report back to the providers on the findings of the home visit, as the asthma program does. Pat McLaine suggested that it would be very important to set up a standard template for a report to providers. Ed Landon asked if BCHD has a relationship with the Housing Authority for Section 8 Scattered Sites or Housing Developments. If the Health Department identifies information of concern during the interview, is that information getting back to the maintenance staff who would handle work orders? Laura Fox said indicated that the MOU with Ken Strong's program states that housing will pay for 150 home visits for children with BLLs $5-9\mu\text{g}/\text{dL}$. The Housing Authority Lead Program is a designee of the Health Department so they can share data for kids who have been poisoned. Ed Landon stated he was concerned about whether the Baltimore Housing Authority actions were sufficient for cases where a child is poisoned. Myra Knowlton noted that Housing has been responsive by phone and email communication with BCHD supervisor Geraldine Woodson and that quick intervention has been feasible where needed.

Pat McLaine asked about the sources from which children are getting poisoned, for 2014. Laura Fox said BCHD could put that information together. Myra Knowlton indicated that food products are now an issue as well as contaminated soil; toys have not been much of a problem.

Susan Kleinhammer indicated that her concern was liability the Health Department is putting themselves into, specifically the amount of time the Health Department has the information about possible housing risks before that information is disseminated to landlords: is this an issue? Is there any concern about litigation due to the time between the identification of a child with an elevated BLL and an inspection? Myra Knowlton stated that BCHD is satisfying its duty. The inspectors have science degrees. QC has been useful and BCHD also addresses outliers and looks for trends.

John Scott stated he would be interested in seeing more about the sources of lead: is a source always identified? Are there cases with no sources of lead identified? Or instances of multiple poisonings? Frequently more than one child is poisoned in a home; there is also the issue of generational poisoning. John Krupinsky asked what the source was and whether dust wipes were taken. If dust levels are below the reportable level, is there still a problem? The dust standard was last changed January 5, 2001.

Baltimore County staff asked Cliff Mitchell to share how he might outreach to County Health Departments. Cliff Mitchell indicated that 2 meetings had been held with local health departments and that DHMH was reviewing local management guidelines now. He expects the regulation date will be early March 2016. DHMH is still planning to do provider outreach.

Christine Peusch asked if BCHD had partnerships with early childcare programs. Laura Fox stated that BCHD did not have any now but would love to establish those partnerships. Camille Burke indicated that BCHD is now talking with the Judy Centers.

Barbara Moore noted that most primary care provider (PCP) offices do not have care managers. Reporting findings back to the PCP is a gap we need to fix. In a recent situation where a case was dropped, Mount Washington and the primary care provider were both concerned. Also, the home inspection report would be very useful for Mount Washington to have to work with cases. Laura Fox indicated that BCHD could provide the home inspection report to Mount Washington. Myra Knowlton indicated the timeframe for identifying a problem during an inspection and reporting that problem to a landlord was about 3 days in Baltimore City.

Manjula Paul suggested that medical case management from insurance companies may also be a resource. Pat McLaine noted that these care managers do not typically go out to the home but some are available for visits to the office and for phone follow-ups. Cliff Mitchell suggested that if lead is seen as a chronic condition, more support may be available from MCOs. Manjula Paul stated that MCOs and insurance companies should be concerned as this problem would impact their bottom line. Barb Moore suggested we determine if lead poisoning is on the list of chronic conditions for which MCOs and Medical Assistance are providing case management. John Krupinsky noted that Amerigroup and Priority Partners provide telephonic and mail follow-up now. Barbara Moore stated that she is able to get authorization for hospitalization in three days from MCOs but is having great deal of difficulty with Medical Assistance, where the turn-around time is 5-7 days. This is a major policy barrier to care.

With regards to what is done differently with a child who has a BLL of 12-13 μ g/dL or a very high BLL, Laura Fox indicated that BCHD sanitarians have authority to go to the home and to write violation notices for any child with a BLL of 10+ μ g/dL. The PHI cannot write violation notices. Laura Fox indicated that sanitarian testing may include soil, window sills, porches, dishes and foods. Tommy Tompsett requested that the slides be sent to the Commission; Laura Fox will send them to Pet Grant.

Update on the MDE Rental Registry

Joe Wright provided an update on MDE's Rental Registry. MDE has seen increased registrations since 1/1/15, particularly for properties built 1950-1978. The US Census suggests that Maryland has about 312,000 housing units built before 1978; as of 11/30/2015, 147,075 units have been registered (47%). Because of the way property records are maintained, it is difficult to know the exact universe of properties.

The State Board of Assessment and Taxation database was used to identify properties in Baltimore City and Baltimore County that may be rentals and are not currently registered. In the summer of 2015, 32,927 letters were sent to owners in Baltimore City and 17,300 were sent to owners in Baltimore County. MDE plans to review records and send letters in every county. Patrick Connor asked how many of these affected properties were free of lead based paint. Is it possible that there are 160,000 properties built 1950-1978 that are certified lead free?

Joe Wright indicated that MDE saw an exodus of properties after the provision for limited liability was struck down. Unfortunately, the taxation building database does not match MDE's databases, including the certificate database, registration database and s-dat.

