



# Child Lead Exposure Elimination Commission

## *2024 Annual Report*

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## Letter from the Chair

Lead's harmful effects, particularly to young children, have been known for decades. For many children in Michigan, home can be a source of hidden danger — where they may be exposed to harmful levels of lead from deteriorating lead-based paint, aging water pipes and fixtures and contaminated consumer products. Many homes in Michigan were built before 1978 when the federal government prohibited the use of lead in paint, making those homes the leading source of lead exposure. We know that childhood lead exposure is preventable. The keys to preventing lead poisoning are to stop children from encountering lead and provide care to those who have been exposed.

This report provides an update on Michigan's progress in preventing and managing childhood lead exposure and a reflection on the achievements in lead poisoning prevention that Michigan's Child Lead Exposure Elimination Commission (CLEEC) has supported in the last year. The CLEEC is committed to policy changes that ensure every child lives a lead-free life.

This report also looks to the future. We should recognize and celebrate how much progress has been made in removing sources of lead exposure for children. We must also recognize that there is still work to be done, and the CLEEC is focused on addressing the highest risks of lead exposure remaining for our children.

I am grateful to the members of the CLEEC for their time, expertise, and tireless efforts to protect Michigan's children from lead exposure in 2024 and beyond.

Respectfully yours,



Natasha Bagdasarian, MD, MPH, FIDSA, FACP  
Chair  
Chief Medical Executive  
Michigan Department of Health and Human Services

# 2024 CHILD LEAD EXPOSURE ELIMINATION COMMISSION MEMBERS

## **Name**

Dr. Natasha Bagdasarian (Chair)  
Christine Callahan  
April Cook-Hawkins  
Dr. Alison L. Dickson  
Angela Hood  
Jameela Maun  
Dr. Rebecca Meuninck  
Jane Nickert  
Dr. Lyke Thompson  
Alan Vanderberg

## **Representing**

SOM Chief Medical Executive  
Early childhood education and development  
General public  
Physician  
General public  
Background in child and family support  
Lead exposure advocacy  
Local health department  
Academia, research and technology  
Local government

## **State of Michigan Departmental Representatives**

### **Name**

Daniel Lince  
Eric Oswald  
Courtney Pendleton  
Carin Speidel

### **Department**

Michigan State Housing Development Auth.  
Environment, Great Lakes, and Energy  
Licensing and Regulatory Affairs  
Health and Human Services

# CLEEC Priorities Update: 2024

In 2024, the Child Lead Exposure Elimination Commission (CLEEC) met five times to share updates on child lead poisoning prevention actions in the state and discuss strategies for promoting priorities established during a strategic planning session in late 2022. Minutes are available on the [CLEEC website](#).

## Data

### Data innovations:

Since its inception, one priority for the CLEEC has been the availability of high-quality, integrated blood lead surveillance and program activity data. Two notable innovations were accomplished in 2024 that contribute to the advancement of this priority.

- Integration of environmental lead services and nurse case management services for children with elevated blood lead levels: All lead inspections and lead home abatement activities have been tracked in the Michigan Comprehensive Lead Exposure and Abatement Registry (MiCLEAR). Nurse case management services for children with elevated blood lead levels have been tracked in the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). However, there was no connection between the two, and HHLPSS had many limitations. In 2024, a replacement for HHLPSS that is integrated into MiCLEAR became fully functional after a multi-year development process, including the integration of an online lead services application, which allows any Michigan resident to electronically submit an application for home lead mitigation services. This integration has improved the functionality of the nurse case management module and allowed for integration of home lead inspection and abatement activities data with data on children with elevated blood lead levels. Planning for electronic integration of the nurse case management forms used during home visits into MiCLEAR has begun and is expected to go live in 2025, as well as other enhancements to improve the functionality of MiCLEAR.
- MiLead Dashboard: In 2023, the [MiLead Dashboard](#) went live. Planning for data updates and enhancements was underway in 2024 and are expected to be completed in 2025. This dashboard was designed to provide critical, at-a-glance information for different geographies about blood lead levels, efforts to reduce lead exposure in Michigan children and factors that may lead to an increased risk of lead exposure. Data included in the dashboard are organized into four categories related to lead exposure: Blood Lead Testing Results, Nursing Case Management Services, Lead Abatement Services and Community Demographics and Risk Factors.

