SUBMITTED: 06/09/2023 1:42 PM

**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 5/1/2023	Today's Date: 5/22/2023					
Agency: Ohio Department of	Health					
Rule Number(s): 3701-30-01, 3701-30-03, 3701-30-06, 3701-30-07, 3701-63, 3701-82-01.3, 3701:1-68, 3717-1						
If no comments at the hearing, please check the box. $\Box$						
List organizations or individual hearing and indicate the rule	als giving or submitting testimony before, during or after the public number(s) in question.					
1. Ohio Lead Free Kids Coalit	ion, 3701-30-01					
2. Black Child Development I	Institute Ohio, 3701-30-01, 3701-30-07					
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## **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Of the four comments received from the two commentors, three pertain to proposed amendments to the definitions in O.A.C. 3701-30-01.

First, the comments request removing the term "elevated blood lead level" and replacing it with "lead exposure" to define children with confirmed blood lead levels of 3.5 micrograms per deciliter to less than 10 micrograms per deciliter.

A second comment requests that children with confirmed blood lead levels of five micrograms per deciliter or greater be defined as having "lead poisoning."

The third comment requests the addition of a definition for the term "lead contaminated pipes and fixtures" and implement regulations requiring removal of the same.

A fourth comment requests that "ODH clarify the kinds of additional prevention activities contemplated under "interviews and education." While not specified, this appears to refer to O.A.C. 3701-30-07.

A fifth comment also pertains to 3701-30-07. This comment requests that ODH require an onsite investigation of homes, schools, and childcare facilities used by children with confirmed blood lead levels of five micrograms or greater.

## **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

The comments addressing O.A.C. 3701-30-01 were not incorporated for the following reasons. First, the proposal to replace the term "elevated blood lead level" with "lead exposure" conflicts with the definition of the latter term promulgated by the Centers for Disease Control and Prevention ("CDC"), the federal funder of ODH's Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP). Specifically, the term "lead exposure" as defined by the CDC encompasses a larger universe of children than those defined as having an elevated blood lead level and would serve to confuse parents and practitioners as to the interventions a child should receive.

Second, ODH has addressed the comment seeking clarification of the types of educational materials and interviews to be provided by specifying in O.A.C. 3701-30-07(A): "Upon completion of the questionnaire the director is obligated to provide a report in a format prescribed by the director, to the child's parent or guardian that includes but is not limited to, educational materials prescribed by the director, environmental intervention options, and available early intervention programs."

Third, ODH does not have the statutory authority to regulate water pipes and fixtures, as requested by the second comment. That comment requests the implementation of a definition to include "abatement of lead contaminated water pipes and fixtures." ODH does have jurisdiction to regulate this activity.

Finally, the remaining comments seeking to change the definition of "lead poisoning" in O.A.C. 3701-30-01 and requiring onsite investigations in facilities used by children with confirmed blood lead levels of five micrograms or greater in O.A.C. 3701-30-07 negate ODH's goal to expand the services offered to lead-impacted children. Consistent with CDC's position, ODH recognizes that there is no safe level of lead in blood, which is consistently reflected in language ODH uses in its guidance. ODH's proposed rules emphasize the need to provide required services at a blood lead level of 3.5 µg/dL and above as recommended by national health organizations. The new lower value will allow parents and caregivers, doctors, nurses, state public health, and its community partners to initiate interventions sooner and at lower levels to better serve the population at risk for lead exposure. Under ODH's proposed new rules, services will be enhanced for children with confirmed blood lead levels 3.5 μg/dL to <10 μg/dL. Services for children with confirmed blood lead levels ≥10μg/dL will remain the same. Parents/guardians of children with lead levels 3.5 μg/dL to <10 μg/dL will receive education and will be made aware of environmental intervention options, available local, state, and federal lead hazard control and rehabilitation programs, and information about lead-safe work practices and training. These families will be provided with details about other available resources such as the Lead Abatement Tax Credit Program, Early Intervention Services and Help Me Grow. Families will be empowered through education to take actions that will safely reduce their child's lead level. This approach will improve uniformity and consistency in program application and implementation statewide. ODH will provide support to local health departments through training and technical assistance to provide these services locally.

Hearing Summary R	eport		