With regards to the number of certified lead-free properties, Joe Wright indicated MDE will provide a better estimate for Baltimore city and Baltimore County for the total number of pre-1978 rentals, the number with lead-free certificates, the number registered, and the number of units that were neither registered nor certified. Approximately 10,500 notices of violation were sent to individuals who had previously registered but did not register in 2013, 2014 or 2015. Commissioners requested follow-up information regarding the effort to target property owners in Baltimore City and Baltimore County. This information will be provided in January 2016. An update on the status of regulations will be provided at the February 2016 meeting.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, January 7, 2016 in the AERIS Conference Room at MDE, from 9:30am – 11:30am.

Agency Updates

Maryland Department of the Environment – Nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell indicated that DHMH was working on materials, meeting with WIC and Maternal Child Health to discuss how to work with home visiting programs. Positive feedback was received on the regulations, with thanks to the Commissioners for their comments. DHMH expects to begin focusing on outreach and resources strategy in about 6-8 weeks.

Maryland Department of Housing and Community Development – Ed Landon noted that the legislative session starts in January. Insurance may pursue additional legislative changes. Syeetah Hampton-El noted that the Maryland Judicial Court of Appeals had met and the Rules Committee had made a number of changes, with these new rules going into effect in January 2016. State legislation may be needed to flush out additional issues if changes are needed. Ed Landon reported that the Governor's regulation group had received a lot of input regarding regulatory and statutory changes needed. Lead has shown up in discussions by the Smart Growth Committee.

Baltimore City Health Department – nothing more to report

Baltimore City Housing and Community Development – the Department is still in negotiations with HUD about the new grant, efforts continue to build up the pipeline and continue coordination. HUD is interested in more units being completed. RRP training will be held this month.

Office of Child Care – Manjula Paul noted that the office had discussed changing the testing forms in a meeting with DHMH.

Maryland Insurance Administration – no representative present

Public Comment - Christine Schiffkovitz (CONNOR) attended the Vacants to Values event at the Convention Center and reached out to a lot of people about the issue of lead-based paint. Christine Peusch thanked Cliff Mitchell and Paula Montgomery for presenting at a state leadership meeting for childcare providers.

Lead Commission Meeting
December 3, 2015
Page 6

A sub-committee was formed to explore the impact of additional BLL screening on public health and on housing organizations and to make recommendations. The sub-committee includes Barbara Moore, Pat McLaine, Cliff Mitchell, Paula Montgomery or John Krupinsky, Laura Fox and Victor Powell.

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 11:39AM.

News / Maryland

Maryland attorney general investigating lead-paint settlement deals



By **Alison Knezevich** · Contact Reporter
The Baltimore Sun



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AG Frosh probing lead-paint settlement deals

NOVEMBER 19, 2015, 10:07 PM

Maryland Attorney General **Brian Frosh** has launched an investigation into the practices of companies that buy structured legal settlements from lead poisoning victims — paying them less than the settlements would provide.

Court filings this week in Baltimore and Montgomery County circuit courts show that the attorney general's Consumer Protection Division is looking into whether companies involved in the sale of structured settlements have violated the state Consumer Protection Act.

"Lead paint victims are almost by definition cognitively impaired," Frosh said Thursday. "We're talking about people who are vulnerable. ... The concern of our office is whether people are taking advantage of them in a manner that's improper."

In the practice under review, the victims exchange regular settlement payments over time for immediate one-time payouts that are much smaller.

Article continues below ↓

Frosh said his office has learned that the amount that the victims typically get is about a third of the present value.

"That's like me saying to you, 'Hey, look, you've got a 10-dollar bill, I'll give you three dollars for it,'" Frosh said.

A focus of the investigation is whether people who give "independent professional advice" to victims in connection with the transactions are actually independent, which is required by state

law.

According to legal filings, the attorney general's office is seeking information about entities including Access Funding LLC and Seneca One LLC.

Three attorneys — Anuj Sud, Charles E. Smith and Bennett Wills — are fighting subpoenas served in connection with the investigation, court records show. This week, the attorney general's office is seeking to enforce the subpoenas.

Sud served as counsel to Access Funding and related entities in transactions with injured Marylanders beginning in June 2013, and Smith provided "independent professional advice" to people who entered into transactions with the entities during the same period, according to court filings from attorneys for Frosh's office.

Access Funding and related companies "extracted, at a minimum, a total of nearly \$15 million from poor and vulnerable Marylanders from June 2013 to August 2015," the attorneys wrote.

An attorney for Smith declined to comment Thursday. An attorney for Sud could not be reached.

According to court filings, Smith and Sud contend that attorney services are exempt from the Consumer Protection Act and the subpoenas are overly broad.

Wills has provided "independent professional advice" to Marylanders involved in transactions with Seneca One, according to court papers filed by Frosh's office.

Tom Donnelly, an attorney representing Wills, said that under professional rules regarding client confidentiality, his client cannot turn over the information that has been subpoenaed.

"We have no problem working with the attorney general's office in this case," Donnelly said, but "we are compelled by the rules of professional responsibility to not divulge this information unless there is a court order."

Attempts to reach other officials at Access Funding LLC and Seneca One LLC were unsuccessful.

Additional people have been subpoenaed as part of the investigation, Frosh said.

