



CHILDREN'S ENVIRONMENTAL HEALTH &
PROTECTION ADVISORY COUNCIL

June 18, 2019

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RE: **COMMENTS due June 18, 2019, on MD Green Building Council's (MDGBC)**
- **PROPOSED Changes to the High Performance Green Building Program and**
- **PROPOSED Guidelines for 21st Century Schools**

Dear Chair Reed and Mr. Lauria;

The Children's Environmental Health & Protection Advisory Council (CEHPAC) respectfully submits these comments on the MD Green Building Council's PROPOSED Changes to the High Performance Green Building Program and the PROPOSED Guidelines for 21st Century Schools. CEHPAC understands that MDGBC was charged in June 2018 with developing guidelines so that new publicly funded construction (including school buildings) may achieve the equivalent of a United States Green Building Council's (USGBC) Leadership in Energy and Environmental Design (LEED) **Silver rating** without being independently certified (Chapter 14, Acts of 2018; Code State Finance & Procurement Article, sec. 4-809(f)(6))¹.

CEHPAC requests that MDGBC consider the priorities identified in the **2018 Maryland Health in All Policies Workgroup Report** (refer to Executive Summary) to the Governor and the Legislature. In addition, please consider in detail those items contributed by CEHPAC to "APPENDIX I: Other Items for Consideration," including #19 (LEED certification), #20 (Green Cleaning Procurement), #21 (State's Water Resources), through #32 (CEHPAC's Wi-Fi Radiation in Schools Report)². These priorities constitute existing publicly documented positions taken by CEHPAC on schools, construction, maintenance, custodial activities as well as children's environmental health.

CEHPAC recognizes that "green" does not always equal healthy, so CEHPAC urges consideration that LEED Credits and mandatory Prerequisites should ensure that buildings certified under this rating system result in schools/buildings that are safe, nurturing environments free of known hazards.³ Effective selection of LEED Credits (or equivalent) will help to protect our children (students) and their environment from unnecessary harm by working to eliminate potential exposures and provide for safer school environments and other public buildings.

Maryland is prioritizing "Health in All Policies" (HiAP), as evidenced by 2017's SB 340, which created the Maryland HiAP Workgroup and subsequent annual reports (2018⁴ and 2019⁵). The HiAP framework examines the health of Maryland residents and ways for "State and local government to collaborate to implement policies that will

positively impact the health of residents of the state” (refer to 2017’s SB 340 (page 2(b)). Identifying prerequisites under the LEED certification model that specifically impact public health in a positive way is consistent with the HiAP framework.

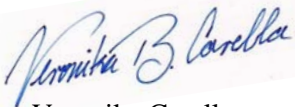
As defined in statute (Md. Code Ann., Health-General §§ 13-1501 thru 1506), CEHPAC seeks to ensure that the rules, regulations, and standards adequately protect the health of children from environmental hazards. CEHPAC’s goal is to enable children in Maryland to grow up in a safe and healthy environment. Our duties include:

- ✓ Provide input to the General Assembly on legislation that may impact environmental hazards that affect the health of children;
- ✓ Recommend uniform guidelines for State agencies to follow to help reduce and eliminate children’s exposure to environmental hazards; and
- ✓ Educate others regarding the environmental hazards that impact children’s health, the means to avoid those hazards, and provide any other relevant information that will assist in protecting children’s health.

In establishing CEHPAC, the Maryland General Assembly clearly identified children’s environmental health as a priority for the State. CEHPAC recognizes that the choices made during construction have an impact on building occupants, especially children. CEHPAC supports efforts to ensure that construction, renovation, and maintenance choices made by Maryland will consider the impact that those choices have on building occupants as these choices can and do affect children’s health and their environment⁶. CEHPAC has increasingly seen the need to advocate for basic protections for children from hazardous chemicals, specifically those that are toxic, persistent, bio-accumulate, and which impact air, water and food.. Green and healthy construction/renovation/maintenance and custodial activities are a means of ensuring that children have improved indoor air and environmental quality in Maryland Schools.

CEHPAC was established so that the General Assembly, government agencies, and the public could clearly identify and establish policies that promote positive health and environmental outcomes for children and their environment. CEHPAC supports producing green and healthy schools for Maryland students and thanks the MDGBC for inviting CEHPAC to review the proposed guidelines and provide feedback. CEHPAC looks forward to working with the MDGBC on these and other overlapping issues and thanks MDGBC for its leadership on this issue. The opinions of the Council expressed in this letter do not necessarily reflect that of the Department of Health or any other State agency.

