



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Wednesday, July 20, 2016**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, July 20, 2016 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Francis J. Doyle, Esq., Chair
Monica Valdes Lupi, JD, MPH, Executive Director (via conference call)
Harold Cox
Myechia Minter-Jordan, MD, MPH
Kate Walsh

Also Present Were:

Paul Hunter, Robert Knorr, Leon Bethune, Lisa Conley, PJ McCann, Grace Connolly, Rita Nieves, Dr. Huy Nguyen, Tim Harrington, Chuck Gagnon, Kathy Hussey, Mimi Brown, Catherine Cairns, Sandra Sicellon, Darkivel Auroh, Gloria Mendez, Gerry Thomas, Jeanne Cannata, Angelica Recierdo, Julien Farland, Amanda Ali, Debbie Allen, Maria Rios, Vivien Morris, Mia BrodyField, Martha Farlow, Gary Zelyakovsky, Elisa Rodriques, Bianca Farro, Ilyitch Tabora, Chief James Hooley, Devin Larkin, Nineequa Blanding.

Proceedings:

Chairman’s Comments

Francis J. Doyle, Esq.

- Mr. Doyle called the meeting to order at approximately 4:10pm. He welcomed everyone and was glad they were here with us. He asked that attendees please sign in, if they hadn't already, and be sure to indicate your affiliation. We looked at the sign-in sheets from last month and most people did not. It's good to know where you all are and match up the names. We think it will be helpful in the future if we want to try and attract more community representation, such as people that are active in the healthcare arena in Boston, to be able to come to the meetings. We encourage them to do so and to know when they're here and communicate back with them so we continue to have a robust discussion that's worthy of public interest.
- Welcome Kate Walsh, Boston Medical Center's CEO and President, my colleague Dr. Myechia Minter-Jordan from the Dimock Center, and Harold Cox, Dean of Public Health, Boston University. I welcome my colleagues, thank you all for being here. And of course, Dr. Nguyen you all know. Monica is at a conference, so she's not present physically today, but is present on the phone. Monica, welcome.
- Just a couple of notices. The Mayor has made a final appointment to the Commission. We had one seat open due to Celia Wcislo retiring from her Commission appointment. So, a gentleman by the name of Tyrek Lee, who actually now holds Celia's old position with SEIU Local 1199 and will be seated at the next meeting. He's away travelling this week so he couldn't be here to join us at this meeting, but will, in fact, be at the next meeting.
- We did have a very robust discussion last month about how Monica and I, and the Board members I was speaking with, would like to make these more interactive Commission meetings, more interesting - from both sides of this table - for all of us. In addition to the current topics of the day in healthcare in Boston and the major issues facing the Commission, to be able to engage with both the presenters and also with all of you who are here. So please know that this is not just a presentation of the people sitting on this side of the table. This is a public commission. We want to engage all of you as the public as well as you may also be employees of the Commission. I see this as a public forum and we welcome your requests, your questions and your participation as much as possible. We'll continue to encourage that.

- A few things that we will be working on with the Board around structuring ourselves as a board a little bit better as we move forward now that we have a full complement of appointees. There have been discussions about how to make the Board's meetings more attendable for some of the participants. The timing may not work. The length of them may not work. We may have other opportunities to use other forms of communication. We talked a little bit about whether there would be a need for some sub-committee work that might lead up to Board meetings and not have to encumber all of the board meetings to take on all of those issues. So we're very open to suggestions, not only from all of the Board, but from all of you as well, on ways that we can make this Commission both more involved with the decision making within the Commission as a department, but also with the public and to structure us better to serve all of our Board members as well. We're moving to do that with our Board members over the coming month or so and hopefully have some recommendations for the Board itself as far as the structure come the fall. With that said, Monica is sitting in 106° weather in Phoenix and I don't want her to have to sit there unnecessarily waiting to speak. So I'll ask if she can engage us at this point with her Executive Director's Report.