### Blood lead and lead services data:

The CLEEC received updates on blood lead and housing intervention data at each meeting in 2024. The following is a summary of the data for 2024.

*Childhood blood lead testing data:*

A blood lead test can reveal if a person has had recent or ongoing exposure to lead, but not if they were exposed in the distant past. Blood lead testing is particularly important for young children and during pregnancy. Exposure to lead early in life has been shown to cause problems with neurological development, learning, behavior, hearing and growth. No safe blood lead level in children has been identified.

Clinical laboratories are required to report all tests for lead in blood to MDHHS, and MDHHS manages the reports in a surveillance database.

Figure 1 shows the number and percent of children under age 6 tested for lead in blood each year from 2012 through 2024. The peak in 2016 reflects the impact of the Flint water crisis on public concerns about lead exposure in Flint and throughout the state. The sharp drop in the numbers tested in 2020 reflects the impact of the COVID pandemic on the frequency of well-child medical visits. Testing has gradually increased since then, but as of 2024, testing was still below its peak in 2016.

**Figure 1: Number and Percent<sup>A</sup> of Michigan Children with Blood Lead Tests Under Age 6<sup>B</sup>: Calendar Years 2012-2024\***

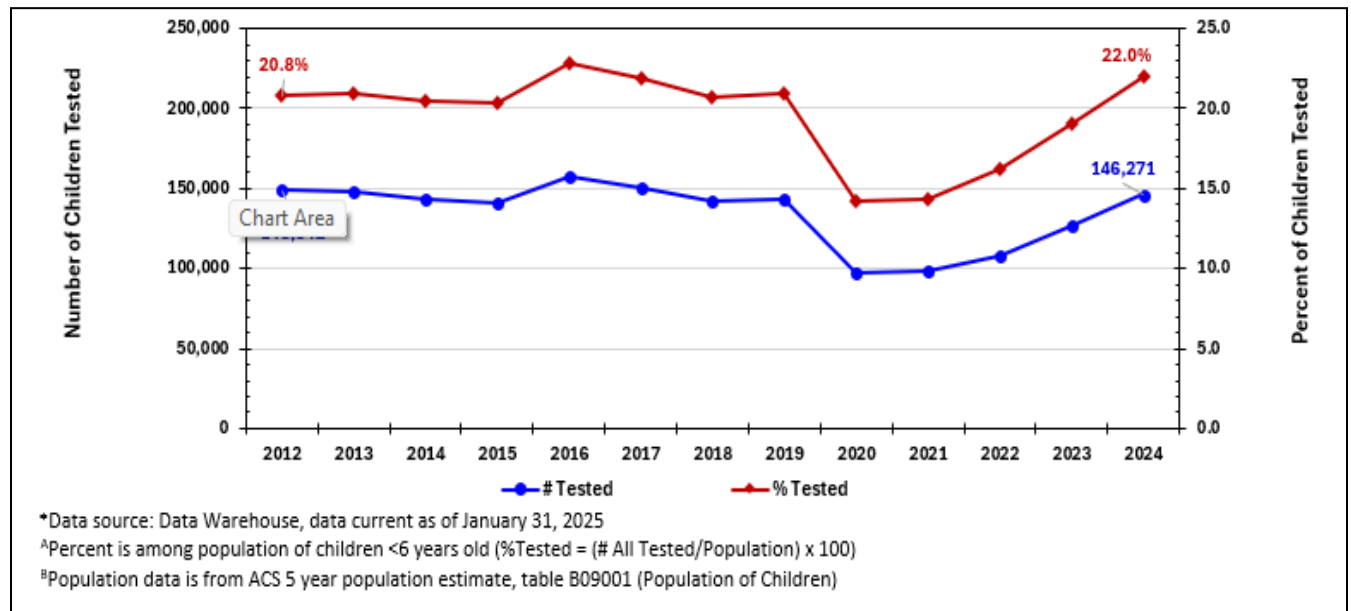
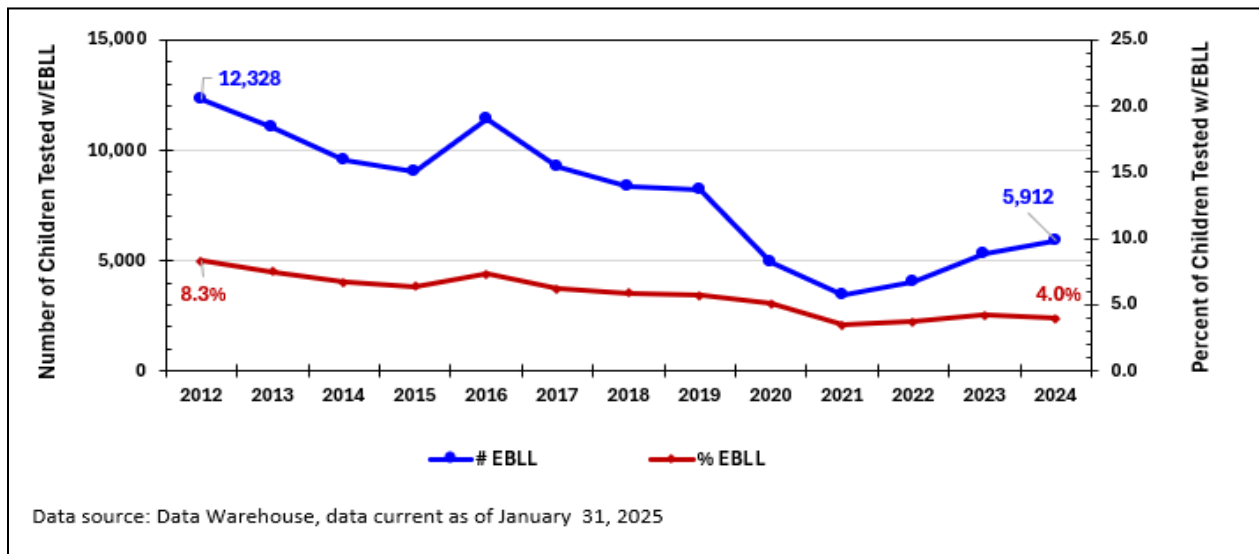


