



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

## Michigan Child Lead Exposure Elimination Commission Meeting

**Sept 22, 2025**

**10:00 AM – 12:00 PM**

**In Person**

**AGENDA**

- I. Call to Order –**
  - a. Roll Call – Jared Welehodsky  
9 voting members present. A quorum is established.  
**See attached attendance sheet.**
- II. Review and Adopt July 14<sup>th</sup>, 2025, Meeting Minutes – Action – All**

A motion to adopt/approve the July 14, 2025, Meeting Minutes.  
Seconded by Dan Lince.  
No abstentions.  
All in favor. Motion passed unanimously.  
**Approved Minutes attached.**
- III. CLEEC 2024 Annual Report and Status– Inform – Martha Stanbury**

Approval from Sarah's office. The report still needs Dr. Bagdasarian's signature and Comms final review. **See attached file** for CLEEC review and to edit ASAP (Rick sent out previously on 09/22/2025).
- IV. Update on Filling CLEEC Member Vacancies – Inform – Jared Welehodsky**

Jared reached out to the appointments office. There are some interested applicants for the vacant positions but no updates or confirmed information as of yet. He is working on it and will follow up.
- V. Department Updates – Inform**

**MDHHS**

  - a. Universal Blood Lead Testing – Angela Medina  
In Angela Medina's absence, Carin Speidel provided an update on Universal Testing and its media campaign.
    - The campaign is running through 2026 (social media, Spotify, etc.)
    - Developing evaluation plan: In the scoping phase.
    - An algorithm is being developed to help providers determine when/if children should be tested:: Coming out soon.
    - Working on public health detailing for educating providers on Universal Testing requirements.
    - Funded project for the distribution of LeadCare machines across the state (240

machines/kits distributed): All slots have been filled;hoping to find funding to distribute more

- b. MDHHS Lead Ordinance Workgroup Status Update – Tina Wahl & CLEEC Workgroup Members  
The workgroup had its first meeting on September 30<sup>th</sup>. The workgroup is working with Public Sector Consultants (PSC). There was much lead exposure discussion. Breakout sessions were used to generate potential action items and activities. Partner interviews are also taking place to increase geographic reach and sector representation. The second workgroup meeting will be held on 9/30/25. Any final interviews, the 3rd workgroup meeting and a final report are due this fall.
- c. Data Update: Tracking Child Blood Lead Testing – Dr. Anthony Oliveri  
**See attached PowerPoint/slides of Dr. Oliveri's presentation.**  
Venous elevated blood lead metrics to be included in the report were requested.
- d. Legislative Updates – Tina Wahl, Dr. Lyon-Callo & Carin Speidel

Tina Wahl provided an update on the following House Bills:

4 lead bills were introduced on 9/11 in the MI House and referred to the House Health Policy Committee. These bills are familiar to us as 3 of them passed the House last term but died in lame duck session. The bills include:

[House Bill 4864](#) (Rep Rogers) Updating the definition of elevated blood lead level (EBLL) and bench marking it to the CDC blood lead reference value.to stay current.

[House Bill 4865](#) (Rep Greene) New bill calling for the testing of baby food sold in MI for lead and heavy metals by 2026 along with the disposal or diversion of products that exceed standards, and by 2027, making those results public online.

[House Bill 4866](#) (McKinney) RRP. This bill is about 40 pages shorter than the bill introduced last year, achieved by multiple references to EPA's Renovation, Repair and Painting (RRP) law thus creating a streamlined and simplified bill.

[House Bill 4867](#) (Whitsett) Updating section of the Public health Code that establishes the childhood lead poisoning prevention program, including an addition that requires children with EBLL be referred to Early On.

Things to note about these bills are they are bipartisan with Rep Green being a new bill sponsor and there are bipartisan co-sponsors on the bills. This will be helpful in moving the bills through a split government. Finally, none of the bills are tie barred this year, meaning they all move on their own (unlike the last session). What this means is if one bill is facing strong opposition or a bill sponsor is on the outs with leadership, the rest of the bills can still move on to final passage.

Dr. Lyon-Callo provided updates for both state and federal budgets with the negotiations continuing with the October 1 deadline looming. Preparing to be ready for whatever the outcome.

**LARA- Courtney Pendelton.** Updates will be provided with their special presentation later in the agenda.

**EGLE- Eric Oswald** provided updates on some of EGLE's programs including: Legislation for filters for schools and daycares. Drinking water management plan: If money is not appropriated for FY 2026, schools do not have to comply. Good progress. Visit <https://www.michigan.gov/egle> for additional information.

Lead Service Line Removal to adhere to the Lead and Copper Rule, which indicates removal by 2041, a little behind but picking up speed. 25,000 lines for 2024 and about the same for 2025 (stats on website). EPA's Lead and Copper Rule Improvements (LCRI): If approved, accelerates the deadline to 2037. Cost of over \$10,000 (up from \$5,000) for each replacement. Working to get additional state and federal funding for assistance.

**MSHDA- Dan Lince** provided an update of MSHDA programs by walking through the MSHDA website. <https://www.michigan.gov/mshda> Using top of page tabs... go to:

**About > Program Guide > Homeownership** Getting more people to own a home.

**About > Program Guide > Rental Development** Partnerships with developers with different products. Rental Development funds all the other programs (Loans – no State funding).

**About > Program Guide > Rental Assistance & Homeless Solutions** Homeless Shelters, Rental Assistance, Family Self-Sufficiency, Housing Choice Voucher, Emergency Solutions Grants (ESG), Key to Own program for voucher participants.

**About > Program Guide > Neighborhoods program** (single family housing) MSHDA's Neighborhood Development Division provides support and resources to encourage housing solutions and opportunities to Michigan residents, neighborhoods and partners.

**Developers > Environmental Review** Dan Lince's program. MSHDA policies and descriptions are located here.

**Developers > Low Income Housing Tax Credits (LIHTC) > 2025 LIHTC Funding Round Information > Notice of Funding Round 08/01/2025** Document which includes list of credit categories.

**Developers > Low Income Housing Tax Credits (LIHTC) > 2025 LIHTC Funding Round Information > LIHTC April Funding Round Reservations 07/02/2025** Listed projects and where they are occurring.

**VI. Presentation on CLEEC Authority by CLEEC Attorney General Representative- Katherine Bennett – Inform**

AG Representative Katherine Bennett provided details and insight into the CLEEC Executive Orders (Handouts with copies of 2 of the 3 the Eos) and the CLEEC's mission, duties and goals.

**VII. Special Presentation on Michigan Building Codes- Andrew Brisbo and Jon Paradine with the LARA Bureau of Construction Codes- Inform** See attached slides.

**VIII. Continuation of CLEEC Strategic Visioning and Goal Setting Discussion- Al Vanderburg facilitator of a group discussion.**

Alan Vanderburg proposed that a smaller sub-committee be established to work on the CLEEC strategic priorities, utilizing the [attached spreadsheet template](#), to narrow down its focus and major goals, creating smaller teams to work on these goals and then report back to the main CLEEC commission of the work that has been accomplished. CLEEC members provided general approval.

**IX. Member Updates**

No updates currently.

**X. Action Items**

Locate the previous by-laws established with an earlier commission. Dan Lince provided a

possible copy in this meeting's chat session.

**XI. Adjourn**

Motion to adjourn – Christine Callahan

Seconded – Dan Lince

All in favor.

Motion passed, and meeting adjourned at 12:05 p.m.