State lawmakers said this summer that they plan to explore ways to tighten regulations on companies that buy structured settlements.

alisonk@baltsun.com

Baltimore City Lead Poisoning Prevention Program

Lead Commission

Thursday December 3, 2015

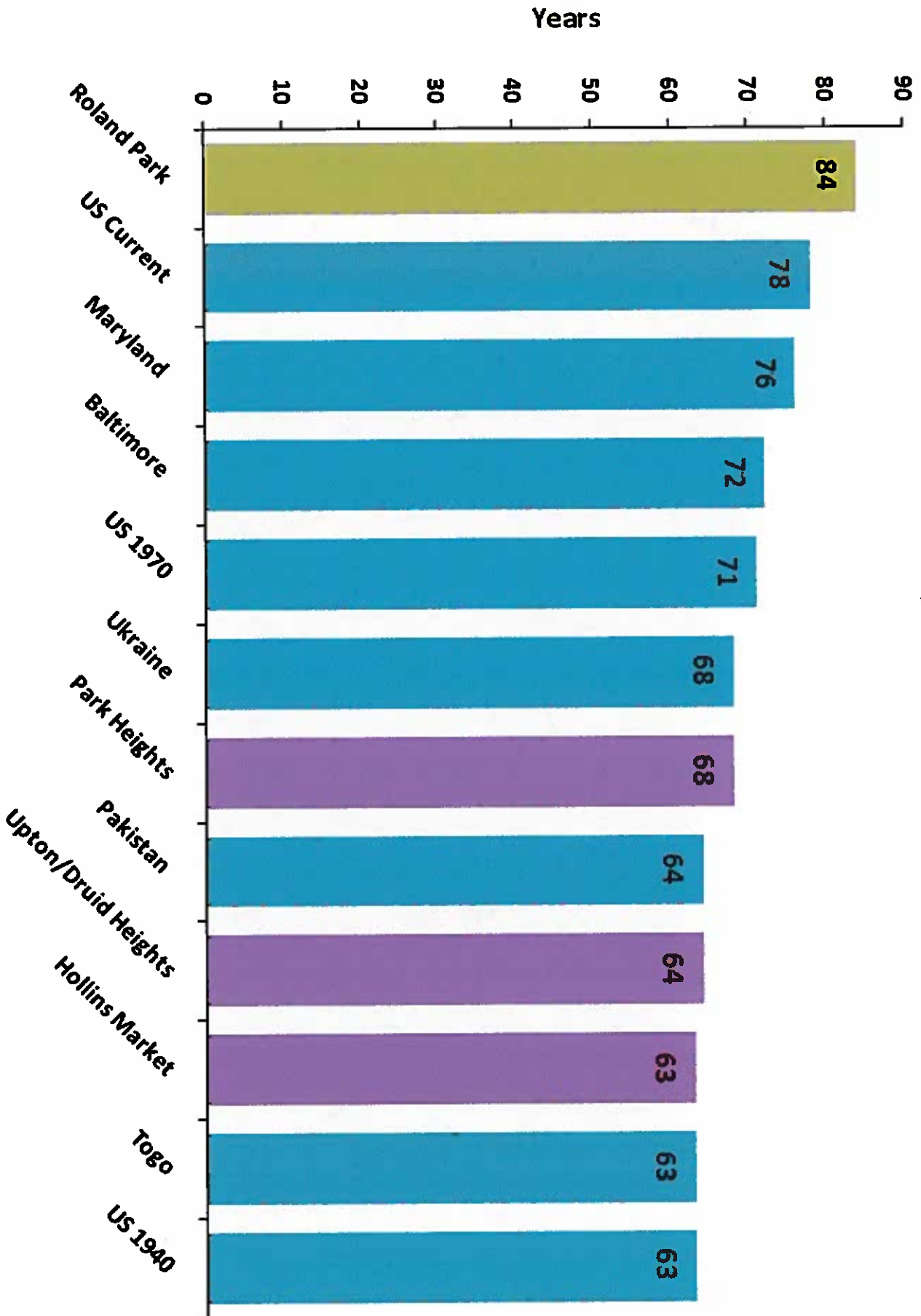


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Mayor

Life Expectancy at Birth



Top 5 Reasons for Dying too Young in Baltimore City

Top 5 Causes of Deaths <75 years in Baltimore City

	% of All Deaths <75 years of age
Heart Disease	15.4
Cancer (all Cause)	14.8
Homicide	12.5
HIV/AIDS	7.6
Drug-induced	6.9