Figure 2 shows the number and percent of children under age 6 with elevated blood lead levels (EBLLs) each year from 2012 through 2024. EBLL is defined as a blood lead level of 3.5 micrograms per deciliter (µg/dL) or greater. Each child was counted once per year based on the highest venous blood lead level. If no venous test was available, the highest capillary level was used if tested more than once. The number and percentage of children with EBLLs has generally declined steadily since 2012, consistent with overall national trends. However, the peak in 2016 reflected the increased testing of at-risk children. The large drop in the number of children with EBLL in 2020 was related to the overall drop in blood lead testing. Notably, although testing rebounded in 2024, the percentage of children with EBLLs in 2024 was still below pre-pandemic percentages.

Children with EBLs are eligible for case management services provided by local health departments, except in Genesee County where they are provided by the Mid-Michigan Community Health Access Program (CHAP). Case management from a nurse, usually conducted in the child’s home, includes lead poisoning prevention education, and assessment of the child’s health and development, visual assessment of the condition of paint in the home, identification of other potential lead hazards, referrals to needed social and medical services and assistance in completing the application for financial assistance in remediated lead hazards in the home (see below). Community Health Workers (CHW) assess the need for and provide a more limited set of services related to social determinants of health including housing, food and transportation.

In 2024, nurses provided case management services to 855 children and CHWs provided services to 315 children, including 128 who also received services from a nurse.

**Figure 2: Number and Percent of Tested Children Under Age 6 with Elevated Blood Lead Levels ( $\geq 3.5 \mu\text{g}/\text{dL}$ ) in Michigan: Calendar Years 2012-2024**