**Next Meeting is Virtual and Scheduled for November 17, 2025, from 10-12.**

**September 22, 2025, CLEEC ATTENDANCE REPORT**

	<b>Name/Affiliation</b>	<b>Voting Member</b>	<b>Present</b>	<b>Not Present</b>
<b>Commission Members</b>				
1	Dr. Natasha Bagdasarian, CME, Chair	X		X
2	Christine Callahan/Early Childhood	X	X	
3	April Cook-Hawkins/General Public	X		X
4	Angela Hood/General Public	X		X
5	Dan Lince/MSHDA	X	X	
6	Jameela Maun/Child Family Support	X	X	
7	Diane McCloskey/Lead Exposure Advocacy	X	X	
8	Dr. Rebecca Meuninck/Lead Exposure Advocacy	X		X
9	Eric Oswald/EGLE	X	X	
10	Courtney Pendleton/LARA	X	X	
11	Carin Speidel/DHHS	X	X	
12	Dr. Lyke Thompson/Research & Technology	X	X	
13	Al Vanderberg/Local Government	X	X	
	Vacant/Physician	X		X
<b>Guests and Staff</b>				
1	Dr. James Bell III		X	
2	Jennifer Bonsky/MDARD			X
3	Meli Garcia (Ecology Center – Guest)			X
4	Dr. Annette Gilmer		X	
5	Jennifer Gray			X
6	Kory Groetsch		X	
7	Dr. Sarah Lyon-Callo		X	
8	Angela Medina			X
9	Dr. Anthony Oliveri		X	
10	Chad Rhodes		X	
11	Melissa Sargent (Ecology Center - Guest)		X	
12	Jennifer Shutts			X
13	Martha Stanbury		X	
14	Tina Wahl		X	
15	Jared Welehodsky		X	
16	Katie Nash			X
17	Alison Dickson		X	
18	Rick Stoner		X	



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## Michigan Child Lead Exposure Elimination Commission Meeting

**July 14, 2025**  
**10:00 AM – 12:00 PM**  
*Virtual/Teams*

### Meeting Minutes

**Commissioners Present:** Dr. Natasha Bagdasarian (chair), Daniel Lince, Jameela Maun, Diane McCloskey, Dr. Rebecca Meuninck, Eric Oswald, Courtney Pendleton, Carin Speidel, Dr. Lyke Thompson, and Al Vanderberg.

**Commissioners Absent:** Christine Callahan, April Cook-Hawkins and Angela Hood.

**Staff and Guests Present:** Angela Dickson, Dr. Annette Gilmer, Kory Groetsch, Dr. Sarah Lyon-Callo, Angela Medina, Katie Nash, Dr. Anthony Oliveri, Chad Rhodes, Jennifer Shutts, Rick Stoner, Tina Wahl, and Jared Welehodsky

#### I. Call to Order – Jared Welehodsky

a. Roll Call (See attached Attendance Report).

Jared Welehodsky called the meeting to order with roll call. 10 Commission Members were present for a quorum.

b. Welcome and Introduction of Facilitator, Dr. Sarah Lyon-Callo and CLEEC Chair Dr. Natasha Bagdasarian.

Dr. Bagdasarian explained her role within the CLEEC and that of Dr. Sarah Lyon-Callo. Integrating the work of the CLEEC with the activities of lead services within the Environmental Health Bureau (EHB) and MDHHS. Creating a greater presence and visibility of EHB within the CLEEC (i.e. administrative duties, communication, meetings, support, etc.). Dr. Sarah Lyon-Callo will be the MDHHS/PHA representative and facilitate the meetings moving forward. Dr. Bagdasarian will attend as needed (with close collaboration with Dr. Sarah Lyon-Callo). This will help provide the CLEEC more clout while not having an actual budget (advisory vs. working). A positive change with the power of PHA and its additional work-related staff.

#### II. Review and Adopt Meeting Minutes – Action – All

a. March 24, 2025 – Minutes

b. May 12, 2025 – Minutes

No questions or concerns.

Alan Vanderburg moved to approve/adopt both previous meeting minutes.

Seconded by Dr. Rebecca Meuninck.

All approved.

No opposed.

No abstentions.

Meeting minutes are now official and will be forwarded to be posted to the CLEEC website.

### III. **CLEEC 2024 Annual Report and Status– Inform – Tina Wahl**

Tina Wahl provided an update (in Martha Stanbury's absence). Currently the draft 2024 annual report is moving up the chain for review. Members will soon be able to review it for feedback. Getting close to completion.

### IV. **Update on Filling CLEEC Member Vacancies – Inform – Jared Welehodsky**

Jared Welehodsky indicated there have been conversations with potential applicants and have informed the Governor's Appointments Office. However, there are no other updates at this time.

### V. **Department Updates**

#### a. **Universal Blood Lead Testing – Angela Medina**

Angela Medina provided an update. UT rules went live at the end of April. There has been much messaging out to partners and health care providers throughout Michigan. A press release and media interviews took place with numerous articles being sent out. Presentations, meetings, email blasts and health alert notices have also been sent to providers along with informational sessions with various provider groups. Updating the Provider Q&A to answer the questions being received.

#### b. **MDHHS Lead Ordinance Workgroup Status Update – Carin Speidel**

Carin Speidel provided a brief update. Lead Ordinance Workgroup is working with Public Sector Consultants (PSC) for a few weeks. PSC will be developing a list of individuals who will be part of the interviews and/or be a part of the actual workgroup. The purpose of the workgroup is to identify approaches to address childhood lead exposure while meeting state and federal laws (via ordinance). PSC will be reaching out to workgroup members to establish an upcoming meeting schedule.

Question (Diane McCloskey): Who are the stakeholder interviews with and who is included in the workgroup?

**ACTION ITEM:** Carin Speidel will follow-up and forward the requested information to CLEEC members.

#### c. **Data Update: Tracking Child Blood Lead Testing – Dr. Anthony Oliveri**

**See attached slides** for Dr. Oliveri's update and blood lead testing numbers.

#### d. **Legislative Updates – Tina Wahl**

**See attached document.**

### VI. **CLEEC Strategic Visioning and Goal Setting – Final Rankings, SWOT Analysis and Developing Action Items – Inform – Alan Vanderberg**

Alan Vanderberg worked with CLEEC Commission members to complete the SWOT analysis (**see attached**). Afterward, much discussion ensued regarding the CLEEC's direction and how to develop action items, action steps and address these items moving forward.

## **VII. Other**

## **VIII. Adjourn**

Motion to adjourn meeting by Dan Lince.

Seconded by Dr. Rebecca Meuninck.

No objections.

Meeting adjourned at 11:56 a.m.

**July 14, 2025, CLEEC ATTENDANCE REPORT**

	<b>Name/Affiliation</b>	<b>Voting Member</b>	<b>Present</b>	<b>Not Present</b>
<b>Commission Members</b>				
1	Dr. Natasha Bagdasarian, CME, Chair	X	X	
2	Christine Callahan/Early Childhood	X		X
3	April Cook-Hawkins/General Public	X		X
4	Angela Hood/General Public	X		X
5	Dan Lince/MSHDA	X	X	
6	Jameela Maun/Child Family Support	X	X	
7	Diane McCloskey/Lead Exposure Advocacy	X	X	
8	Dr. Rebecca Meuninck/Lead Exposure Advocacy	X	X	
9	Eric Oswald/EGLE	X	X	
10	Courtney Pendleton/LARA	X	X	
11	Carin Speidel/DHHS	X	X	
12	Dr. Lyke Thompson/Research & Technology	X	X	
13	Al Vanderberg/Local Government	X	X	
	Vacant/Physician	X		X
<b>Guests and Staff</b>				
1	Dr. James Bell III			X
2	Jennifer Bonsky/MDARD			X
3	Meli Garcia (Ecology Center – Guest)			X
4	Dr. Annette Gilmer		X	
5	Jennifer Gray			X
6	Kory Groetsch		X	
7	Dr. Sarah Lyon-Callo		X	
8	Angela Medina		X	
9	Dr. Anthony Oliveri		X	
10	Chad Rhodes		X	
11	Melissa Sargent (Ecology Center - Guest)			X
12	Jennifer Shutts		X	
13	Martha Stanbury			X
14	Tina Wahl		X	
15	Jared Welehodsky		X	
16	Katie Nash		X	
17	Alison Dickson		X	
18	Rick Stoner		X	



