2014 Current Fiscal Year Report: Advisory Committee on Childhood Lead Poisoning Prevention

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2014

3. Committee or Subcommittee	3b. GSA Committee No.
Advisory Committee on Childhood Lead Poisoning Prevention	767

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	10/31/2011		

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
Yes		10/31/2013

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Terminate	No	Not Applicable

11. Establishment Authority Authorized by Law

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
42 U.S.C. 217a	11/17/1962	Continuing	No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports	No Reports for this FiscalYear

17a. Open	17b. Closed	17c. Partially Closed	Other Activities	17d. Total
0	0	0	0	0

Meetings and Dates

No Meetings

	Current FY	Next FY

18a(1). Personnel Pmts to Non-Federal Members	$0.00	$0.00
18a(2). Personnel Pmts to Federal Members	$0.00	$0.00
18a(3). Personnel Pmts to Federal Staff	$0.00	$0.00
18a(4). Personnel Pmts to Non-Member Consultants	$0.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$0.00	$0.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$0.00	$0.00
18b(4). Travel and Per Diem to Non-member Consultants	$0.00	$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$0.00	$0.00
18d. Total	$0.00	$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The committee accomplishes its purpose by providing advice and guidance regarding new scientific knowledge and technical developments and their practical applications to childhood lead poisoning prevention efforts. The committee also reviews and reports regularly on childhood lead poisoning prevention practices and recommends improvements in national childhood lead poisoning prevention efforts.

20b. How does the Committee balance its membership?

The committee consists of 13 members who are knowledgeable about pediatric lead screening, diagnosis, medical management, laboratory

issues, environmental lead hazard detection and reduction, preventive medicine, epidemiology, public health, and parents concerns. Members represent academia, state and local lead poisoning prevention programs, other federal agencies, private organizations, and the parents of lead poisoned children. Although the views of members reflect their individual fields of expertise and experience, no one point of view or area of expertise dominates the committee's recommendations.

20c. How frequent and relevant are the Committee Meetings?

The committee met twice in FY 2013. The committee charter facilitates the ability of the committee to respond to the changing problem of childhood lead poisoning in the United States. Despite dramatic reductions in the prevalence of lead poisoning over the past two decades, and while significant progress has taken place in our efforts to eliminate childhood lead poisoning, the magnitude of the problem remains large. Issues related to childhood lead poisoning remain complex, requiring the development of new strategies for prevention and control. The committee's ability to meet these challenges is enhanced by representation of ex officio's from Federal agencies and liaisons from non-governmental organizations.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

CDC's goal to eliminate childhood lead poisoning can only be accomplished through collaborative activities with state and local childhood lead poisoning prevention programs, pediatricians, public health officials, and the public. These collaborative activities include providing advice

and making recommendations regarding childhood lead poisoning prevention. Issues surrounding childhood lead poisoning prevention and control have become complex, involving the need to develop innovative approaches to reach high-risk populations. Issues include: primary prevention, improved secondary prevention through medical and environmental case management, racial/ethnic disparities, lead hazards in non paint items, and the need to address other emerging issues. The capability to exchange current information about research, technological advances, and developments in the field of environmental management does not exist elsewhere in HHS.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A.

21. Remarks

The committee was terminated October 31, 2013. The committee did not have any committee meetings in FY14 generating no costs to the committee. This committee did not generate any reports in FY13.

Designated Federal Officer

Barbara A. Ellis Acting Deputy Associate Director for Science

Committee Members	Start	End	Occupation	Member Designation
Alarcon, Walter	07/01/2006	10/31/2013	Senior Service Fellow, Centers for Disease Control and Prevention	Ex Officio Member
Dietrich, Kim	03/28/2011	10/31/2013	Professor of Environmental Health	Special Government Employee (SGE) Member

