

Second, retaining the current BLRV of 5 µg/dL or lowering the BLRV to 3.5 µg/dL will be the most significant EPH decision that CDC makes in 2016. As a result, CDC is heavily relying on the subject-matter expertise of the LPPS to offer clear, accurate and evidence-based guidance to diverse stakeholders in this regard.

Dr. Breyse noted that the capacity of epidemiology studies to assess the impact of very low blood lead concentrations (e.g., 1 or 2 µg/dL) on IQ will depend on the use of sensitive and precise clinical laboratory methods. He thanked the LPPS members for their continued commitment to this effort.

### LPPS's Formal Recommendations to the BSC

#### **Matthew Strickland, PhD, MPH, MA, LPPS Chair**

Associate Professor, University of Nevada, Reno  
School of Community Health Sciences

Dr. Strickland announced that the LPPS would devote the entire afternoon session to continuing its discussions, prioritizing emerging lead topics presented by the speakers over the course of the meeting, and drafting formal recommendations for submission to the BSC.

The LPPS members extensively discussed and identified six issues that potentially could be developed as formal recommendations to the BSC.

- Revision of existing lead standards and guidelines
- Primary prevention
- Reestablishment of a high-level CDC Lead Advisory Committee to the HHS Secretary
- Revision of Occupational Safety and Health Administration (OSHA) lead standards
- Development of a standardized template for clinical laboratories to uniformly interpret blood lead test results
- CMS's implementation of more rigorous blood lead PT criteria

Based on its deliberations, the LPPS drafted and formally voted on six recommendations that would be submitted to the BSC for a vote and forwarded to CDC for action.

#### **RECOMMENDATION 1**

The Lead Poisoning Prevention Subcommittee recommends that CDC call on the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Housing and Urban Development (HUD) to revise their standards and guidelines concerning the actionable

content of lead in paint, soil, dust and water to be consistent with the goal of maintaining the impacted population's blood lead level equal to or less than CDC's reference value.

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 1 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>

### RECOMMENDATION 2

The Lead Poisoning Prevention Subcommittee recommends that CDC work with partner agencies and stakeholders to develop a Strategic Plan to implement primary prevention to include reduction of lead hazards in the home (including, but not limited to, lead-based paint, dust, soil, water and take-home exposures) and education to healthcare providers (including, but not limited to, obstetricians and pediatricians).

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 2 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>

### RECOMMENDATION 3

The Lead Poisoning Prevention Subcommittee, which is presently a subcommittee to the NCEH/ATSDR BSC, would have the potential for greater impact and visibility if reconstituted at a higher level within HHS. Such a committee would more easily engage representatives across key federal agencies and stakeholders.

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 3 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>

#### RECOMMENDATION 4

Current OSHA standards for lead in general industry and construction provide inadequate protection for the health of workers. The Lead Poisoning Prevention Subcommittee (LPPS) recommends that CDC support the scientific rationale for revision of OSHA lead standards at the federal level. The LPPS recommends that CDC specifically provide comments to OSHA in support of its Advanced Notice of Proposed Rulemaking on occupational lead standards that will be issued in November 2016.

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 4 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>

#### RECOMMENDATION 5

The Lead Poisoning Prevention Subcommittee recommends that CDC develop a standardized template for clinical interpretation of blood lead results for use by clinical laboratories nationwide on their test reports. This interpretative guidance would identify the Reference Value and delineate risk-based intervals that represent escalating priorities for public health and medical intervention. In developing this template, CDC should examine recent guidelines, such as those developed by the Pediatric Environmental Health Specialty Unit program.

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 5 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>

#### RECOMMENDATION 6

The Lead Poisoning Prevention Subcommittee recommends that CDC communicate to HHS Secretary Sylvia Burwell the need for the Centers for Medicaid & Medicare Services (CMS) to implement recommendations to tighten guidelines for blood lead proficiency testing criteria to  $\pm 2 \mu\text{g/dL}$ ,  $\pm 10\%$  under the Clinical Laboratory Improvement Amendments of 1988. In its communications with the HHS Secretary, CDC should note that it has been six years since the former Advisory Committee on Childhood Lead Poisoning Prevention made this recommendation to former HHS Secretary Kathleen Sebelius.

Chair's call for a vote	Dr. Matthew Strickland properly placed a motion on the floor for the LPPS to submit Recommendation 6 to the BSC for discussion, consideration and formal approval. Dr. Jennifer Lowry seconded the motion.
Outcome of vote	<b>The 9 LPPS voting members unanimously passed the motion.</b>
Next Steps	<ul style="list-style-type: none"> <li>• Dr. Strickland will compile all six of LPPS's unanimously approved recommendations in a letter to Dr. Melissa Perry, the BSC Chair. If the BSC votes to approve the LPPS recommendations during its next meeting, the guidance will be forwarded to NCEH/ATSDR OD to take action.</li> <li>• If the BSC votes to approve Recommendation 6, Dr. Strickland will ask Dr. Perry to take action on a suggestion by Dr. Parsons. ACCLPP's 2010 letter to former HHS Secretary Sebelius and Secretary Sebelius's response to ACCLPP should be included in LPPS's recommendations that are submitted to NCEH/ATSDR OD.</li> </ul>

**Summary, Next Steps and Closing Session**

The action items that were raised over the course of the meeting are set forth in the table below.

<b>ACTION ITEMS</b>	
<b>Responsibility</b>	<b>Action Step</b>
Dr. Knutson	Provide the DFO with a summary of the Flint CASPER report for distribution to the LPPS members.
Dr. Protzel Berman	Provide the DFO with Senate language to distribute to the LPPS members that calls for a \$10 million increase to the LPP Program budget and \$2.5 million for CDC to establish a new Lead Advisory Committee.
Dr. Cibulas	Distribute EPA's draft Lead and Copper Rule for the LPPS members to submit comments on health-based issues.
Dr. Cibulas	Explore the possibility of offering video conferencing at future LPPS meetings for members who are unable to attend in person.
Dr. Cibulas	Provide Magellan Diagnostics's written public comment to the LPPS members who were unable to attend the meeting in person.