# Child Lead Exposure Elimination Commission

## *2023 Annual Report*

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## Letter from the Chair

Lead's harmful effects, particularly to young children, have been known for decades. Home should be a place of refuge and safety, but sadly for many Michigan children, home is often a place where they can be exposed to dangerous amounts of lead including lead in deteriorating lead-based paint, lead-containing water pipes and fixtures and lead-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

## **2024 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 on-line 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.
- MI Lead 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. A blood lead test cannot tell whether there were exposures in the distant past. Blood lead testing is particularly important for young children and pregnant persons. 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\***

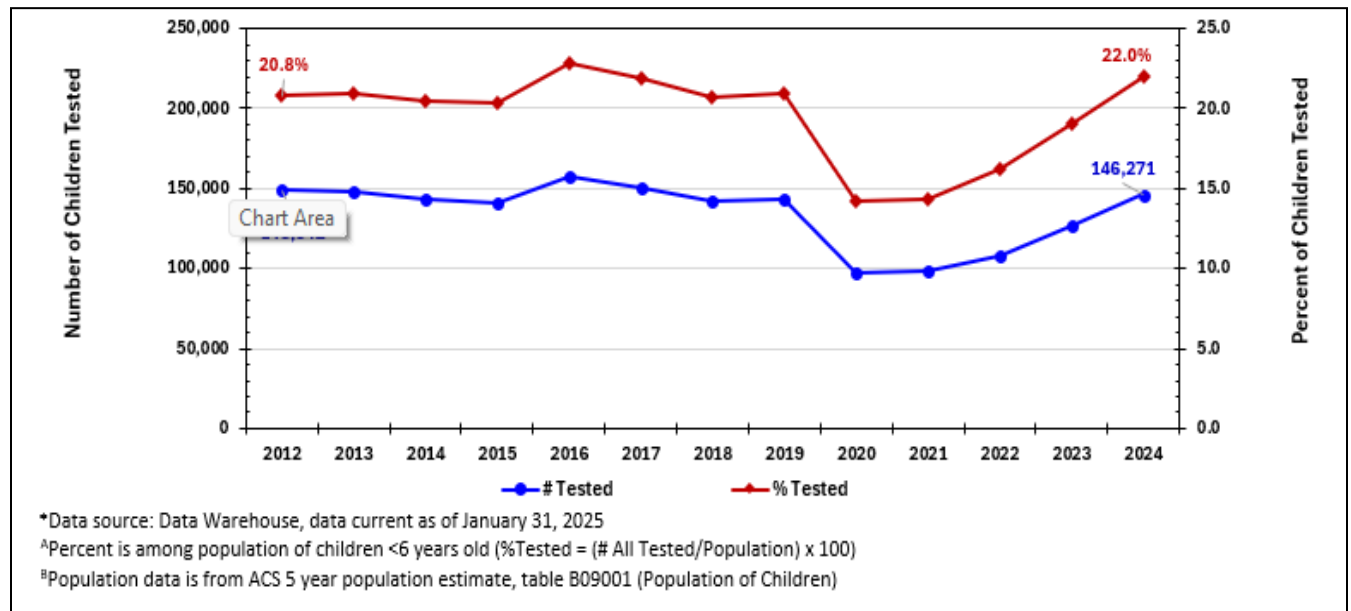
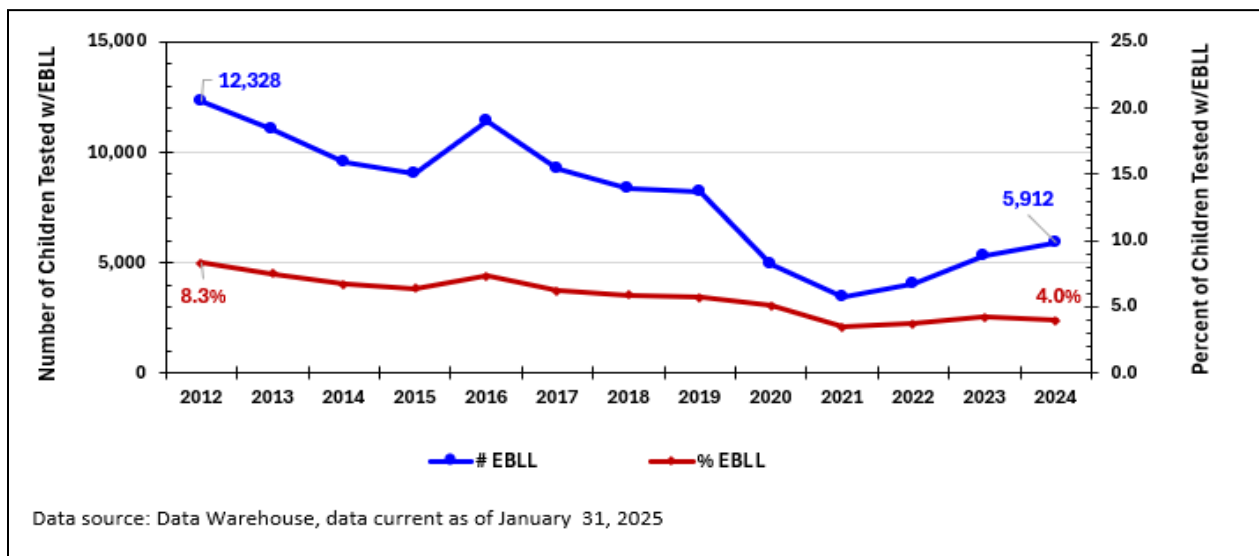


Figure 2 shows the number and percent of children under age 6 with elevated blood lead levels (EBLLs) each year from 2012 through 2024. EBLL is defined as a blood lead level of 3.5 micrograms per deciliter (µg/dL) or greater. Each child was counted once per year based on the highest venous blood lead 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:*

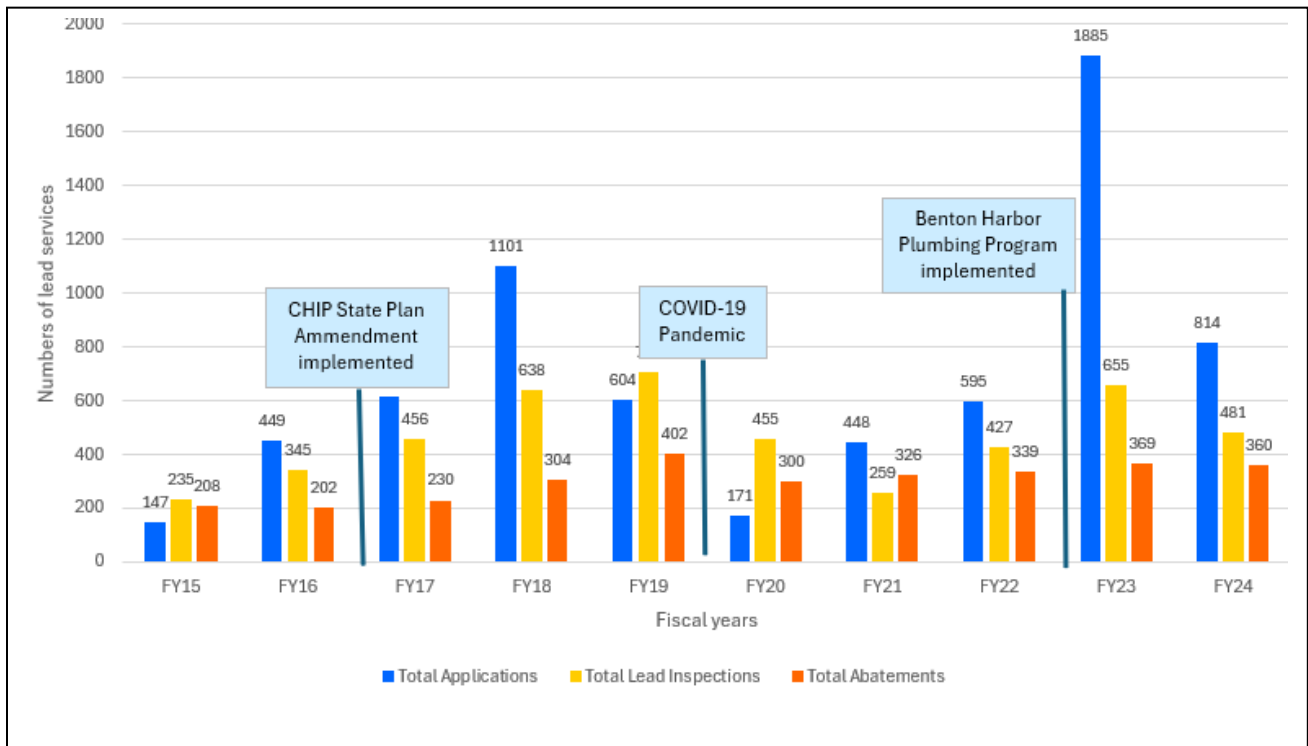
Michigan is committed to protecting the public from lead exposure by working together with families and local communities to reduce or eliminate all sources of lead in the home. MDHHS’s Lead Safe Home Program (LSHP), within the Residential Environmental Services Section (RESS), helps families identify 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 that had 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 one and two and 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](#) 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 in only some communities, and those that do exist vary widely.
- It was brought to the attention of the CLEEC 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 three 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.



