



CHANGING
Maryland
for the Better

Combating Lead in Maryland

February 27, 2017



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& MENTAL HYGIENE


Topics

- I. Brief overview: Maryland Landscape
- II. Joint Chairmen's Report: Recommendations
- III. Health Services Initiative: Proposed programs to combat lead and asthma for Maryland's children
- IV. Additional Resources




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BRIEF OVERVIEW: MARYLAND'S LANDSCAPE ON LEAD




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Lead and lead exposure in Maryland

- **Most common source of exposure:** House paint in buildings build prior to '78.
 - Other sources: Certain foods, imported ayurvedic and other medications, pottery glazes, and cosmetics.
- **Most at-risk:** Young children, pregnant women and unborn children.
- **Health risks:**
 - Decreased IQ, Attention Deficit/Hyperactivity Disorder (ADHD), asthma, hearing impairment, anemia, renal impairment, and other conditions.
 - Exposure to lead during pregnancy may result in gestational hypertension, low birth weight, and impaired fetal neurological development.
- **Mitigating risk of lead exposure in the home:**
 - Renovation, Repair, and Painting (RRP)—Temporary mitigation of lead hazards.
 - Lead Abatement—Permanent measure to remove lead hazards, such as paint, from a home.



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Lead and lead exposure in Maryland

- Maryland pioneered regulations to limit use of lead-based paint.
 - 1950: Baltimore City banned use of lead-based paint.
 - 1977: Maryland banned use of lead-based paint.
 - 1997: General Assembly directs DHMH to establish Childhood Lead Screening Program.
 - 2000: State Targeting Plan established—Specific geographic areas in Maryland identified as “at-risk” for childhood lead poisoning; additional ZIP codes added in 2004.
 - 2015: State Targeting Plan updated—Requires universal statewide testing for a three-year period for all children under six at 12 and 24 months.
 - Medicaid always required universal testing, regardless of geographic location within in Maryland.
 - 2015: Owners of rental properties built prior to 1978 must register, distribute educational materials, and meet lead paint risk reduction standards.
 - 2016: “Lead-Free Maryland Kids” campaign.



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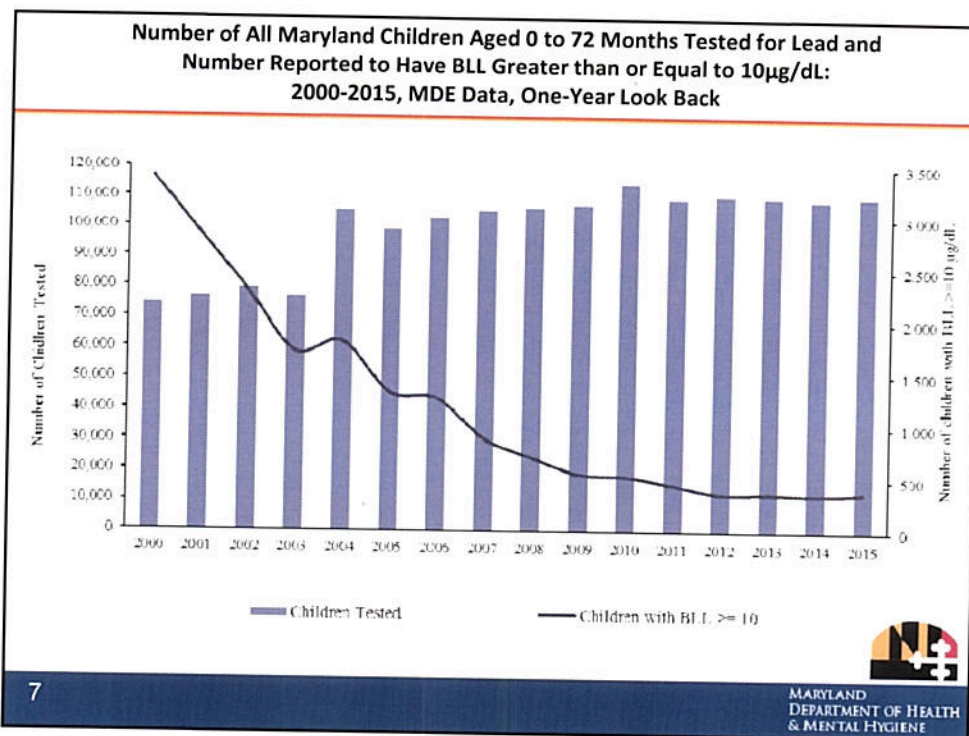
Maryland Lead-Free Kids Campaign

- Before 2012, children were identified as having a blood lead “level of concern” if the lead test result was $10\mu\text{g}/\text{dL}$ or higher.
- Today, elevated blood lead level follows Centers for Disease Control and Prevention (CDC)’s definition—a “reference level” of $5\mu\text{g}/\text{dL}$.
- Entire state is considered at-risk—testing requirements are no longer bound to specific geographic locations.
- As of 2015, 20% of all children in Maryland had a blood lead test; 2% of those tested had a BLL of $\geq 5\mu\text{g}/\text{dL}$.
 - Highest concentration of children in Baltimore City.
- Maryland has had success reducing the number of children with lead exposure.



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2016 JOINT CHAIRMEN'S REPORT ON LEAD: RECOMMENDATIONS

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Joint Chairman’s Report: Lead Screening of Children in Medicaid –Recommendations

Goal: Identify opportunities to improve MCO lead screening activities and to partner with other State agencies to leverage funding sources.