Report from the Executive Office

Monica Valdes Lupi, JD, MPH

Executive Director, Boston Public Health Commission

- Thank you, Frank. I don't know if you wanted to, before I do the Executive Director's Report, to go to, I believe you have Quorum, to go to the next piece in terms of acceptance and approval of the minutes from the May and June meetings.
- Sure, Monica. We will flag that, yes. I would like to take them separately as motions from the floor to accept the minutes of the May 2016 meeting first which were circulated with all of the Board. I hear a motion by Kate Walsh and seconded by Myechia. In order to do so, a vote on that. All in favor? Unanimously approved. Secondly, a vote on the June 2016 minutes. If anybody has any addendum to them or Amendments they would like to make or I would take a motion to accept them as written. So moved by Myechia and seconded by Kate Walsh. Are those approved unanimously as well? Waiting for a nod from Harold. Yes, we have the Board's approved minutes for both months now, Monica. Thank you.
- Excellent. Thank you, Frank. Thank you for allowing me to join you all virtually. I've been at this meeting, the annual conference for the National Association of County and City Health Officials and the Big Cities Health Coalition meeting. It's been a great opportunity to connect with other local health from around the country and, more importantly, to highlight the great work that we're doing back in Boston with the support and leadership of the Board. I'm here doing several presentations specifically promoting the work we've done through our office of Racial Equity and Health Improvement and also our Violence Prevention and Trauma Reform activities under Child, Adolescent and Family Health Bureau.
- Just a few updates that I would like to share with the Board. I hope you all had a chance to see the piece that ran in the Boston Sunday Globe last weekend entitled "Life and Loss on the Methadone Mile." The article really did highlight the outstanding role and commitment of staff from the Commission from PAATHS and AHOPE that serve clients in the city who are battling this terrible disease of addiction. I think there's still a lot more that we can do in partnership with the Board and other partners in the community to reduce the stigma around addiction and to look forward to continuing to reframe the message in terms of the neighborhood and the services that are provided in this part of the city.
- Secondly, I imagine that many of the Board members have been really saddened by all the different police shootings and tragic events both here in the United States in Minnesota, Louisiana, Texas, and then last weekend in Nice. Internally at the Commission, we did hold for the staff a listening session for staff who were interested. It was a drop-in session that we hosted at two sites. Also, we've been doing work with Chief Arroyo at City Hall, and other Health and Human Services cabinet agencies, in identifying ways that we can support staff internally and also the broader community following these really sad tragedies. We have developed a document that outlines some immediate and short-term strategies that we can take as an organization to promote healing after these challenging time. We shared them with Chief Arroyo and will be working alongside with the Chief and the Mayor to figure out a way that we can address these issues as a city. We will keep you all posted as this is developed.
- Mr. Doyle stated that he and the other Board members would like to see a draft of that document when it's appropriate. Ms. Valdes Lupi responded of course and we can certainly share the draft healing document that we've developed to date.