# Data Update: Tracking Universal Testing

CLEEC Meeting  
September 22, 2025



# Definitions

- High-risk communities: 82 high-risk communities (MCDs) identified as high-risk based on blood lead testing, socioeconomic and housing risk factors.
- Age Groups:
  - Children Around Age 1: ages 9 to 17 months
  - Children Around Age 2: ages 18 to 30 months
  - Children Around Age 4: ages 42 to 54 months

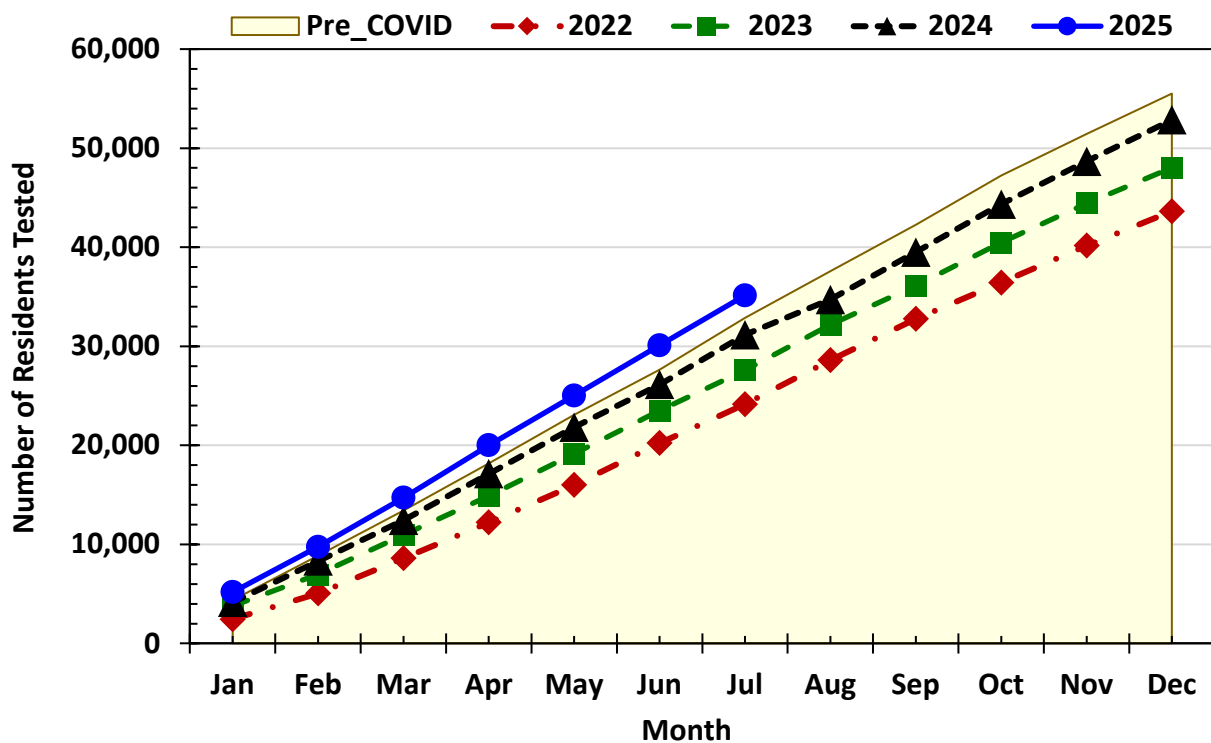
# Number and Percent of Children Around Ages 1 and 2 Tested by Year



Age Category	Year	Number Tested for Blood Lead <sup>1</sup>	% Population Tested <sup>2</sup>
Children around Age 1	2018	54,639	48.4
	2019	55,511	49.8
	2020	42,355	38.8
	2021	40,465	37.0
	2022	43,634	39.9
	2023	48,035	44.0
	2024	52,855	48.4
	2025 *	35,138	*
Children around Age 2	2018	36,574	31.7
	2019	37,378	32.9
	2020	27,211	24.3
	2021	27,048	24.2
	2022	29,768	26.6
	2023	34,754	31.1
	2024	42,730	38.2
	2025 *	29,386	*

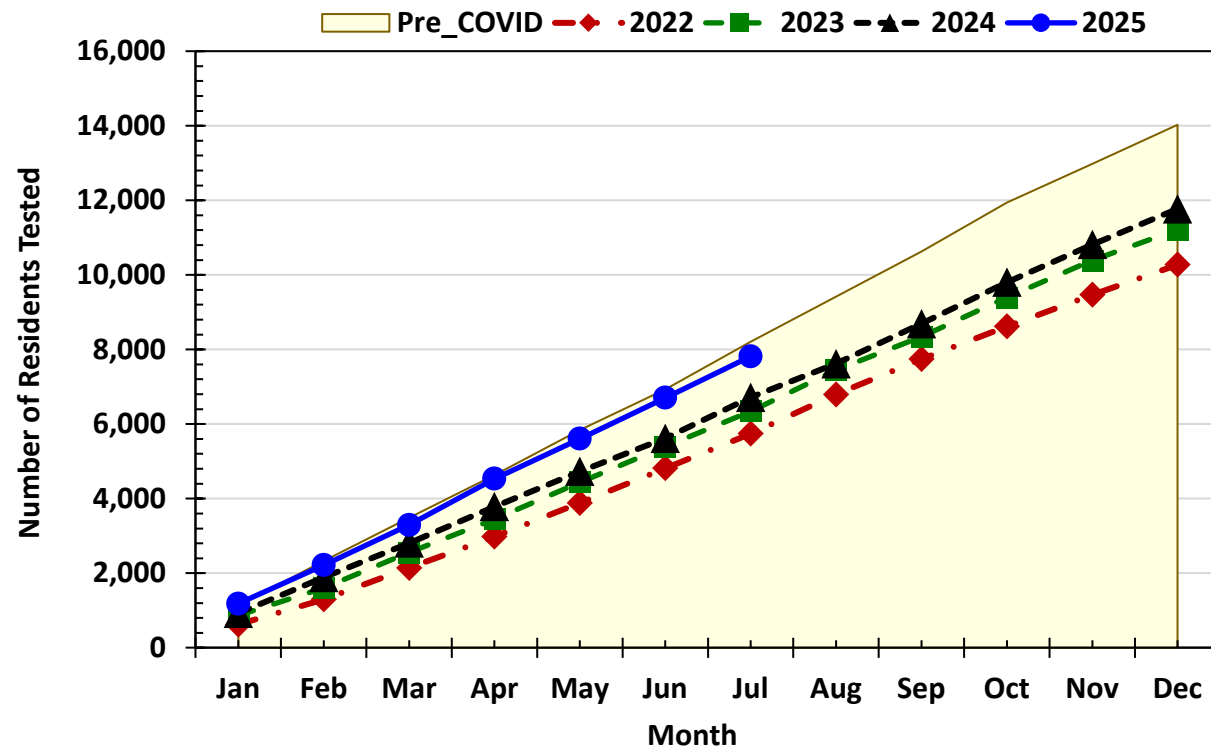
# Number of Children Around Age 1 Tested