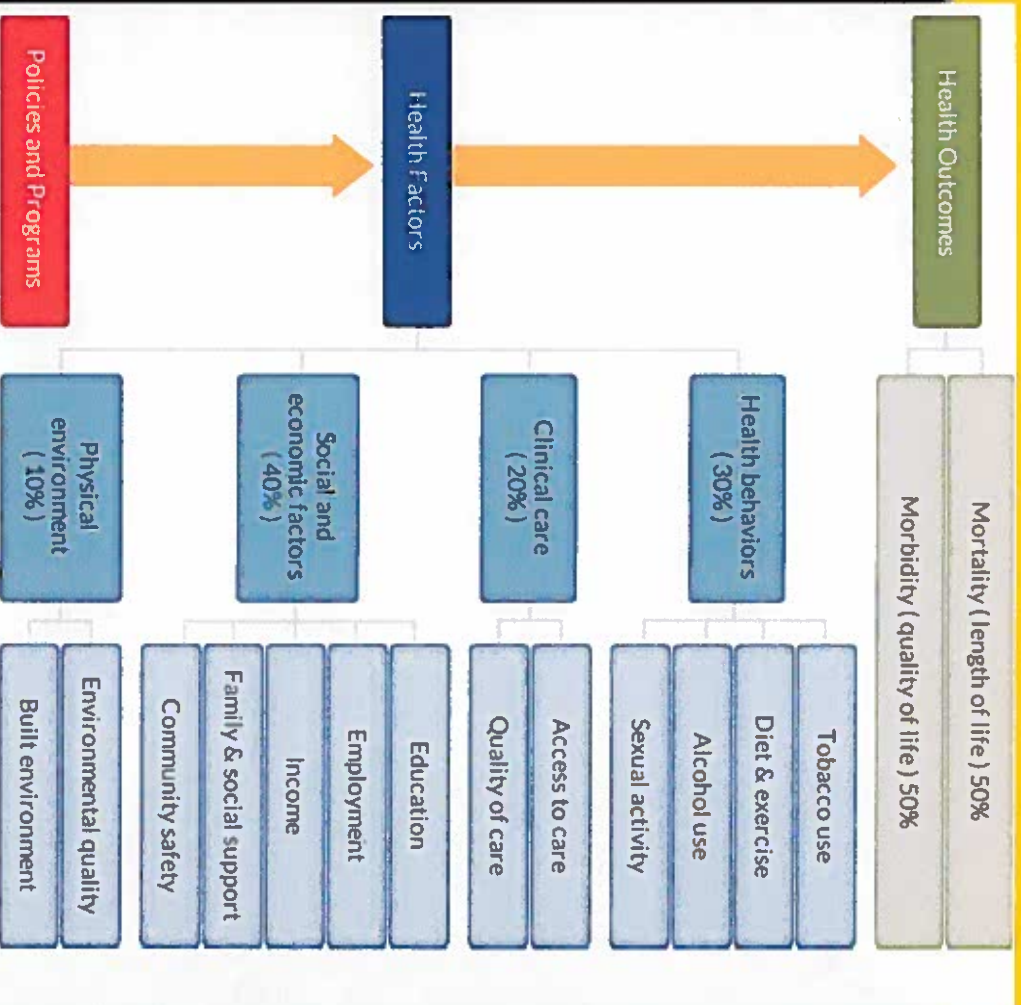


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Social Determinants of Health



County Health Rankings model ©2012 UWPHI

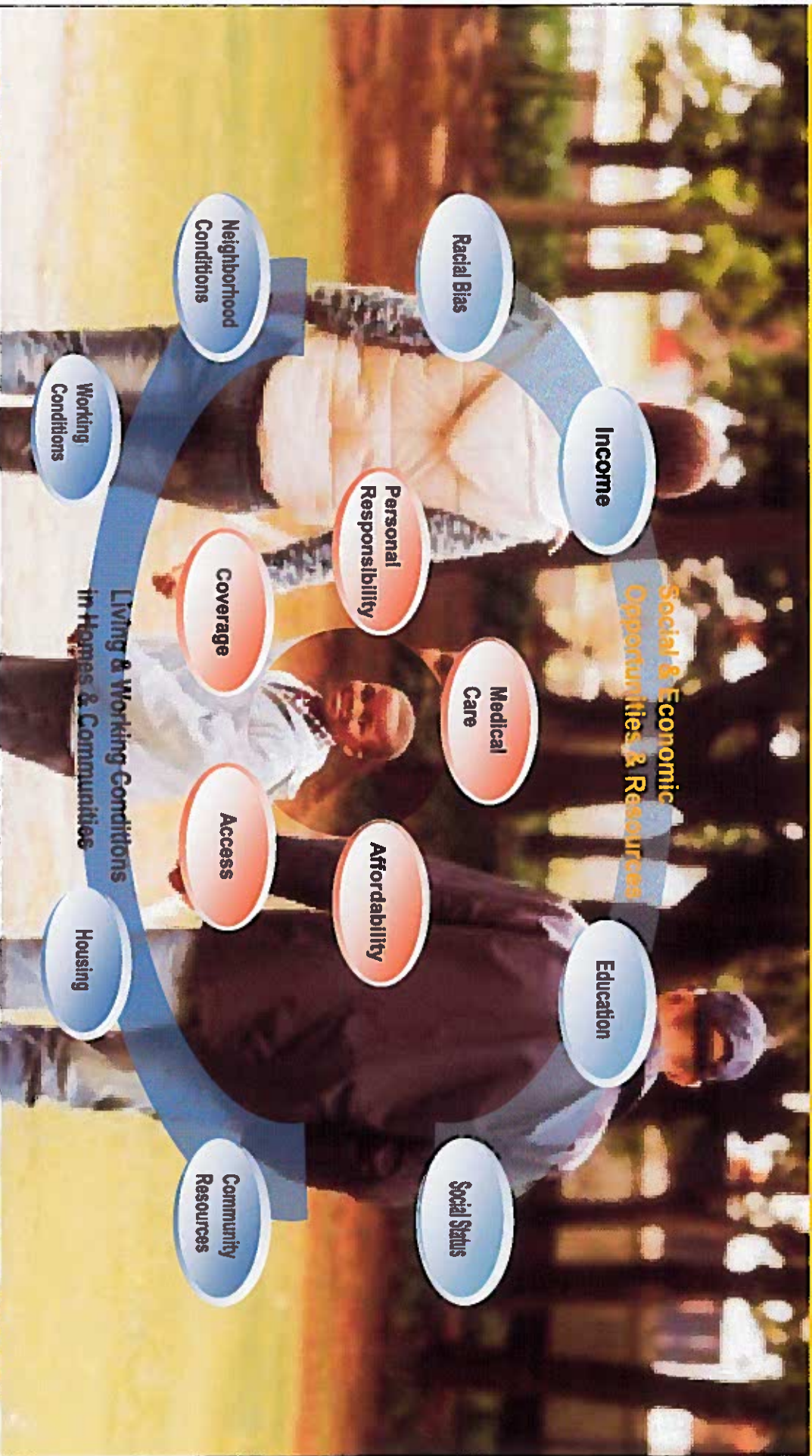


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The Social Determinants of Health