For the Children’s Environmental Health and Protection Advisory Council,



Veronika Carella

Governor Appointed CEHPAC Commissioner - *Representing Maryland Parents and Guardians*

¹ <https://msa.maryland.gov/msa/mdmanual/26excom/html/18greenbuild.html> accessed 6/17/2019

² Maryland Children’s Environmental Health and Protection Advisory Council REPORT on **WiFi Radiation in Schools in Maryland** at url: <https://phpa.health.maryland.gov/OEHFP/EH/Pages/WiFiCEHPAC.aspx> accessed 6/17/19

³ <https://dgs.maryland.gov/Documents/GreenBuilding/regulations/HighPerformanceGreenBuildingProgram.pdf>

⁴ **MD HiAP 2018 Report** to Governor and Legislature at url:

<https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/023300/023335/20180471e.pdf> accessed 6/17/2019

⁵ **MD HiAP 2019 Report** to Governor and Legislature at url:

[https://sph.umd.edu/sites/default/files/images/che/HiAP/HiAP%20January%202019%20Report%20FINAL%20\(3\).pdf](https://sph.umd.edu/sites/default/files/images/che/HiAP/HiAP%20January%202019%20Report%20FINAL%20(3).pdf) accessed 6/17/2019

⁶ http://schools.forhealth.org/Harvard.Schools_For_Health.Foundations_for_Student_Success.pdf accessed 6/17/2019

Executive Summary

Senate Bill 340 Health in All Policies Workgroup

January 2018 Report

SB340 Legislation

Senate Bill 340 (SB340) requires a workgroup of State and non-state agency representatives to work with the Health in All Policies (HiAP) framework to examine the health of Maryland residents and ways for “State and local government to collaborate to implement policies that will positively impact the health of residents of the state” (SB340 pg2 (b)).

Recommendations

The workgroup respectfully submits the following recommendations for the Maryland Legislature’s consideration. The SB340 Health in All Policies Workgroup recommends:

1. A Health in All Policies Framework be developed and a Health in All Policies Council be created.
2. A toolkit with a reference guide be developed.
3. Funding announcements encourage applicants to include a Health in All Policies framework in their funding proposals.
4. A process to provide guidance to state and county agencies to facilitate data sharing between and within agencies be developed
5. Maryland localities consult the Health in All Policies toolkit and Reference Guide during the Comprehensive Planning and Zoning regulations development process.

Health in All Policies Framework

HiAP is a framework through which policymakers and public and private stakeholders collaborate to improve health outcomes and reduce health inequalities in the State by incorporating health considerations into decision making across sectors and policy areas. (SB340, pg. 2 (b))

Workgroup Process

The workgroup met monthly (June – December 2017) to learn from relevant content experts and apply the HiAP framework to the work-plan. Through individual team discussion and a subsequent survey, the workgroup developed a list of recommendations.

Health in All Policies in Other States

Maryland is one of several states to adopt a HiAP framework to impact population health. California, Washington, Massachusetts, and Oregon each have implemented the Health in All Policies framework in different ways and to varying extents. Generally, these states focus on transportation, the environment, and nutrition.