**FIGURE 3. CUMULATIVE NUMBER OF MICHIGAN RESIDENTS AROUND AGE 1 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

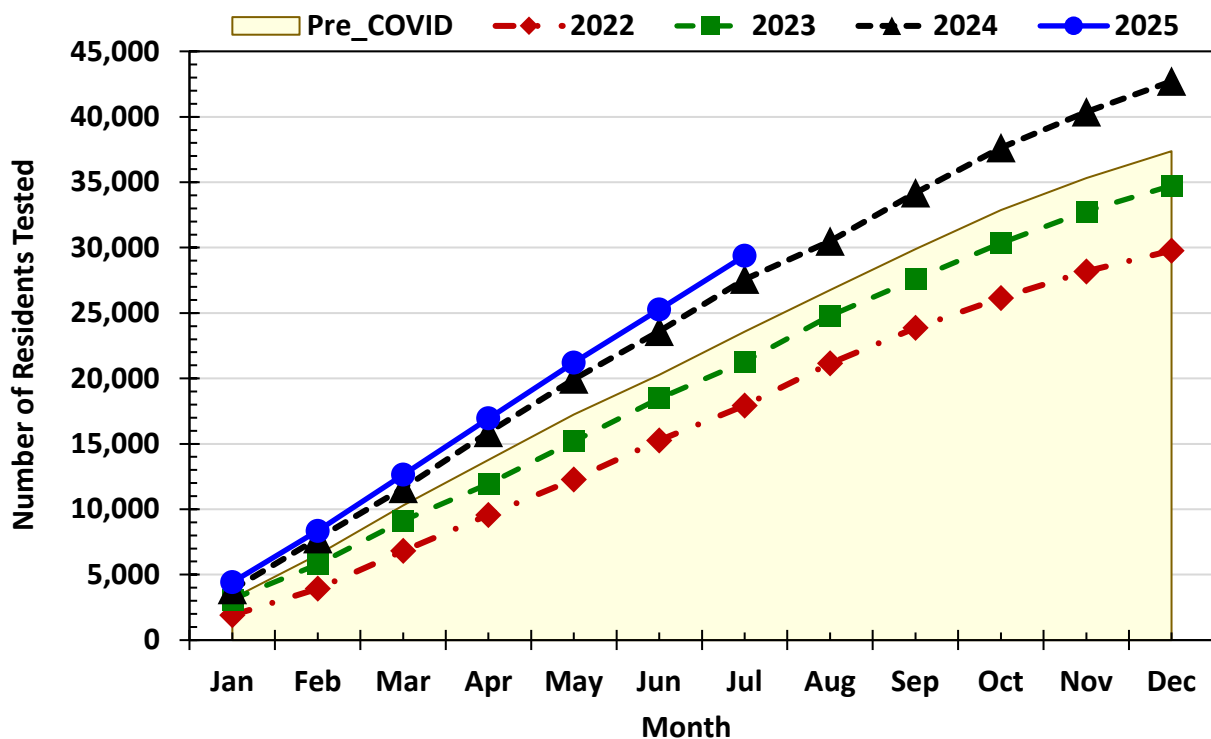
**FIGURE 8. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS AROUND AGE 1 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

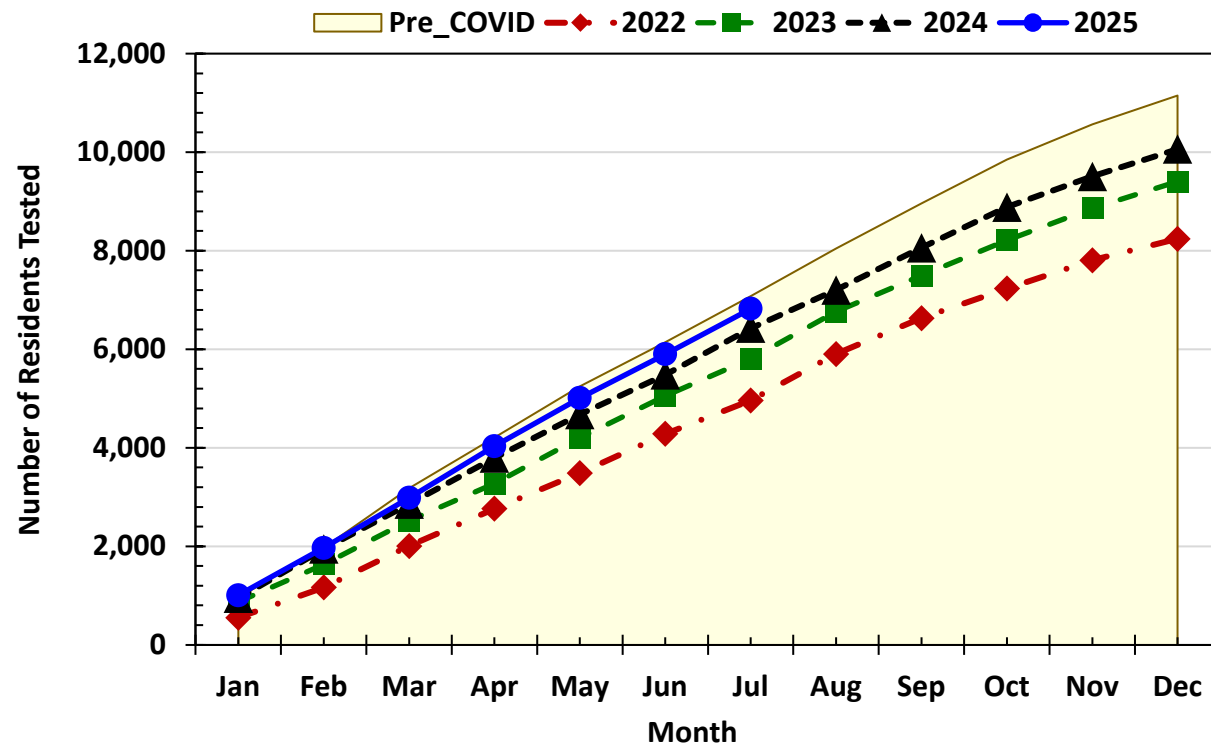
# Number of Children Around Age 2 Tested