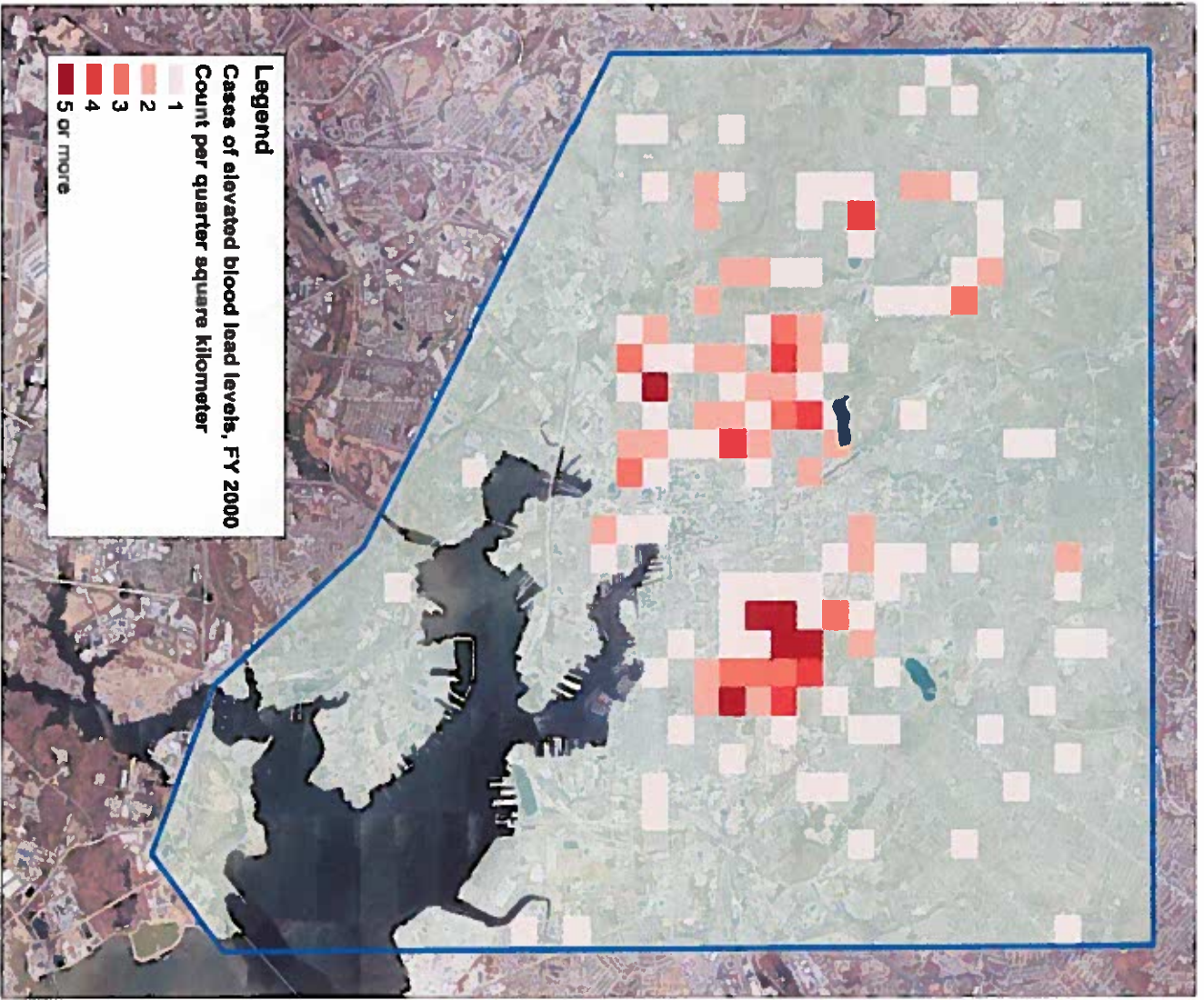


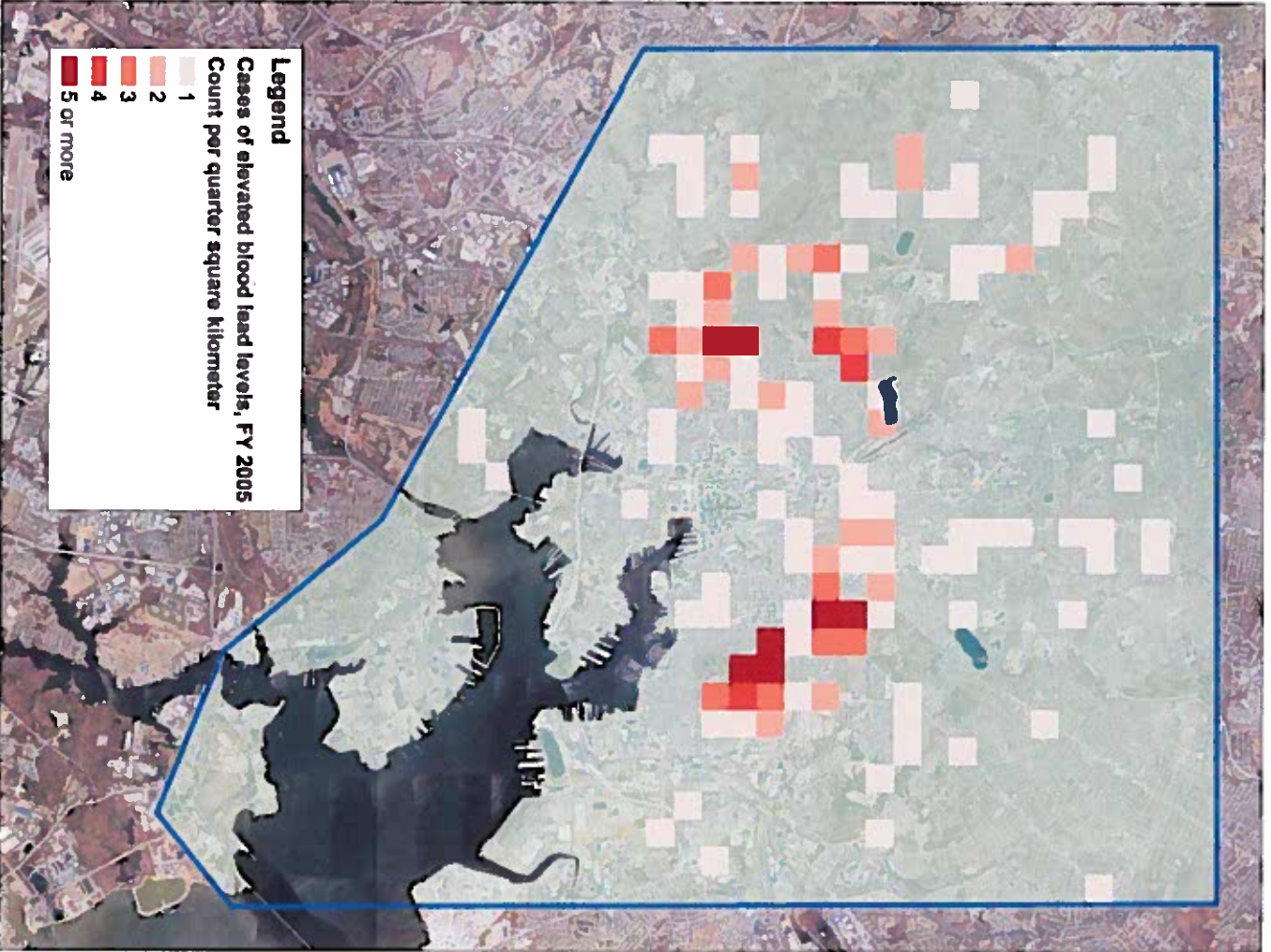