APPENDIX I: Other Items for Consideration

1. Visio Zero is a public health campaign/program, Maryland Department of Transportation already incorporates Vision Zero for pedestrian fatalities, we recommend that we expand the Vision Zero campaign to other state and county agencies that are not transportation related (i.e. promote with housing agencies to deal with safety issues at crosswalks, parking lots, etc.)
2. Implement well-resourced, evidence-based interventions that address leading determinants of health, such as food security and nutrition, housing, education, access to jobs, and transportation. (Note: Refer to World Health Organization's exhaustive list of social determinants and the new Centers for Disease Control and Prevention guidebook).
3. The Public Service Commission regulates gas, electric, telephone, water, and sewage disposal companies. Also subject to the jurisdiction of the Commission are electricity suppliers, fees for pilotage services to vessels, construction of a generating station and certain common carriers engaged in the transportation for hire of persons. The Commission has the authority to issue a Certificate of Public Convenience and Necessity (CPCN), which provides authority for a person to construct or modify a new generating station or high-voltage transmission lines. We recommend that a Health Impact Assessment or Environmental Justice Assessment be conducted whenever a CPCN is issued to ensure associated projects do not compromise public health.
4. Select one issue and do an assessment of local programs to see how they handle Health in All Policies and suggest best practices to facilitate across county agencies and the state. We could focus on one issue as a case study.
5. Better understand how hospitals are partnering with social services agencies to facilitate affordable housing under global budget waiver
6. Leverage existing employee tuition benefits or other educational programs to encourage staff from all agencies to pursue Master of Public Health or Master of Health Administration degrees so that we have public health trainees in all agencies, even "non-health" agencies
7. Leverage scout volunteer or other youth activities (i.e. Youthworks) going on at other agencies and focus on health issues
8. Consider ways to ensure health-focused advertising is occurring via free advertising sources. For example, agencies get free ad space on buses and bus shelters; we could ensure free advertising space is used to promote culturally competent, health literate, health-related messages
9. Assure inclusion of those with disability in all programs and activities, assuring representation from organizations serving those with disabilities
10. Work through Human Resources staff to coordinate across agencies around health issues, perhaps we can start with injury prevention and safety in common job classifications throughout the state/counties/cities, and then convene the HR managers to focus on broader health issues since Human Resources is one department that exists in all agencies. Create committee made up of Human Resources staff/managers from all agencies.
11. Focus on health and wellness when doing employment and job skills training
12. Benefits counseling by agencies tends to be siloed, application process is unique to programs and localities. We should try to do a better job coordinating, similar to Maryland Access Point where they already coordinate programs for older adults.

13. Add social determinants of health and health in all policies training to licensure requirements for doctors, nurses, chiropractors, day care providers, teachers, etc.
14. Committee to ensure child care, Family and Medical Leave Act, nursing and other health-related child development activities can be coordinated and prioritized. Could coordinate through Department of Budget and Management and Transportation Service Human Resource System for Human Resources.
15. Systematic and sustained action is needed to achieve food and nutrition security for all in the US and particularly in Maryland. Interventions are needed including adequate funding for and increased utilization of food and nutrition assistance programs, inclusion of food and nutrition education in such programs, and innovative programs to promote and support individual and household economic self-sufficiency
16. Registered dietitians and dietetic technicians must play key roles in ending food insecurity and they are uniquely positioned to make valuable contributions through provision of comprehensive food and nutrition education; competent and collaborative practice; innovative research related to accessing a safe, secure, and sustainable food supply; and advocacy efforts at the local, state, regional, and national levels
17. Implement a pilot study/project with Baltimore City Government, where there are likely the most concentrated health disparities and inequities in the state
18. We would like to develop language to introduce Health in All Policies into State Government planning for integrated pest management. This would include actions at the County level and with similar requirements as stated for the Public Service Commission above
19. Education Article Section § 5-312 (with definitions in § 3-602.1) requires new state-funded school construction to meet or exceed the Leadership in Energy and Environmental Design (LEED) Silver rating (or state equivalent).
 - a. Under US Green Building Council LEED/Schools, indoor air quality (IAQ) construction management is an optional credit that projects can choose, but is not a requirement. Additionally, when it comes to schools, certain LEED credits – specifically those related to IAQ, integrated pest management (IPM), and Green Cleaning should be made mandatory – that is be made to be a “prerequisite” rather than a “credit”.
 - b. Currently buildings can qualify for LEED certification without selecting any Indoor Environmental Quality credits. This is unacceptable for schools and can be remedied by making certain LEED credits prerequisites. Maryland must consider the impact to the building occupants as well as energy efficiency, etc. The building should have a positive impact on public health as well as the environment.
20. Education Article Section 5-112 Green Cleaning Procurement for Public Schools: Education Article § 5-112 establishes guidelines for purchasing green products cleaning supplies in public schools. To improve children's health, it should be expanded to include day care centers and other areas where children spend their time. Additionally, clarification is needed so that schools would understand that air-fresheners should not be allowed in schools. Greater guidance on disinfecting wipes and soaps is also needed
21. Maryland should address the issues identified in the Final Report of the Advisory Committee on the Management and Protection of the State's Water Resources (Wolman Report 2008). Access to clean drinking water, protection of ground water, streams and the bay is vital to public health.