- I know that we've been sharing staff updates along the way the last several months and want to share a major update with the Board. I regret that today is actually Lisa Conley's last day at the Public Health Commission with us. I believe Lisa is in the room because she will be presenting on our panel before the Board this afternoon. Lisa has served in the role of leading our Intergovernmental Relations work here at the Commission and also leading our policy development activities for nearly seven (7) years. I'm really grateful for all of her work prior to my arrival then during the last 6-7 months from the time that I rejoined the Commission. I've really appreciated her skillful navigation and the way that she has helped support me, Grace, Rita, Dr. Nguyen and others at the Commission in terms of developing budget materials and responses and our briefing books. I want to wish Lisa all the best as she embarks on a new position with McKesson. I'm not there, but if I were, if we could just take a moment and get a round of applause for Lisa.
- Mr. Doyle told Ms. Conley that the Board appreciates all that you have done as Monica has related to us. I don't know if you'll like working at McKesson as much on that industry side of public health. We hope maybe we'll welcome you back one day, who knows? We thank you very much. I did know right from the start just a couple of months ago at my appointment; just your communications back and forth with us as a Board about what was going on in the government arena and the public arena was always very helpful. So, thank you very much.
- As Lisa is departing our team, I did tell her that the public health healthcare world is small and was sure that all of our paths would cross again. I am pleased to announce that our Administration and Finance Director, Grace Connolly, has recruited and hired a new Budget Director, Alex Davison, who'll be joining us on August 1, 2016. Previously, he worked at Mass. General Hospital on their financial team. This will round out the major vacancies on our Administration and Finance team. I'm pleased to share that with the Board. That concludes my Executive Director's Report to the Board, Frank.
- Thank you, Monica. We do have two presentations as well and will work with all members for the Board to insure that the way that we're designing these meetings meet everyone's needs. Initially, Monica and I set out to look for presentations around areas that were of most prominence right now that we, as a Board, should be informed and engaged with as far as policy initiatives and problematic initiatives on topics of the day that are being discussed in much larger forms that all of us are part of.
- We did have excellent presentations on Zika from the local, state and national level last month, as well as homeless, and what we were doing in collaboration with the Mayor's office for the homeless and other agencies in the city and state with regard to, first of all, the tremendous effort that's been put forward around homeless veterans in the city. We received and acknowledgment by the Federal government that we now in Boston have a zero, or closest to zero, veterans homeless population. All of those lessons can be expanded and I know all of the folks working on that are working to serve the general homeless population as well.
- We have two subjects that Monica and I discussed over the last couple of weeks about also being important for all of us, we believed, as Board members to understand what the Commission is doing in those realms so that we can both translate it externally, but also know for our own deliberations as a Board, what are doing, what we have been doing with regard to both lead poisoning, which will be our next matter we will take up, and particularly after the Flint, Michigan and the crisis of lead in the water for children that was caused there and quite frankly, the embarrassment both to the state and local authorities in Michigan for not having been quite on top of that as they might well have been. I know there is a ton of work going forward with that.
- The second subject we'll have a presentation on as well, is a new and emerging, kind of an old issue, if you will, because it's been around for over a year now in the public arena, medical marijuana. The first siting in Boston will be opening, I believe, in a month. The final approvals with both the Commission and other agencies of the city government are forthcoming. There is a responsibility of the Commission in that regard, but it is brand new. I'm sure there will be some attention to it publicly as the first one opens because of the whole area of drugs, drug abuse, substance abuse, mental health, all of those issues that are hitting at once, and becoming crises in some instances. This is a different piece of that, a much milder piece, but it is something new and engaged in that area. We'll have a presentation on that. If I could ask Dr. Nguyen, actually, if you could introduce the folks who are giving the presentations, that would be very helpful. We'll start with the lead poisoning issue. Dr. Nguyen.
- For the lead poisoning briefing, we have the opportunity to include our partners at the Massachusetts Department of Public Health. Paul Hunter is the Director of the Childhood Lead Poisoning Prevention Program. Bob Knorr, I think will also be here. Also joining the panel today will be our Director of Environmental Health and Occupational Health, Leon Bethune and Lisa Conley, as you heard, will provide some input from her position. Thank you.

Presentation: Lead poisoning prevention briefing

Paul Hunter, Director of Childhood Lead Poisoning Prevention Program

Robert Knorr, PhD, Director of Environmental Epidemiology Program at Massachusetts Department of Public Health