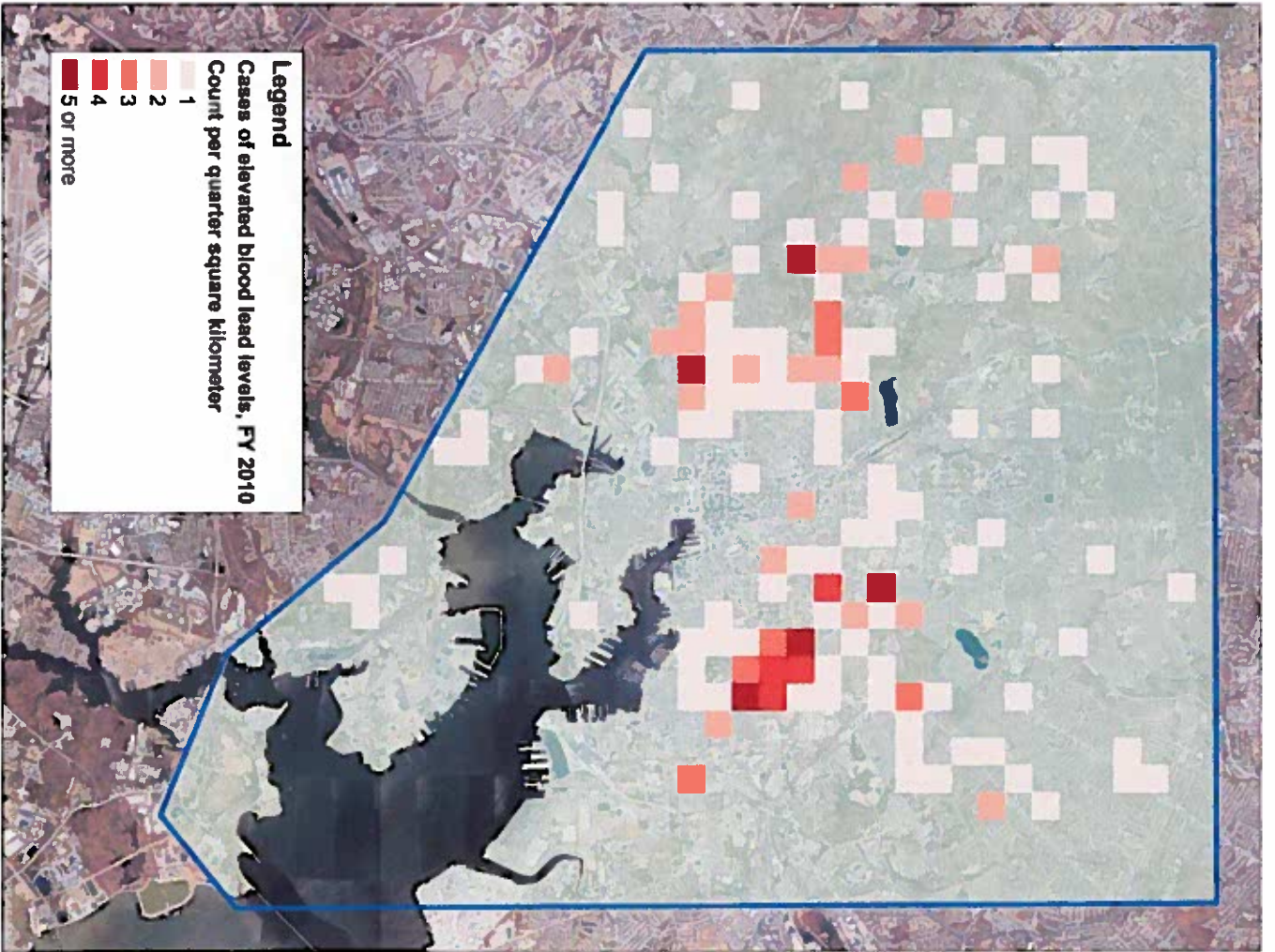