22. Maryland should address the issues identified in the first state-wide assessment of Children's environmental health, Maryland's Children and the Environment (August 2008). The Report concluded (refer to page 4) "Maryland has made significant progress in reducing children's exposures to some environmental hazards. However, there are limitations in the state's capacity to conduct surveillance on important and emerging environmental hazards and exposures, as well as health outcomes. Maryland's investments in monitoring and surveillance have taken us part of the way in understanding children's environmental health in the state. We are aware of important trends and important differences by region and population group. It is important for public health policy to be guided by the best available science, supported by effective surveillance and dialogue. We hope that the indicators presented in this document advance the public dialogue and lead to improvements in children's environmental health."
23. Maryland Department of Agriculture (MDA) Regulations 15.05.02 School Integrated Pest Management (IPM) Law
- a. This regulation needs to be improved because it only covers the academic year (e.g. allows pesticide applications without notification on school gardens outside the academic year), prohibits the use of pest control products that are exempt from Environmental Protection Agency (EPA) registration and continues to allow for the routine application of pesticides in school buildings and on school grounds, and does not cover pesticide applications to a school's artificial turf athletic fields (as they are currently exempt from this regulation).
 - b. Per MDA practices, School Districts are not required adopt an IPM Policy as required by the statute. Some pesticide applications such as those for mosquito control, tick control and artificial turf fields not covered by regulations. Requesting that the MDA address the weaknesses in the School IPM regulations as these concerns do impact children's health.
24. MDA Regulations 15.05.01.15 Posting of Signs (for pesticides applied to turf)
- a. Signage is not sufficient to adequately inform the public and protect the public from unintended contact with pesticides. Expanded signage options for organic pest control applications should be developed so that the public knows which areas are treated with conventional pesticides and which are treated with organic means of pest control, some of which are exempt from EPA registration.
 - b. Commercial pesticide applications should be required to post the product name on the yellow "turf flag" along with their company name, phone number and date of application. The regulations should be modified so that members of the public who come in contact with a posted turf pesticide application sign can call and promptly obtain the Product Label and Material Safety Data Sheet (MSDS or SDS) for the products applied. Currently, this information is not available to the public, however, such information is vital to health care providers should someone experience a negative reaction or wish to protect themselves from contact with the pesticide applied.
25. Per the MDA regulations (2011's SB 546) - Fertilizer can be applied from November 16 through December 1 a maximum of 0.5 pound per 1,000 square feet of water soluble nitrogen (no slow release) may be applied.
- a. Issue - this regulation does not consider organically maintained turf and the application of compost as a fertilizer outside of the regulation designated window for the application of a fertilizer. Healthy soil is a key component impacting public health (i.e. air, water, soil, food, etc.) The law is being used

to minimized runoff of nutrients, but unlike most states Maryland is not exempting compost — therefore treating compost the same as other fertilizers. There are so many benefits of compost from a human and environmental health standpoint. Regulations should address compost independent of conventional fertilizers.

26. MDA Pesticide Sensitive Individual Notification Report (15.05.01.17)
 - a. This program should be simplified and made accessible to all residents of Maryland. Access to the form and the written requirements (ex. physician's certifications, list of neighbor's names and addresses, etc.) makes it difficult for most Marylanders to apply and receive notifications of a pesticide application made to a property contiguous to their residence or obtain the product label (PL) and Safety Data Sheet (SDS) for the product being applied. Protection from unintentional exposure to pesticides from such applications or from the drift from such applications is vital to public health.
27. The Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) respectfully requests that the Maryland Department of Agriculture (MDA) review existing regulations pertaining to the Pesticide Applicator's Law (15.05.01) and Integrated Pest Management (IPM) and Notification of Pesticide Use in a Public School (15.05.02) to ensure that pesticide applications made to synthetic (or artificial) turf fields including those on public school grounds are regulated in the same manner as pesticide applications made to natural turf fields and other public school grounds. CEHPAC requests that the MDA take prompt action to clarify the regulations as necessary correct to this situation (Source: Letter CEHPAC to MDA 12/13/16)
28. CEHPAC recommends that the Maryland Department of Health and Mental Hygiene asks the United States Department of Human Services to formally petition the Federal Communications Commission (FCC) to revisit the exposure limit to ensure it is protective of children's health and that it relies on current science. [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]
29. CEHPAC recommends that the Maryland State Department of Education should recommend that local school systems:
 - a. Consider using wired devices
 - i. Where classrooms are powered, but without wired access to the school networks, a centralized switch and dLAN units can provide a reliable and secure form of networking for as many laptops as necessary without any microwave electromagnetic field exposure
 - ii. If a new classroom is to be built, or electrical work is to be carried out in an existing classroom, network cables can be added at the same time, providing wired network access with minimal extra costs and time
 - b. Have children place devices on desks to serve as a barrier between the device and children's bodies
 - c. Locate laptops in the classroom in a way that keeps pupil heads as far away from the laptop screens (where the antennas are) as practicable
 - d. Consider using screens designed to reduce eyestrain
 - e. Consider using a switch to shut down the router when it is not in use
 - f. Teach children to turn off Wi-Fi when not in use
 - g. Consider placing routers as far away from students as possible
 - h. Share this document with teachers and parents

[Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report
(December 13, 2016) page 8]

30. CEHPAC recommends the General Assembly should consider funding education and research on electromagnetic radiation and health as schools add Wi-Fi to classrooms
[Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]

31. CEHPAC recommends that the Maryland Department of Health and Mental Hygiene should provide suggestions to the public on ways to reduce exposure:

- a. Sit away from Wi-Fi routers, especially when people are using it to access the internet
- b. Turn off the wireless on your laptop when you are not using it
- c. Turn off Wi-Fi on smartphones and tablets when not surfing the web
- d. Switch tablets to airplane mode to play games or watch videos stored on the device

[Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report
(December 13, 2016) page 9]

32. CEHPAC recommends that the Maryland CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report be posted on the Council website and shared with the:

- a. United States Department of Health and Human Services
- b. Federal Communications Commission
- c. Maryland State Department of Education
- d. Maryland General Assembly

[Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report
(December 13, 2016) page 9]

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Appendix IV: Team D Data Sharing Process Document

Background

In January 2018, the first Maryland Health in All Policies (HiAP) Report was provided to the General Assembly as mandated by 2017's Senate Bill 340 and House Bill 1225. Five initial recommendations identified by the HiAP Workgroup were presented in the report, one of which related to creating a process to facilitate both health and non-health data sharing. Specifically, this recommendation (#4) stated:

“The workgroup recommends that a process to provide guidance to state and county agencies to facilitate data sharing, between and within agencies, be developed to ensure health and non-health data are being shared to support health in all policies. Appropriate, efficient data sharing is crucial in developing policies that best address the needs of residents of the State. The workgroup recommends providing county and state agencies with templates of materials, such as Memorandums of Understanding and Data Use Agreements to support agreements between agencies and provide guidance to agencies about how and why it is important to share data to address health problems. Additionally, the workgroup recommends that initially, this process may focus on publicly available data from population survey sources including, but not limited to, the Maryland Behavioral Risk Factor Surveillance System. The workgroup recommends that the process would begin in 2018 as a pilot data sharing activity within the membership of the SB340 Workgroup.”

Introduction

This document presents the recommendation for creating a process to provide guidance to state and county agencies that facilitates data sharing, both health and non-health data between and within agencies, to support health in all policies. A data-sharing pilot was not undertaken at this time, because there was group consensus that larger systemic barriers at the agency level for data sharing must be addressed before any pilot study could yield meaningful new information. In other words, pilot studies are most valuable when conducted within or between agencies that value data sharing and have developed internal support structures and feedback loops to improve related processes.

In fulfilling its charge, the workgroup developed a process to facilitate data sharing that takes into account efficiency, effectiveness, and the implications of making decisions that improve population health and health equity. The workgroup wanted to ensure that whenever a new project, program or policy is being developed, the interests of the affected population(s), as well as human health considerations, environmental impacts and foreseeable outcomes are considered during their formulation. The workgroup considered the need for building support structures and the capacity for data sharing, while at the same time ensuring data protection and security. The process to facilitate the inclusion of community concerns and questions, and data sharing (**Figure 1**), explanation of each step, and questions that agencies should consider at each step of the process are included below. This is followed by recommendations of the workgroup.

Figure 1: Process to Facilitate Data Sharing within a Health in All Policies Framework