**FIGURE 4. CUMULATIVE NUMBER OF MICHIGAN RESIDENTS AROUND AGE 2 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

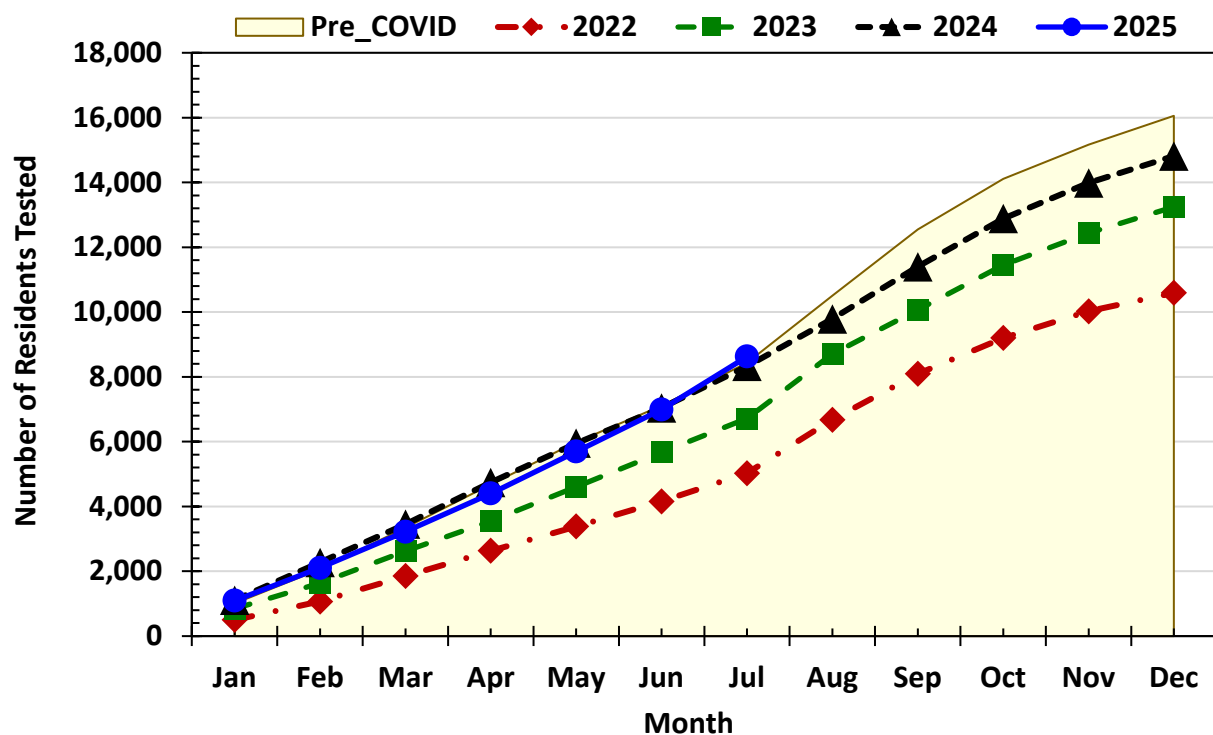
**FIGURE 9. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS AROUND AGE 2 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

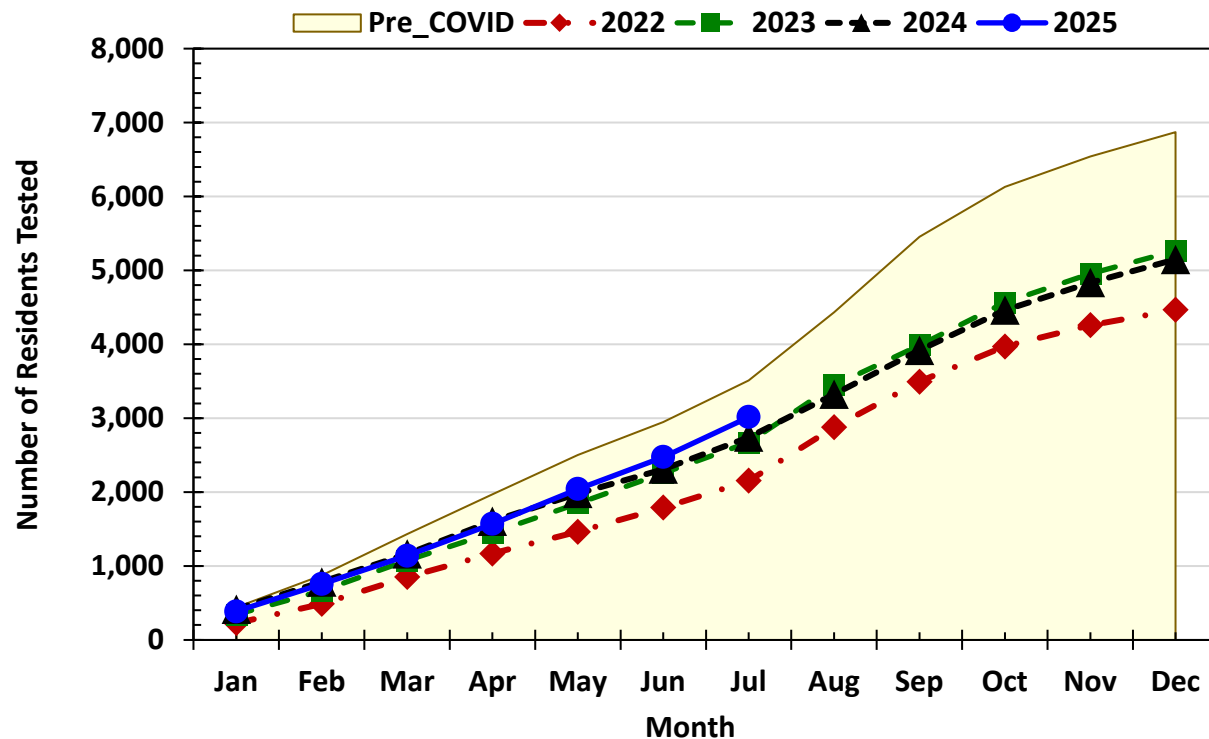
# Number of Children Around Age 4 Tested

**FIGURE 5. CUMULATIVE NUMBER OF MICHIGAN RESIDENTS AROUND AGE 4 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

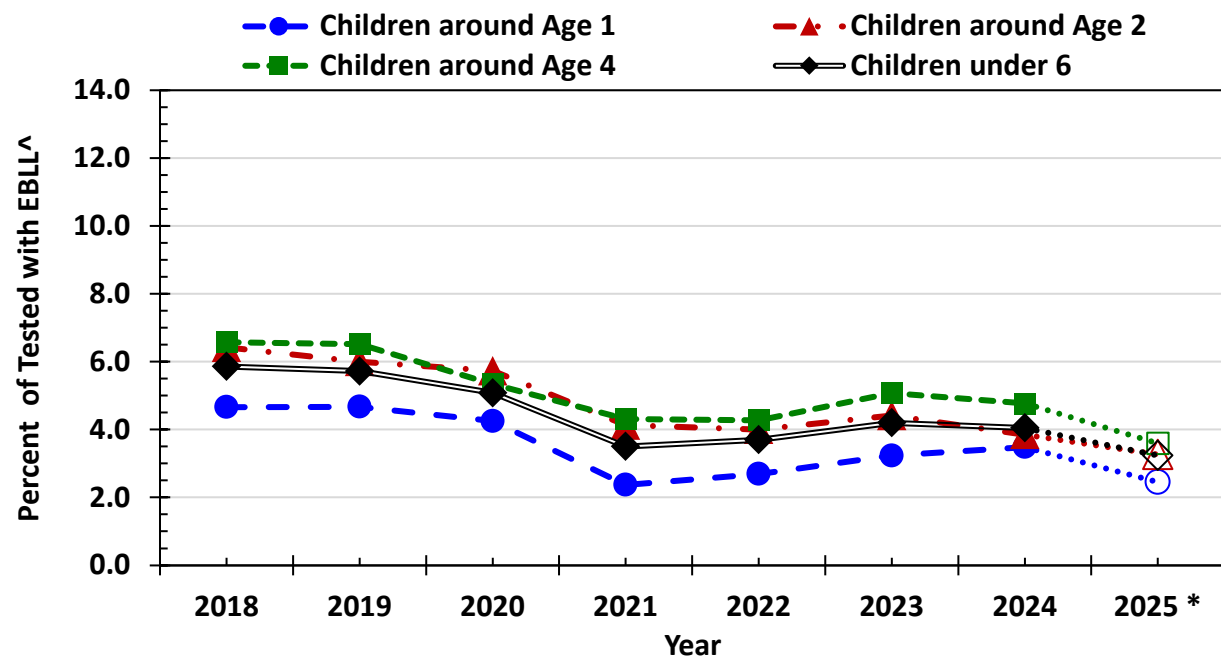
**FIGURE 10. CUMULATIVE NUMBER OF HIGH-RISK COMMUNITY RESIDENTS AROUND AGE 4 TESTED FOR BLOOD LEAD BY MONTH, JANUARY - DECEMBER 2019, AND JANUARY 2022 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

# Percent of Children with EBLL by Age Group and Geography

**FIGURE 11. PERCENT OF MICHIGAN CHILDREN TESTED FOR BLOOD LEAD WITH ELEVATED ( $\geq 3.5$  MG/DL) BLOOD LEAD LEVELS BY AGE CATEGORY, JANUARY 2018 TO JULY 2025\***