Leon Bethune, Director of Environmental Health Division

Lisa Conley, Director of Intergovernmental Relations & Policy Development

- Mr. Hunter wanted to make a couple of quick comments before beginning. This room is one that I'll always remember. It was September 11, 2001. I was here for a meeting with the Boston Lead program. At that time, the waiting room was on this floor on the end of the hall. They had a television in the waiting room for clients to keep children occupied. That's where I witnessed the first plane going into the Twin Towers. That will obviously stay with me for my lifetime.
- Secondly, I would like to say I've been involved with lead poisoning prevention since the 1970's. I've been engaged with the Boston Public Health Commission and the Office of Environmental Affairs since 1982. The relationship has never been better than what it is today thanks to the leadership of Gerry Thomas and Leon Bethune. Thanks to them.
- Again, I'm Paul Hunter. I'm the Director of Childhood Lead Program at the Department of Public Health. I'm here to talk about where we're going with lead poisoning prevention. I'm going to start with a brief overview of childhood lead exposure in Massachusetts; proposed Amendments to 105 CMR 460.000, Lead Poisoning Prevention and Control; and next steps. The Amendments were published last Friday and we hope to move forward and have them promulgated later this year.
- It's important to recognize that there is no safe level of lead for children. Numerous studies have shown even small amounts of lead can cause severe and irreversible damage to mental and physical development. We've been extremely fortunate in MA that some of the greatest leaders, in terms of lead poisoning research, have actually been from our community. Studies have documented correlations between childhood lead poisoning and irreversible health impacts. These impacts include future school performance, behavioral problems, unemployment, and crime, making lead exposure an important social determinant of health. Lead exposure represents a health equity issue. Lead exposure is a leading health risk for children in Massachusetts, disproportionately impacting gateway and lower income communities and higher minority populations.
- The prevalence of children with elevated BLLs (Blood Lead Level(s)) has dramatically decreased, but has recently plateaued. Lead contaminated dust and soil from deteriorated lead paint are the primary sources of lead exposure for Massachusetts children. Massachusetts has the fourth oldest housing stock nationally (71% built before 1978) with only about 10% of homes being reported as inspected and/or delead.
- 2015 data indicates that 3,737 (confirmed and unconfirmed) children may have BLLs that, according to CC, require case management (>5 µg/dL). 2015 data indicates 629 children were initially reported with BLLs ≥10 µg/dL and of these, 594 were later confirmed with BLLs ≥10 µg/dL. 64 were identified (63 confirmed) as meeting the definition of lead poisoned pursuant to current MA regulation. (BLL of 25µg/dL or greater).
- A chart depicting the statewide prevalence of children under 4 with BLLs ≥10 µg/dL between 2004 (1,919) through 2015 (594) was shown. Another chart showed the association of blood lead levels >5 µg/dL and the percent of Non-White/Hispanic by census tract among Boston's neighborhoods.
- The Lead Law (MGL c. 111, §§ 189A-199B) was enacted in 1971 and requires any dwelling unit where a child under six years of age resides to be delead, regardless of a child's blood lead level (BLL) or whether the property is owner occupied. The Massachusetts Lead Poisoning and Prevention and Control Regulation (105 CMR 460.000) is: where the definition of lead poisoning is specified; where screening and blood lead reporting requirements are specified; and where training, licensing, inspection, abatement, and enforcement procedures are detailed.
- Results of the Lead Law and accompanying Regulations include: medical case management of children with elevated blood lead levels; health education and outreach; training of lead inspectors and mandatory reporting of all inspections; Lead Safe Housing database available to the public; data collection, trend monitoring, and identification of high risk communities; and financial assistance for deleading for low-income residences through the *Get the Lead Out* partnership with MassHousing.
- These are the factors informing the proposed Amendments to the Regulation (105 CMR 460.000). Executive Order 562 is an Executive Order by the Governor requiring review of all regulations by all agencies. The Committee for the Lead Poisoning Prevention Program ("CLPPP") convened a Medical Review Panel to advise the program on possible changes to policies, regulations, and ways to enhance screening rates. The Panel's White Paper issued in August 2015 provided support for proposed Amendments, including the regulatory definition of lead poisoning and requiring venous confirmatory testing. The Governor's Advisory Committee convened and voted to support the proposed Amendments under consideration.