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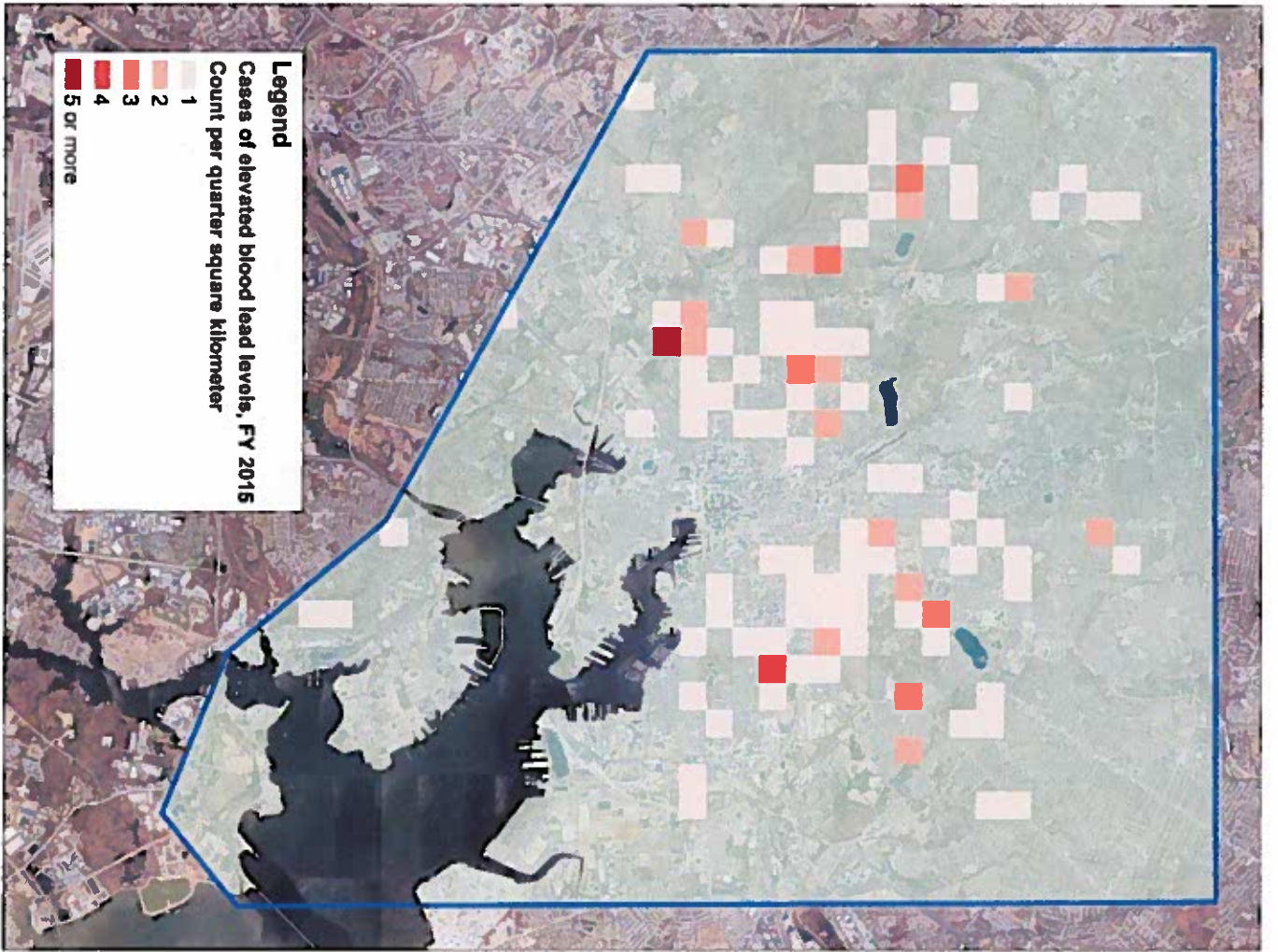