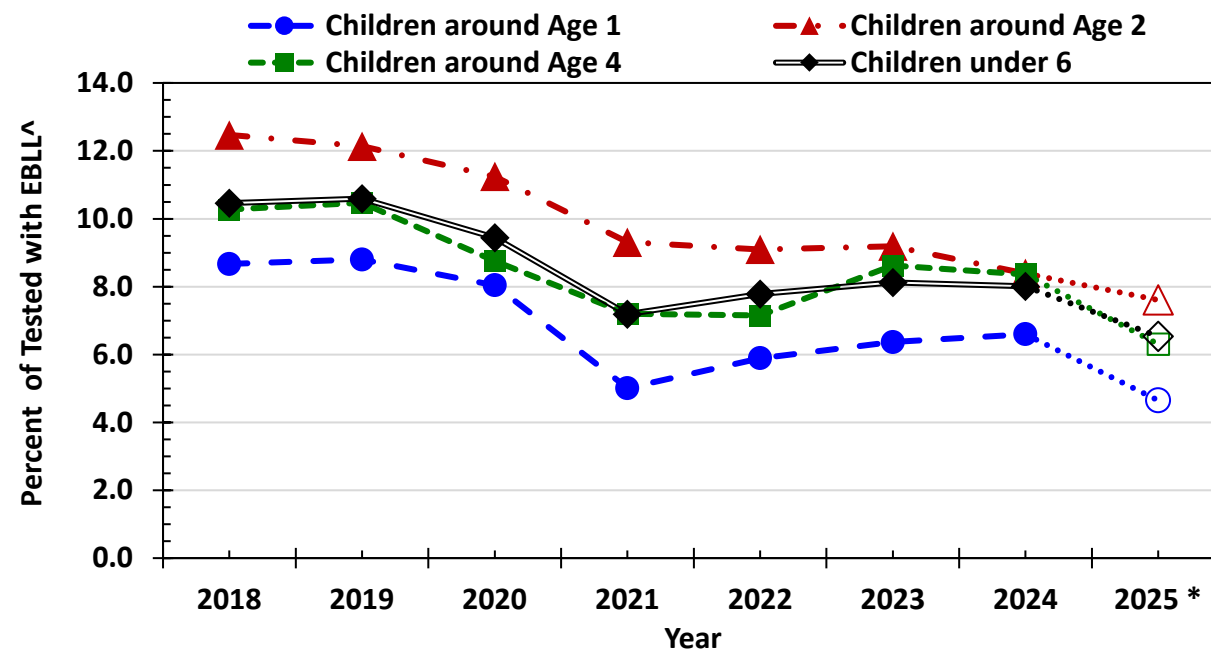


Data source: MDHHS Data Warehouse, data current as of August 26, 2025

\* Data for 2025 are incomplete and considered provisional

^ EBLL/Elevated: Blood lead level  $\geq$  CDC Blood Lead Reference Value (BLRV) of 3.5  $\mu$ g/dL

**FIGURE 12. PERCENT OF MICHIGAN CHILDREN LIVING IN HIGH-RISK COMMUNITIES TESTED FOR BLOOD LEAD WITH ELEVATED ( $\geq 3.5$  MG/DL) BLOOD LEAD LEVELS BY AGE CATEGORY, JANUARY 2018 TO JULY 2025\***



Data source: MDHHS Data Warehouse, data current as of August 26, 2025

\* Data for 2025 are incomplete and considered provisional

^ EBLL/Elevated: Blood lead level  $\geq$  CDC Blood Lead Reference Value (BLRV) of 3.5  $\mu$ g/dL

# Other Data Available

- Number of tests, percent of population tested
- Number and percent of tests below LoD
- All metrics for children on Medicaid
- All ages, <6
- Technical document on methodology used to determine high-risk MCDs



# Building Codes in Michigan

Andrew Brisbo, Director  
Jon Paradine, Division Administrator  
Bureau of Construction Codes  
[www.Michigan.gov/BCC](http://www.Michigan.gov/BCC)



# About LARA

## Mission

We protect people and promote business in Michigan through transparent and accessible regulatory solutions.

## Vision

To be national leaders that partner with people and businesses to improve the lives of Michigan residents through an engaged and inclusive workforce.

## Values

PUBLIC SERVICE  
LARA WORKFORCE  
TRANSPARENCY  
ACCESSIBILITY  
RESPONSIBILITY

# About BCC

## Mission

*The dedicated staff of the Bureau of Construction Codes work as a team to assure that the built environment and the systems within are sound, safe and sanitary; building users' health, safety and welfare are protected; and that, through a coordinated program of code compliance, investigation and training, there is consistent application of standards.*

## Vision

*To be a national leader for customer service, trades education, safety, and standards in the forefront of a changing built environment.*

## Values

**PURPOSE**  
**FOCUS**  
**HONEST**  
**RESPECT**  
**BUREAU TEAM**

# Strategic Goals

Improve access to information for customers to improve processes, improve compliance, and ensure accessibility to all bureau programs.

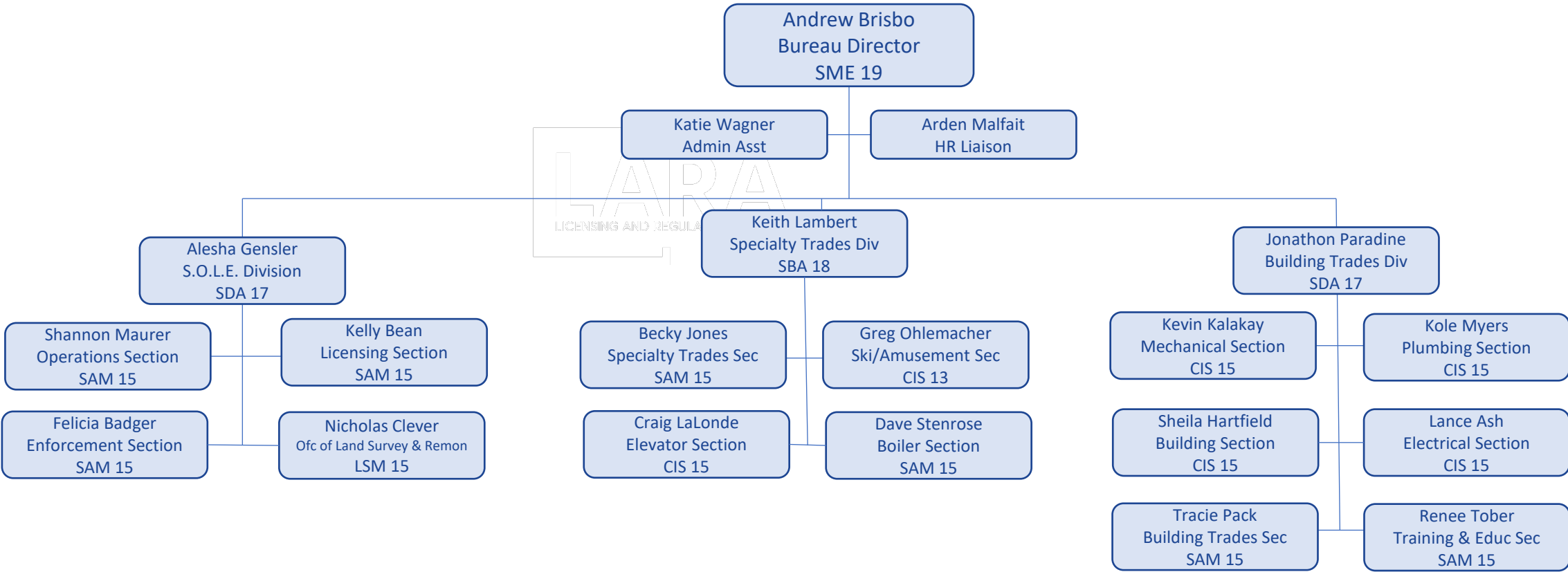
Commit to efficiency in all program areas to improve timeliness, ensure historical audit findings are addressed, and reduce regulatory burdens on applicants and licensees.