- Federal Standards and CDC definitions of lead reference value and confirmation tests. The CDC committed to a Healthy People 2020 goal of eliminating blood levels of 10µg/dL or above in children under six. Additionally, CDC uses a "reference value" of 5 µg/dL that identifies children who have been exposed to lead and need education about medical care and about preventing additional exposure. The CDC does not mandate a code enforcement response or identify legal liability. The CDC recommends that initial capillary test values of 5 µg/dL or greater be confirmed by venous testing.
- HUD abatement standards are, in essence, an intact paint standard with the exceptions of window components and friction surfaces. A HUD evaluation done by Battelle and National Center for Healthy Housing in the 1990s found that an intact paint standard on many surfaces was protective for children when windows, friction surfaces, and dust were addressed. MA has used Interim Controls for a temporary compliance alternative for approximately 20 years; Interim Controls currently not allowed for lead poisoned children.
- Proposed Amendments regarding lead poisoning and blood lead level of concern. The current Regulation defines lead poisoning at 25 µg/dL or greater venous blood lead in a child. It defines "lead level in excess of a level considered dangerous to a child's immediate health" between 15-24 µg/dL. The proposed Amendments would define lead poisoning at 10 µg/dL or greater venous test result and establish a "blood lead level of concern" at 5-9 µg/dL, consistent with the CDC standard.
- Proposed Amendments regarding venous confirmation tests. MA code enforcement activity requires a venous confirmation; children without this confirmation may continue to live in homes with dangerous lead hazards. The current Regulation recommends, but does not require, venous screening or confirmation. Only about 1/4 of initially elevated capillary tests were truly elevated based on follow-up testing. Fingerstick tests are subject to possible contamination and are therefore not as accurate. The proposed Amendment would require venous confirmation for capillary test values of 5 µg/dL or greater.
- Proposed Amendments to definition of accessible, mouthable surfaces. The current Regulation defines an accessible, mouthable surface as a surface 5ft. or less from the floor or ground that forms a protruding corner or similar edge or protrudes 1/2 inch or more from a flat wall surface. Under the proposed Amendment, the definition of accessible, mouthable surfaces would remove outside corners of walls, window casings, doors casings, chair rails, balusters, or latticework from the deleading requirements.
- Proposed Amendments and other changes for streamlining and clarity. Delete regulations related to the encapsulant material and use approval process and refer to ASTM standards. Move language regarding the abatement and containment methods as well as the procedures for initial inspection and re-inspections and code enforcement to policies, procedures, and training materials. The proposed changes would make MA more consistent with federal standards that evaluated a standard of care, which included making accessible surfaces intact. The proposed changes would reduce cost by approximately one-third as incentive of preventative deleading.
- Proposed next steps. Public hearing(s) and a comment period will be held on the proposed Amendments. Upon review of public comments, any further Amendments to the regulation will be reviewed with the Governor's Advisory Council for the Massachusetts Childhood Lead Poisoning Prevention Program. Approval of the proposed Amendments, along with a review of public comments, will be requested at a subsequent meeting of the Massachusetts Department of Public Health Public Health Council. Following the final approval, this regulation will be amended and implemented.
- Ms. Walsh had questions. There are roughly 600 families or kids who have lead poison levels above the 25 number? Mr. Hunter replied the levels are 25 or greater. In 2015, there were approximately 60 children statewide; there were 694 with a venous confirmed level. Ms. Walsh was wondering if it's not easier to move people. She wonders about the cost associated with the abatement and the exposure that comes as a result of that.
- Her second question was: are we sure this is the only source of lead is paint? Think about old pipes in certain communities. The Flint issue. There was a recent story where there was an issue in schools. I've got to tell you, I think we're aiming at the regulatory process and in a direction that seems a little bit antiquated given the results. How many kids are in the Commonwealth and 600 of them are above 10? Mr. Hunter replied those numbers are correct. He would first suggest that since we already have an absence of affordable housing, moving these children is not as easy as it might sound. He's not sure that it's fair for someone to say you live in a community, you receive services in a community, perhaps your social network is in a community, your schools. Ms. Walsh interjected isn't there a bigger risk with abatements? Mr. Hunter suggested there is not, but there is always a risk in anything. Ms. Walsh interrupted and asked so you're saying there's no risk in abatement? You're sanding it, you're painting it. This is a genuine question because we're going to vote on what the City of Boston wants to recommend. Mr. Hunter informed Ms. Walsh that the Board is not voting on this. The final decision is up to the MA Department of Public Health. Mr. Doyle interjected that we would have the opportunity to respond after MDPH held its public hearing. He too had questions regarding pipes.

