



**Indiana
Department
of
Health**



Mike Braun

Governor

Lindsay M. Weaver, MD, FACEP

State Health Commissioner

The Indiana Department of Health is tasked with promoting, protecting, and improving the health and safety of all Hoosiers. As a part of that mission, IDOH has certain regulations and programs affecting the natural environment of the State. IDOH has conducted a thorough review of those regulations and programs in order to ensure that the agency can best promote its mission while ensuring Hoosiers are not unduly burdened by regulatory frameworks which are unnecessary, outdated, or unsupported by current best science available. The Environmental Public Health Division and the Lead and Healthy Homes Division are the key sections of the Agency subject to review. IDOH's review found that the Environmental Public Health Division currently has no regulations in excess of federal regulatory, federal statutory, or state statutory requirements. The Lead and Healthy Homes Division has intensified certain requirements which may be eased.

LEAD AND HEALTHY HOMES DIVISION

Current Regulations:

IC 16-41-39.4-2 "Establish reporting, monitoring, and preventive procedures to protect from lead poisoning. May conduct various lead intervention activities including maintaining a database of children with lead poisoning, coordinating lead exposure detection activities with local health departments, and coordinating for outreach activities."

IC 16-41-39.8-6: Establishment of work practice standards and third-party examination process.

410 IAC 29 address the reporting, monitoring, and preventive procedures for an elevated blood lead level.

410 IAC 29-1-22 specifically calls out the requirement to provide a lead risk assessment by a licensed professional.

410 IAC 32-4-15 requires an owner or operator of a facility where lead-based paint activity will occur to pay a \$50 fee when filing a notification of abatement.

History of programs and regulations:

IDOH re-established Lead and Healthy Homes as a Division in 2016. The primary goal of the Division is to help lower the incidence and subsequent impact of lead poisoning on Indiana's children. To that end, IDOH receives funding from CDC and EPA to support blood lead poisoning surveillance, case management, licensing, and program administration. Historical CDC funding has ranged from \$400K-\$600K per year, and EPA funding has averaged between \$250K-\$300K per year. For FY26, IDOH has applied for \$586K from the CDC and \$88K from EPA.

To **promote, protect, and improve** the health and safety of all Hoosiers.



IDOH staff assist local health departments in a wide variety of areas, including establishing clinical guidelines for care; case manager training and support; maintenance of a statewide surveillance system; and creation and distribution of lead-poisoning prevention messaging. IC 16-41-39.4-3 also requires anyone who "analyzes blood for the presence of lead" to report the results to IDOH within 10 calendar days of receiving a result, which is in line with what other states in our region require (see examples below).

- Illinois: Results above 5 ug/dL must be reported in 48 hours, those below 5 must be reported within 30 days.
- Ohio: All results must be sent to ODH within 7 days
- Kentucky: All results must be sent to local health officer within 7 days

In July 2022, Indiana lowered its elevated blood lead level to match the recommended 3.5 $\mu\text{g}/\text{dL}$ (micrograms per deciliter) level put forth by CDC in 2021. Prior to this change, Indiana had not lowered its elevated blood lead threshold in nearly two decades and was using a 10 $\mu\text{g}/\text{dL}$ standard for elevation that the CDC had lowered to 5.0 in 2012.

Later in 2022, the General Assembly passed HEA 1313 requiring all providers to offer blood lead testing to every child at age 1 and 2, starting in 2023. Prior to this legislation, providers were asked to use a series of five questions to screen children for "lead risk". IDOH pursued universal screening after finding that the questions often weren't asked, that Medicaid required all children to be tested regardless of "risk", and that providers preferred just having a single directive to test everyone. Across 2023 and 2024, this legislation resulted in a 60% increase in the number of individual kids tested for lead in Indiana.

When the elevated blood lead threshold was lowered, it came with a recognition that even though any level above 3.5 $\mu\text{g}/\text{dL}$ is concerning, direct action to lower the level was more impactful and feasible at levels above 5.0 $\mu\text{g}/\text{dL}$. As such, Indiana now has an "elevated" lead level, and an "action" level. Any case exceeding the action level requires local health departments to provide services to support ongoing testing, a clinical home visit, a lead risk assessment, and ongoing case management service implementation and coordination.

The lead risk assessment performed for case management reasons, along with any other lead-hazard identification or abatement, may only, per IC 16-41-39.8, be performed by a person licensed by IDOH for each activity. "Lead-based paint activities" include the inspection, risk assessment, and abatement of lead-based paint in targeted housing and child-occupied facilities and includes project design and supervision. The only required license types offered by IDOH are those required by EPA. The fee for any lead license in Indiana is \$150 every three years. In comparison, EPA charges \$410 and Illinois charges \$500 for the same three-year license.



One fee Indiana charges that is not federally required is a \$50 abatement notification fee. This fee goes alongside the requirement for abatement contractors to send IDOH notification of planned abatement prior to starting a project. The purpose of the notification is to ensure that IDOH can review the occupant protection plans, and plan for an onsite inspection for planned work. The fee was established to help offset the costs of these activities by IDOH staff. In a given year, there are typically 60-100 abatement notifications, totaling \$3,000-\$5,000 per year in revenue. The fee is distributed in the non-reverting Lead Trust Fund under IDOH. This funding is a relatively small percentage of the Lead Trust Fund annual revenue (less than 10%). Lead Trust Fund dollars are utilized to cover expenses which are otherwise difficult to cover with grant or state dollars, such as calibration and new radioactive sources on lead paint analyzers.

Changes being made in response to EO 25-38:

IDOH has started the process to eliminate 410 IAC 32-4-15 which requires payment of a \$50 notification fee when undertaking lead abatement work. The fee was initially setup to help offset costs IDOH would incur in reviewing the applications and conducting in-field quality control. Program efficiencies and funds already received through the EPA and state no longer warrant needing to charge this additional fee. Contractors will still be required to submit notification of work and occupant protection plans but will not pay a fee in doing so.