Recommendations:

- **Submit Health Services Initiative (HSI) SPA to leverage Children’s Health Insurance Program (CHIP) funding for lead abatement in homes;**
- Implement MCO Performance Improvement Project (PIP) to increase the percentage of children receiving blood lead tests;
- Improve data collection for the Childhood Lead Registry (CLR), including addition of new fields, such as Medicaid ID number, payer, and sequential value of test to improve data integrity and easily track children with multiple tests;
- Enhance communication between MCOs, PCPs and families;
- Distribute lead registry information on monthly basis, instead of the current quarterly basis, to allow for a more frequent evaluation of the data; and
- Encourage MDE-accredited vendors to enroll as Medicaid providers and bill for environmental lead investigations for Medicaid recipients.



EXPANDING THE STATE PLAN AMENDMENT: HEALTH SERVICES INITIATIVE TO ADDRESS LEAD AND ASTHMA



Health Services Initiative SPA

- Proposed SPA permits DHMH, Department of Housing and Community Development (DHCD) and Maryland Department of the Environment (MDE) to work jointly to combat environmental hazards that impact Maryland children.
- SPA would leverage federal funds available through Maryland Medicaid Children's Health Insurance Program (CHIP).
- Population served: Children enrolled in *or* eligible for Medicaid or CHIP



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State Plan Amendment (SPA): Funding

If approved, up to \$6.3 million dollars in CHIP federal matching funds could be available to the State, from approval until FY2019.

- Program 1: Healthy Homes for Healthy Kids
 - \$500,000 GF; \$3,666,667 CHIP FF
- Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management
 - \$360,000 GF; \$2,640,000 CHIP FF



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Program 1: Healthy Homes for Healthy Kids

- DHMH-DHCD-MDE Partnership
- Lead identification and abatement program
- Eligible Properties: Owner or tenant-occupied residential properties and residential properties used for provision of childcare services.
- Geographic area: Statewide
- Properties served: 70-200 annually
- Timeline: Work begins upon SPA approval by CMS.



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Program 1: Eligibility

- Children with lead levels of 5 $\mu\text{g}/\text{dL}$ or higher residing in eligible properties identified using CLR data
- Children referred to the program by healthcare professionals, state and county service agencies, local housing agencies, MDE, and self-referrals
- Priority given to families with
 - Children with elevated BLL of 5 $\mu\text{g}/\text{dL}$ or higher
 - Multiple children with elevated BLL, and
 - Pregnant women with a history of elevated BLL who reside with a child with an elevated BLL.



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Program 1: Abatement Services

- Permanent removal, or enclosure, or encapsulation of lead-based paint and lead hazards,
- Removal and replacement of surfaces and fixtures within the eligible residence (e.g., window components, doors, stairs, interior walls, painted surfaces, and other structures),
- Removal or covering of soil lead hazards up to property line, and
- All preparation, lab sampling analysis, clean-up, disposal, and pre- and post-abatement paint, dust, soil, and clearance testing activities associated with such measures.



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Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management

- Program #2 expands local health departments' (LHD) programs that help families and health care providers to identify and eliminate sources of lead and asthma triggers in homes.
 - Training and durable materials are provided so triggers are reduced.
- Geographic area: Baltimore City, Baltimore County, Charles County, Prince George's County, St. Mary's County, Harford County, Frederick County, Wicomico County, and Dorchester County.
- Children served: 1,200-2,000 annually.
- Timeline: July 1, 2017.



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Program 2: Eligibility

Children who have:

1. A diagnosis of moderate to severe asthma, or
2. A BLL of $\geq 5\mu\text{g/dL}$, or
3. A diagnosis of moderate to severe asthma *AND* a BLL of $\geq 5\mu\text{g/dL}$

Referrals by healthcare professionals, managed care and inpatient care coordinators, school-based health personnel, social services personnel, LHDs, emergency departments, emergency services personnel, parents/guardians, or social service agencies.



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Program 2: Services

- Program #2 aims to reduce a number of environmental hazards in the home that impact health outcomes associated with asthma and exposure to lead. These hazards include:
 - Secondhand smoke;
 - Allergens associated with mice, cockroaches, dust mites, other animals, and pollen (all of which have been associated with poor asthma outcomes);
 - Lead dust;
 - Improperly applied or illegal pesticides used by many families to combat mice / cockroaches that have been linked to childhood poisonings, as well as teratogenic effects.



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Program 2: Services Continued

- Based on the model employed in the Baltimore City Health Department Community Asthma Program (CAP), Program #2 will provide 3-6 home visits to:
 - Conduct environmental assessments to identify triggers for asthma and risks for lead poisoning;
 - Identify strategies to reduce triggers and hazards in the home;
 - Educate families on medication adherence, nutrition, and safe cleaning techniques; and
 - Provide durables necessary for successful trigger and hazard reduction, such as HEPA vacuums, buckets, mops, sponges, soap, pest management tools, and dust mite covers.



ADDITIONAL RESOURCES



Additional Resources

- Lead Screening of Children in Medicaid: Joint Chairmen's Report
 - <https://mmcp.dhmh.maryland.gov/Documents/JCRs/2016/leadJCRfinal11-16.pdf>



QUESTIONS?