- Mr. Hunter asked if he could continue. He stated that what they plan to do because of that question and others. They are hoping that by September of this year, with the new fiscal year, to redefine our contractual relationship with a certified laboratory that currently offers analysis particularly of post abatement dust samples. He would emphasize that that is a way of determining that lead abatement is safe. We do have very low levels of clearance and defined by regulations that have to be established for lead dust. Hopefully, beginning in September routinely any case that we are directly involved in we will do both soil and drinking water samples from all of those homes. Through our laboratories, inspectors, and community health workers, for example that work for the Commission, will be asked to collect and submit those samples, so that we will be looking at more than paint and residual abatement dust.
- Ms. Walsh questioned: it is still our contention that lead paint is the cause as opposed to anything else in the environment? Mr. Hunter said there is always going to be background exposures from things whether its cultural products, whether it's certain foods that might be leaded, toys, water, soil. But again, our experience, that dates back to 1971, basically shows that when we delead a home with a child who meets whatever the definition of lead exposure is those children recover and their levels go down. Ms. Walsh asked: so it's still the paint? Mr. Hunter confirmed it was.
- Mr. Doyle asked to clarify though, we have not been testing the water in households, so we don't know if there's a lead issue with the piping in the households. Ms. Walsh asked but if they delead, it gets better, right? Mr. Doyle said they're deleading the paint, not the piping. Mr. Hunter said with deleading the levels do go down. Ms. Walsh questioned that this basically is a housing stock issue in your mind and not a broader environmental toxin? Mr. Hunter stated again, that other environmental factors contribute to a child's lead level and, again, should be removed. But in an industrial society, you have to remember that prior to the ban on lead in gasoline; we used to admit 800,000 tons of lead annually into the environment. That lead will settle in the soil and potentially contribute. Actually, Boston was one of three (3) sites back in the 1990s when the EPA did a three (3) city study looking at the effectiveness of abating lead and soil. That was found not to have a major impact on lowering blood lead levels. Again, although we are testing every home for drinking water under the EPA and DEP lead and drinking water rule, there are some samples that are taken annually and taken from different parts of the city. He would certainly encourage Boston to look at the new MWRA loan assistance program. He believes the city has its own where they offer to remove and replace lead service lines. Anything that we can do to reduce the exposure of children to lead is a good thing. Mr. McCann commented that there is a relocation requirement for when they are doing that and the cases under our supervision.
- Dr. Minter-Jordan wanted to know if we were testing the schools. Mr. Hunter stated that is beginning to be done as part of the Lead and Copper Rule that they are serving and believes Boston has gone beyond that. There's been significant communication between the Commission and the Boston School Department that he has not necessarily been involved in, but his understanding is that all the schools are being tested. Dr. Nguyen noted that in the Board packets, there is a fact sheet we produced and updated from the Commission. There is also a fact sheet we collaborated on with the Boston Public Schools district. There is information from the District on the testing and some of the findings.
- Mr. Cox had comments and a question. He said Mr. Hunter may have already answered this. Thanks for this presentation. When we look at where we are right now, and clearly there's been a big change between 2004 and 2011 where it seems we leveled off. If we were to get very aggressive about doing something about the problem, besides changing the definition, the additional testing that will occur, what would actually be involved in thinking about getting very aggressive in reducing these numbers even further? Mr. Hunter said two things. First he wants to make sure people understand that their table shows levels greater than 10 having been reduced. As we've discussed here today, we had almost 4,000 children within the state who's levels exceeded 5, which is the new reference value established by the CDC. To answer the question, what would be required are statutory changes, one of the things from his involvement in the Office of Health Equities Lead Task Force the last couple of years there was discussion. Now, if you receive a Letter of Compliance saying that your dwelling unit had been abated, that letter is considered valid basically indefinitely. So, potentially there are letters that were issued in the 1970s that say you delead your home only it did not require lead-free. So, again, should there be more scrutiny and sort of a "sunset" provision on those letters? There's been discussion previously about requiring lead inspection and/or abatement at property transfer. He's hopeful that with the new Inspectional Services requirement for the rental inspection program under the state's sanitary code, the language in the housing code is that if a housing code inspector is doing an inspection in a home with a child under six (6), it's mandated that they test for lead. Mr. Hunter thinks that Boston, through the rental inspection program, has a unique and significant opportunity to take a much more aggressive approach to preventing lead poisoning as opposed to responding to it.