## Strategic Goals

Improve knowledge and expertise internally and externally through a commitment to education, training, and outreach.

Ensure employee engagement and a commitment to positivity is included in all aspects of bureau operations and planning.

# BCC Leadership



# BCC Program Administration – Construction & Safety Standards

- Stille-DeRossett-Hale Single State Construction Code Act (1972 PA 230)
- Utilization of Public Facilities by Physically Limited (1966 PA 1)
- Construction of School Buildings (1937 PA 306)
- Elevator Safety Board Act (1967 PA 227)
- Carnival-Amusement Safety Act (1966 PA 225)
- Ski Area Safety Act (1962 PA 199)



# BCC Program Administration – Licensing & Regulation

- Skilled Trades Regulation Act (2016 PA 407)
- Occupational Code – Article 24 (1980 PA 299)
- Elevator Licensing Act (1976 PA 333)
- Mobile Home Commission Act (1987 PA 96)



# BCC Program Administration – Office of Land Survey & Remonumentation

- Land Division Act (1967 PA 288)
- Corner Recordation Act (1970 PA 74)
- State Survey and Remonumentation Act (1990 PA 345)
- State Boundary Commission Act (1968 PA 191)
- Michigan-Indiana State Line Remonumentation Act (2022 PA 81)



# State Building Code

- Building Code – ICC International Building Code
- Residential Code – ICC International Residential Code
- Mechanical Code – ICC International Mechanical Code
- Plumbing Code – ICC International Plumbing Code
- Electrical Code – NFPA National Electrical Code
- Energy Code – ICC International Energy Conservation Code
  - State code subdivided into commercial and residential



# Building Code Adoption

- ICC Code Process – Committees and Hearings
  - Public code proposals
  - Voting members – Code officials
- State Rulemaking Process
  - Code proposals
  - Advisory meeting – Draft 1
  - Public hearing – Draft 2
  - Joint Committee on Administrative Rules – Draft 3



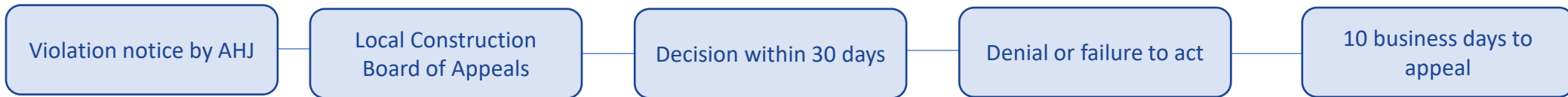
# Code Adoption

	Current	Latest	Adoption Status
Energy Code (Part 10)	2015	2024	2021 filed, stayed by COC
Energy Code (Part 10a)	2021	2024	2021 effective 4/22/2025
Building Code	2021	2024	2021 effective 4/9/2025
Residential Code	2015	2024	2021 filed, stayed by COC
Electrical Code	2023	2023	2023 effective 3/12/2024
Mechanical Code	2021	2024	2024 advisory meeting 5/12/2025
Plumbing Code	2021	2024	2024 advisory meeting 5/12/2025
Rehabilitation Code	2021	2024	2021 effective 4/9/2025

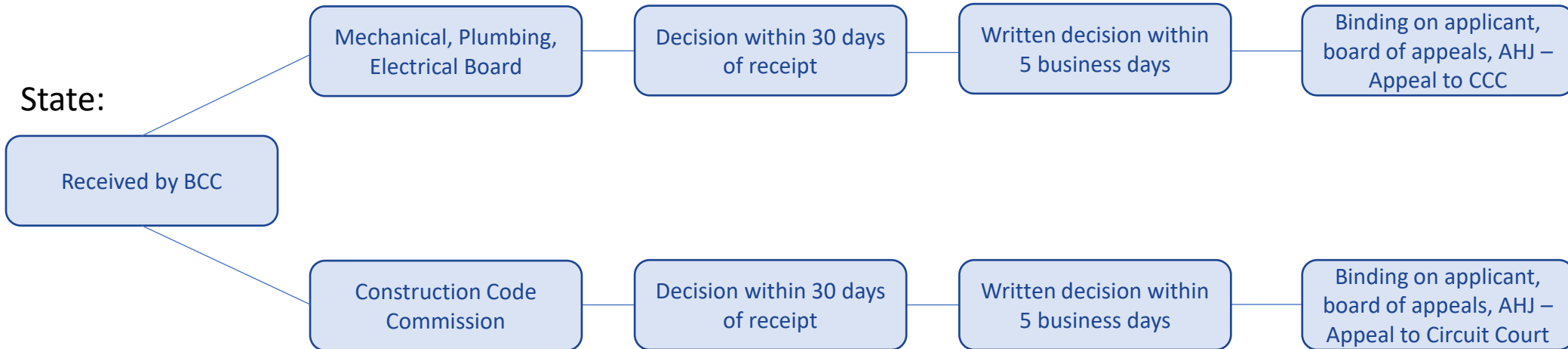


# Code Appeals

## Local:



## State:





**Website:** [www.Michigan.gov/BCC](http://www.Michigan.gov/BCC)

**Facebook:** MichiganLARA

**YouTube:** MichiganLARA

**LinkedIn:** Andrew Brisbo



# Child Lead Exposure Elimination Commission (CLEEC) Work Plan for Strategic Priorities- FY 26-FY27

(Rows should be added under each objective to ensure all activities for that objective are documented)

**Objective 1: Adopt a consistent, statewide housing code enforcement model that is proactive and explicitly addresses exposure from lead-based paint.**

Task/Activity	Year to be accomplished	Due Date	Assigned Task: MDHHS	Assigned Task: EGLE	Assigned Task: LARA	Assigned Task: MSHDA	Assigned Task: CLEEC (and who)	Assigned Task: Other
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**Objective 2: Allocate funding at state and local levels for follow-up at housing units where an elevated blood lead level investigation determines risk and the property owner fails to remediate the hazard.**

Task/Activity	Year to be accomplished	Due Date	Assigned Task: MDHHS	Assigned Task: EGLE	Assigned Task: LARA	Assigned Task: MSHDA	Assigned Task: CLEEC (and who)	Assigned Task: Other
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**Objective 3: Pass legislation requiring a contractor seeking a building or renovation permit on a pre-1978 home to provide proof of his/her Lead-Safe Certification as required by the federal Renovation, Repair and Painting Rule of 2010. Pass legislation requiring a contractor seeking a building or renovation permit on a pre-1978 home to provide proof of his/her Lead-Safe Certification as required by the federal Renovation, Repair and Painting Rule of 2010.**

Task/Activity	Year to be accomplished	Due Date	Assigned Task: MDHHS	Assigned Task: EGLE	Assigned Task: LARA	Assigned Task: MSHDA	Assigned Task: CLEEC (and who)	Assigned Task: Other
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Objective 4: Require a one-time lead inspection and risk assessments before the transfer or leasing of a pre-1978 home, including water testing. The owner must then disclose this information to any future buyers or renters under federal law. Provisions will be necessary to prevent these and other rental property requirements from being waived in the event of sale through land contract. Explore feasibility of lead clearance examinations as an option for municipality regulations for rental housing. Explore dust clearance technician requirements and research from other states as an option for municipality regulations for rental housing.

Task/Activity	Year to be accomplished	Due Date	Assigned Task: MDHHS	Assigned Task: EGLE	Assigned Task: LARA	Assigned Task: MSHDA	Assigned Task: CLEEC (and who)	Assigned Task: Other
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Objective 5: Collaborate with identified state departments for increasing lead abatement workforce in Michigan.

Task/Activity	Due Date	Assigned Task: MDHHS	Assigned Task: EGLE	Assigned Task: LARA	Assigned Task: MSHDA	Assigned Task: CLEEC (and who)	Assigned Task: Other
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