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Mayor









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)



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Primary Prevention (cont'd)

- Gatherings
 - Interactive workshops designed to address clients needs
 - Held in comfortable, familiar settings
 - Community and recreation centers
 - Early childhood centers
 - Cultural sites
 - Schools
 - Healthy Homes focuses on ways to keep family safe from in-home environmental hazards.
 - Green Cleaning and Integrated Pest Management educates families on ways to keep their home clean and pest-free without the use of toxic chemicals.



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Outreach Plan

- Data collected from current and prior year lead cases to formulate data driven targeted Outreach.
- Collaboration with the CBOs, community groups, MCCOs, schools and early childhood centers.
- Disseminate primary prevention services to those families in areas most affected by Lead



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Partners

- Monthly meetings with Lead Program at Housing
- Quarterly meetings with DHMH
- Meetings with HUD field office
- Meetings with MDE
- Partnership meetings with GHHI



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Procedures for 5-9 ug/dL Case Management

The overall goal for all 5-9ug/dL cases (including telephonic cases) is to decrease children's blood lead levels and prevent lead levels from elevating to above 9ug/dL. Below is a schematic outlining how 5-9ug/dL cases are assigned and managed:



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Procedures for 5-9 ug/dL Case Management

Lab Slip from MDE

Lab Slip processed and Case Opened by Data Team for the Medical Team in Stellar

Opened Case referred to Medical Supervisor for assignment to Public Health Investigator



Procedures for 5-9 ug/dL Case Management

Medical Supervisor assigns cases to PHH for education and case management (either in home or Telephonic). Staff has 5 business days from Case Mgmt. to initiate contact AND 45 Days from Case Open Date to conduct Home visit if family Permits

Home Visit conducted PHH if Family Agrees. Emphasis on Visual Assessment to identify potential Lead Hazards: lead dust wipes taken. Health education, nutrition, cleaning and repeat testing strongly encouraged. Client is left with health education literature and cleaning kit.

Telephonic Case Mgmt provided to families who prefer NO home Visit Health education, nutrition, cleaning and repeat testing strongly encouraged. Client is mailed health education literature.

Family is contacted 4 times (two by phone and two by mail) the family is mailed information after the initial conversation & Health education occurs



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Procedures for 5-9 ug/dL Case Management

PHI completes the EA-6.8 for MDE and BCHD will issue a Notice of defect only on Rental Properties.

6 Months After Intervention & Case Assignment- Case is Closed/discharged **IF Lead Level Remains below 10**

Repeat blood lead test post cards are sent out after 3 months



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Procedures for 5-9 ug/dL Case Management

- The 5-9 ug/dL procedures are based on the following two MOU agreements:
 - MOU with Baltimore City Housing Authority (Housing) stating that 150 coordinated medical/environmental home visits will be done each calendar year
 - MOU with the Maryland Department of the Environment (MDE) stating that 5-9 ug/dL cases will receive telephonic case management focusing on health education that actively engages families and empowers them to practice proven lead interventions



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Data

- In FY 2015 there were 72 telephonic cases managed.
- In FY15 the program completed 131 5-9 home visits
- In FY15 completed 15 Healthy Homes Gatherings



Health Education Materials distributed

- Baltimore Health Department distributes :
 - BChild Healthy Homes Booklet
 - 2015- 2016 Baltimore Gas & Electric Community Resource Guide
 - Growing Up Lead Safe Growth Chart
 - Lead Poisoning Pamphlet (English /Spanish)
 - Lead and Your Childs Diet
 - Lead - Is your Child At Risk Booklet
 - Maryland Poison Center Pamphlet
 - Mayor's Office of Human Services Flyer(locations and Services listed)
 - Lead Safety Coloring Book
 - Parents Handbook to Protecting your Child from Lead



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Mayor

Quality Assurance (QA)

GOAL

Provide optimal care to children affected by Elevated Blood Lead levels (EBLs) by ensuring adherence to established protocols and time frames for the environmental investigation and medical case management of children with blood lead levels of 10mcg/dL or higher.



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Health Commissioner



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Mayor

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



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Current QA focus

- Medical Team
- Timeliness of initial contact
- Timeliness of medical home visit
- Review of interim controls
- BLL test reminders to families
- BLL test follow up with providers
- 3-month follow-up inspections



Current QA Focus (cont'd)

- Environmental Team
 - Timeliness of initial contact
 - Timeliness of inspection
 - Action re: missing smoke detectors / CO monitors
 - Issuing of lead violation notice
 - Referrals to legal
 - Follow-up with property owners



Successful Outcomes

- Coordination of visits between medical and environmental programs, which minimized disruption for families
- Increase in percentages of cases referred to legal within protocol time frame
- Identification of continuity issues for 5-9s that convert to 10+ EBLs. Policy being developed.



Dr. Leana Wen
Health Commissioner



Stephanie Ravings-Blake
Mayor

Thank you!



Dr. Leana Wien
Health Commissioner



Stephanie Rawlings-Blake
Mayor