

Readoption Review

Reporting, Monitoring, and Preventative Procedures for Lead Poisoning 410 IAC 29-1; 2; 3; 4

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

This rule provides for the case management of lead poisoned children, the reporting requirements of blood lead test results, the prevention of lead poisoning, and the remediation requirements of identified lead hazards where elevated children reside.

Readoption Analysis:

1) Is there a continued need for this rule?

Yes because the predominate purpose and effect of the rule is to address matters of health and safety by helping to prevent childhood lead poisoning and to help provide assistance to children identified as having lead poisoning.

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

A petition to modify a key component of the rule has been submitted to ISDH on behalf of several non-profits, local governments, and individuals. The petition asks ISDH to lower the threshold for an elevated blood lead level from 10 µg/dL to 5 µg/dL. ISDH is seeking to address this by amending this rule, but it will have a significant fiscal impact on agency and local health department operations and will require ongoing annual support beyond ISDH's available budget. Therefore, ISDH needs to readopt the rule to keep the current requirements in place until ISDH is able to amend the rule. Additionally, several of the individuals who submitted the petition submitted a comment in response to the Notice of Intent to Readopt supporting the readoption to ensure the current rule remains in effect until ISDH can make a change to the elevated blood level.

3) Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.

This rule is not complex. The agency has not encountered any difficulties administering it and small businesses have not had difficulties complying with it.

4) To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?

This rule currently follows CDC's pre-2012 guidance on lead case management. Amending to match current guidance involves lowering the elevated blood lead level threshold referenced in point 2 above. The rule also provides for case management to children up through age 6 while CDC's guidance goes through age 5. It does not overlap or conflict with other federal, state or local laws, rules, regulations or ordinances.

5) **When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?**

The rule was last reviewed in 2007. Research done since that time has supported the finding that there is no safe blood lead level for children and that Indiana's level should subsequently be lowered to match the current federal standard set by CDC. There are no other factors which have significantly change this rule.

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