*Statewide lead services data:*

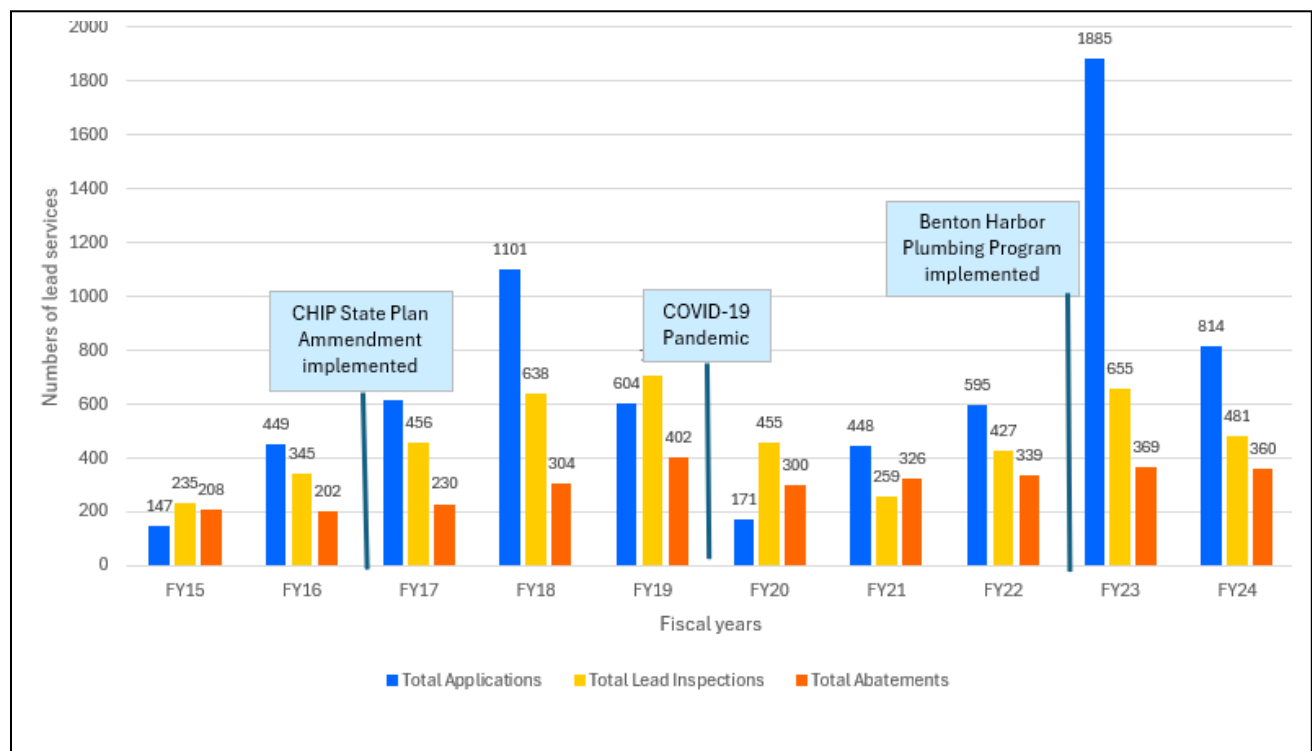
Michigan is committed to protecting the public from lead exposure by working together with families and local communities to reduce or eliminate all sources of lead in the home. MDHHS’s Lead Safe Home Program (LSHP), within the Residential Environmental Services Section (RESS), helps families identify and remove lead hazards from homes across the state by providing financial and technical support. Eligibility for the program is determined based on Medicaid or household income status and the location of the home. In addition, RESS oversees the CHIP Local Lead Hazard Control Grant program, which provides Medicaid grant funds, technical assistance and oversight to lead hazard control services in local communities. The purpose of this program is to expand lead hazard control in Michigan through community development. In 2022, the legislature

provided funding to create the Lead Poisoning Prevention Fund (Lead Fund). The Lead Fund helps to fill a critical gap for homeowners and income-property owners who do not qualify for free home lead services.

Figure 3 indicates the number of applications received and approved for assistance in abating homes each fiscal year starting in FY15. The number of applications declined with COVID but has since rebounded, with a peak in FY23. A large percentage of the applications in FY23 were related to the [Benton Harbor water efforts](#).

Figure 3 also shows the number of completed home inspections and abatements from FY15 through FY24 funded by the MDHHS’s LSHP and CHIP Local Lead Hazard Control Grant programs. The increases in lead inspections and home abatements starting in FY17 were due to the use of Medicaid funds for home lead abatement services, approved by Medicaid through a process called [CHIP State Plan Amendment](#). Similar to blood lead testing, lead inspection and abatement activities declined during COVID but have since been increasing.

**Figure 3: MDHHS and CHIP Local Lead Hazard Control Program Grantees: Numbers of Lead Services Applications, Lead Inspections, Lead Home Abatements: FY15-FY24**



## Strategic Priorities

Three strategic priorities were identified in a planning session in 2022 with corresponding actions in 2024. Progress in 2024 and challenges faced are described below.