Gardner, Sher	03/10/2011	10/31/2013	Assistant Professor of Pediatrics, Emory University	Special Government Employee (SGE) Member
Glasser, Joshua	12/14/2012	10/31/2013	Foreign Affairs Officer, Bureau of Oceans and International Affairs, Department of State	Ex Officio Member
Kosnett, Michael	07/13/2011	10/31/2013	University of Colorado Health Sciences Center	Special Government Employee (SGE) Member
Malone, Jane	01/31/2003	10/31/2013	Housing Policy Director	Representative Member
McKee-Huger, Beth	02/17/2011	10/31/2013	Executive Director	Special Government Employee (SGE) Member
Michaelson, Lori	09/29/2011	10/31/2013	International Relations Officer	Ex Officio Member
Murray, Edward	09/30/2011	10/31/2013	Division Director	Ex Officio Member
Norton, Ruth Ann	09/01/2010	10/31/2013	Coliation to end Childhood Lead Poison	Representative Member
Parsons, Patrick	03/01/2011	10/31/2013	Chief Laboratory of Inorganic and Nuclear Chemistry	Special Government Employee (SGE) Member
Rooney, Andrew	12/03/2012	10/31/2013	National Institute of Environmental Health Sciences	Ex Officio Member
Ruff, Cynthia	09/30/2011	10/31/2013	CMS EPSDT Coordinator	Ex Officio Member
Sandel, Megan	02/14/2011	10/31/2013	Medical Director	Special Government Employee (SGE) Member
Silverman, Benson	04/10/2013	10/31/2013	US Food and Drug Administration	Ex Officio Member
Simmons, Donald	01/23/2010	10/31/2013	Association of Public Laboratory	Representative Member

Slechta, Deborah	02/23/2011	10/31/2013	Professor, University of Rochester School of Medicine	Special Government Employee (SGE) Member

Number of Committee Members Listed: 17

Narrative Description

The Advisory Committee on Childhood Lead Poisoning Prevention shall provide advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, Centers for Disease Control and Prevention (CDC), regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The Committee shall also review and report regularly on childhood lead poisoning prevention practices and recommend improvements in national childhood lead poisoning prevention efforts.This committee was terminated October 31, 2013 and did not meet in FY13 generating no costs to the committee.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	✓
Trust in government	✓
Major policy changes	✓
Advance in scientific research	✓
Effective grant making	
Improved service delivery	
Increased customer satisfaction	✓
Implementation of laws or regulatory requirements	
Other	

Outcome Comments

This committee was terminated October 31, 2013 and did not meet in FY13 generating no

costs to the committee.

What are the cost savings associated with this committee?

	Checked if Applies
None	☐
Unable to Determine	☑
Under $100,000	☐
$100,000 - $500,000	☐
$500,001 - $1,000,000	☐
$1,000,001 - $5,000,000	☐
$5,000,001 - $10,000,000	☐
Over $10,000,000	☐
Cost Savings Other	☐

Cost Savings Comments

There is no methodology to accuractely determine cost saving directly associated with actions by the committee.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

27

Number of Recommendations Comments

The Laboratory Workgroup was established in November 2011 to investigate and report on five issues: proficiency testing (PT) limits; guidelines for point of care lead testing; alternative matrices for assessing exposure to lead; environmental lead analytical issues; and, reference intervals for adult lead exposure. The Laboratory Workgroup compiled a draft report entitled Guidelines for Measuring Lead in Blood Using Point of Care Instruments. This draft report provides 19 guidelines for point of care lead testing. The draft report was approved by the ACCLPP with the understanding that the document would be revised based on the input provided during the teleconference meeting.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

87%

% of Recommendations Fully Implemented Comments

Some recommendations supercede outdated recommendations. Recommendations are implemented by CDC, require agreement with other federal agencies, and grantees.

Grantees and other federal agencies often require additional time implement due to conflicting federal rules, funding constraints, or structure.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
13%

% of Recommendations Partially Implemented Comments
Recommendations partially implemented are somtimes supplemental to original recommendation.Recommendations are implemented by CDC and grantees. Grantees require additional time implement due to local policy and structure.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?
Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments
Formal presentations at committee meetings and monthly updates of committee chair via scheduled phone calls. CDC representative provides ACCLPP meeting with CDC updates and guidelines. CDC representative brings back CDC feedback in-progress tasks and current CDC policy.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	☑
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐
Other	☐

Action Comments
This committee was terminated October 31, 2013 and did not meet in FY13 generating no costs to the committee.

Is the Committee engaged in the review of applications for grants?
No

Grant Review Comments

ACCLPP is not a grant review committee.

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	☑
Online Agency Web Site	☐
Online Committee Web Site	☑
Online GSA FACA Web Site	☑
Publications	☑
Other	☐

Access Comments

CDC NCEH HHLPPB has dedicated webspace to ACCLPP activities including past minutes, materials provided at ACCLPP meetings, and includes cleared documents derived from ACCLPP activity.