- Mr. Cox commented there's a potential then for the regulations you're showing us are ones that will be passed by the state's Public Health Council. Mr. Hunter corrected Mr. Cox saying that one of the things that's clear is that it's really the Department that has the authority to define lead poisoning, define abatement standards, etc. It does not really allow for a local option or local mandate, because of the language in the statute. Again, much of what constrains them is the statutory language and even dictates what the Department can or cannot do.
- The Board thanked Mr. Hunter and turned the meeting over to Mr. Bethune.

Leon Bethune, Director of Environmental Health Division

Lisa Conley, Director of Intergovernmental Relations & Policy Development

- Mr. Bethune introduced himself and began saying that this is really a success story of the Lead Prevention Program throughout state and specifically Boston. The Boston Childhood Lead Poisoning Prevention Program was created in 1971 to prevent lead poisoning in families with children who are under six years of age, enforce the Massachusetts Lead Law, as amended and eliminate childhood lead poisoning in the City of Boston.
- The Lead Poisoning Prevention Program consists of three units: 1) Inspections and Environmental Management; 2) Case Management and Surveillance; and 3) Education and Outreach.
- Lead is a health concern. There is no safe lead level. Lead is particularly harmful to the developing brain and nervous system of fetuses and young children. It can cause adverse effects on the central nervous system, kidneys and the formation of blood cells. Even small amounts can cause severe and irreversible damage to mental and physical development. At very high levels, it can cause neurologic problems such as coma and convulsions.
- The most common source of lead exposure for children is lead paint from older housing. Over 67% of Boston's housing stock was built pre-1950 and almost 90% before 1978 when lead paint was prohibited. Mr. Bethune showed a chart indicating the percent prevalence of Boston children aged 0 to 72 months with elevated blood lead levels greater than 10 µg/dL. These percentages ranged from 18.4% in 1993 to less than 1% in 2015.
- Mr. Doyle had a follow up question. Do we know what percentage the pre-1978 housing stock has been deleaded? Mr. Bethune said we do and will get that information for him. Mr. Doyle asked if it was a significant number. Mr. Bethune stated it was very significant.
- Ms. Walsh wanted to know if we could assume that public housing was pre-1978. Mr. Bethune replied not all of it. Ms. Walsh commented if we're doing so well, why is it still the same neighborhoods? The housing stock isn't older in Dorchester than it is in the South End. Mr. Bethune stated that what you have in those neighborhoods are absentee landlords that don't take care of the place. If you have that, then you have deterioration and that's what we find. The other thing too, is with the new immigrants moving into the city don't know. They go into their homes and do construction.
- Charts were presented that indicated the high risk neighborhoods (based on census tracts) from 2009 to 2013. Three Boston neighborhoods make up greater than 50% of the 2,448 incident cases of BLLS greater than 5 µg/dL in children under 6 years of age. Those neighborhoods are North Dorchester 26%, Roxbury Mission Hill 13%, and East Boston, 13%.
- Despite this sharp drop in cases, the problem has not been eliminated; there are still thousands of children with measurable levels of lead in their blood. Most are low-income and children of color. The thousands of lead poisoned children also suffer life-long effects that now show up as behavior and learning problems in our schools and criminal justice system. Lead paint is a leading contributor to housing discrimination and remediation remains challenging. Legal and regulatory environment has not kept pace with the science.
- The Massachusetts Lead Law requires all children under six years of age to be screened/tested for lead, prohibition of renting housing units containing lead to families under 6 years of age and a set of compliance and enforcement powers for lead poisoned children. However, under DPH regulations, a child is not considered lead poisoned until 25 microgram of lead per deciliter.
- In 2012, the CDC announced they would be adopting recommendations made by an advisory panel of experts to change the defined level of lead poisoning. The change means poisoning will be defined as 5 micrograms of lead per deciliter of blood; previously the standard was 10 micrograms.
- BPHC's Lead program provides health education, case management and inspection services to any and is open to any Boston family, however, we lack enforcement authority for a child with a lead level under 25 microgram of lead per deciliter.
- Mayor Walsh, with Representative Sanchez, filed legislation to update the state's lead law. A Bill is currently in House Ways & Means, after being redrafted by Health Care Financing. (Currently House 4276 - An Act relative to lead abatement) What this legislation does is: sets the state lead intervention level at 10 µg/dL (M.G.L. 111, section 191) to ensure that children with high blood lead levels get the attention they need to stop the exposure; doubles tax credits for property owners who de-lead their housing units (M.G.L. 62, section 6e); increases the