### ***Priority: Mandate universal blood lead testing at 1 and 2 years of age and additional testing if a child is in a high-risk community.***

- Universal blood lead testing of young children became law in 2023. In October 2023, the governor signed into law ([MCL 333.5474d](#)) the requirement that physicians test, or order a test, for lead in blood in children at ages 1 and 2 years and at other ages depending on risk factors including living in a high-risk community identified by MDHHS in administrative rules.
- The law goes into effect when the rules are promulgated. MDHHS provided draft rules to the public and the CLEEC for comment in 2024, following which they were submitted to the Michigan Joint Commission on Administrative Rules for final review and adoption. The [rules](#) (R 330.301-330.304) were promulgated and went into effect April 30, 2025. In 2024, MDHHS developed outreach materials and web updates so that physicians and the public are aware of the law and the detailed requirements in the rules.

### ***Priority: Require a local rental certification program that includes a lead inspection/risk assessment (LIRA) in high-risk housing until the housing is deemed to be lead-safe.***

- Rental registrations and inspections are a local function in Michigan. Rental certification programs exist only in some communities, and those that do exist vary widely.
- The CLEEC was informed that there was a proposal to change Detroit's rental certification ordinance from requiring a full lead inspection/risk assessment to a visual inspection only. The concern was that this change would mean lead risks in rental properties could go undetected and thus expose children to lead. The CLEEC agreed to investigate this concern more fully in 2025. (Note: The ordinance passed with an effective date of May 1, 2025).

### ***Priority: Bring EPA's Renovation, Repair and Painting Rule (RRP) to Michigan to administer.***

- [House Bill 4532](#) of 2023 was introduced; it amended Part 54A ("Lead Abatement") of the Public Health Code to change certain requirements related to lead abatement and mitigation for certain activities. It included amendments to ensure that state law codifies the requirements of the EPA's [Lead Renovation, Repair and Painting rules \(RRP\)](#). HB 4532 was tie-barred (i.e., linked) to two other lead bills amending Part 54A. [HB 5368](#) of 2023 added a new section, 333.5456a to include some statutory definitions and to align Michigan's blood lead reference value of 3.5µg/dl with the Centers for Disease Control and Prevention's (CDC) blood lead reference value. The second bill, [HB 5369](#) of 2023, amended section 333.5474 to add a requirement for an [Early On](#) program referral for all children less than 3 years of age with an elevated blood lead level, irrespective of income or other eligibility criteria.
- HBs 4532, 5368 and 5369 moved through the House Health Policy Committee and final passage on the House floor as a package in December 2024. These bills did not achieve final passage in the Senate during the legislative lame duck session. HB 4532 is not

expected to be reintroduced in the 2025 session; rather, a much shorter bill, specifically addressing adoption of EPA's RRP, has a sponsor and is has been introduced in 2025. The other two bills are expected to be reintroduced, along with two new bills, one addressing lead in baby food and one addressing lead in dishware.

## CLEEC Future Strategic Priorities and Initiatives

### ***Strategic priorities:***

The CLEEC is pleased that one of its top priorities, the mandate for universal blood lead testing, was accomplished. However, other priorities, which require legislative action to succeed, will continue to pose challenges. Mobilization of lead partners will be essential to move these priorities forward.

### ***Initiatives:***

- The CLEEC developed a policy statement focused on the future of reducing lead exposure in Michigan's children, titled "[A Statement from the Michigan Child Lead Exposure Elimination Commission: A Necessary Focus on Lead Paint and Dust in Housing to Achieve Lead Exposure Elimination Goals](#)," which was finalized in 2024 and published on the [CLEEC's website](#).
- In late 2023, the CDC and FDA reported high blood lead levels in children associated with consumption of lead-contaminated cinnamon-containing applesauce products. In 2024, following presentations about the regulation of lead in food products, the CLEEC explored the policy and programmatic impacts of detecting and prohibiting lead-contaminated products, noting the gaps and confusions in existing policies, programs and requirements.
- A workgroup will be convened in 2025 to identify approaches that local units of government can implement to prevent childhood lead exposure while meeting federal laws and requirements. One approach is the potential for local rental housing ordinances, as follow-up to the Detroit lead housing rental ordinance discussed above.
- The CLEEC will be reexamining its strategic priorities through a strategic planning process in 2025.