penalties for housing discrimination (M.G.L. 151B, section 5); and adds a small increase to surcharges for real estate broker, deleading businesses, lead inspectors, mortgage brokers, mortgage lenders, small loan agencies, property and casualty brokers upon renewal of their licensure. The surcharge is used to support DPH's lead poisoning programs and have not been increased in 20 years.

- What have we done? BPHC has participated in a city panel in support of the Mayor's legislation, worked to get original bill out of Public Health; submitted written testimony; worked with Chairman Sanchez and other stakeholders to amend the draft legislation; held a legislative briefing on June 29, 2016, at the State House to educate members on the importance of lead poisoning prevention - 65 attendees, 40 members were represented.

Presentation: Medical Marijuana Implementation in the City of Boston

Leon Bethune, Director of Environmental Health Division

PJ McCann, Deputy General Counsel

- Mr. Bethune began with an overview of the Medical Marijuana Timeline. November 2012: a ballot initiative passes; City interagency working group formed to develop local policy approach. January 2013: Boston Zoning Commission approves code amendment, making registered marijuana dispensaries (RMDs) a conditional use in commercial districts and forbidden use in residential districts. November 2013: Board of Health approves regulations. August 2014: BPHC hosts applicant conference. November 2014: DPH announces provisional certification for first Boston RMD site. August 2015: Patriot Care receives approval from Zoning Board of Appeal. November 2015: BPHC received Patriot Care Corporation RMD Application. November 2015 - Spring 2016: Staff conducted a series of internal meetings to review and discuss the Patriot Care Application, seeking feedback from other agencies including the Boston Police Department.
- Mr. Bethune provided some background on Patriot Care. They are affiliated with Columbia Care, a New York firm that has provided startup costs and administrative services. They have dispensaries operating in Washington, D.C. and Arizona. Patriot Care Corporation is also currently operating a RMD in Lowell, provisionally approved to operate in Greenfield. The cultivation and processing site for the Boston facility is located in Lowell.
- An internal working group of BPHC staff was formed to review the Patriot Care revised RMD Application for 21 Milk Street. After the review, BPHC submitted a request for more detailed information regarding the following: Security Plan and Emergency Procedures; Procedures at 21 Milk Street; Home Delivery to Medical Marijuana clients; Community Engagement Plan; Tracking System for dispensing Medical Marijuana to clients including demographic information breakdown; and Financial Hardship/Compassionate Need Program for clients who could not pay for Medical Marijuana.
- Staff met with Patriot Care Corporation in April 2016 to discuss outstanding items. On April 20, 2016, Patriot Care submitted a revised application; upon further review, staff determined that Patriot Care Corporation had resolved all questions, including those pertaining to Security and Emergency Procedures, incident reporting, and notification to BPHC within 24 hours concerning loss or product or any other problem. BPHC staff conducted a walk-through of 21 Milk Street facility. We have ongoing communication with other City of Boston agencies involved in permitting.
- The final approval steps include Boston's Inspectional Serviced Department issuing a certificate of Occupancy. The final Certificate of Registration from DPH is pending. Issuance of the BPHC Registered Medical Marijuana Dispensary Operating Permit is subject to DPH and ISD final approval. Ongoing inspections of the RMD by BPHC Health Inspectors with Medical Marijuana RMD checklist will take place at least 3 times a year. There will be an annual BPHC Operating Permit application, reporting and community meeting requirements.
- Mr. Bethune concluded with a map showing where in the Financial District the RMD is located and photos of the site's interior: the front entrance, waiting area, purchasing area, storage safe and the dispensing area.

Adjournment

Mr. Doyle thanked everyone for attending and adjourned the meeting at 6:10pm

Respectfully submitted by:

Kathy Hussey, Board Secretary