



Public Health Law

Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

State Blood Lead Testing Laws Requiring 5 ug/dL & CDC Reference Rule

According to the Centers for Disease Control and Prevention's (CDC's) Childhood Lead Poisoning Prevention Program, no safe blood lead level in children has been identified, and lead exposure can harm nearly every system in the body. In the United States, at least four million households have children living in them who are being exposed to high levels of lead, with approximately half a million of those children aged 1–5 years with blood lead levels above five micrograms per deciliter, the reference level at which CDC recommends initiating public health action.¹ All states and the District of Columbia have laws that address childhood lead exposure.

This document contains all known state statutes and regulations with blood lead level requirements of five micrograms per deciliter. As of February 22, 2018, 18 states and the District of Columbia require some action to be taken when a child's blood test shows at least five micrograms of lead per deciliter, either through explicitly adopting the five microgram standard or through incorporating the CDC's reference level. These states are listed alphabetically below, with the state, citation, and excerpt of the relevant legal text, with the five micrograms language in bold.

Please note that this document does not necessarily contain the legal language that describes the actions to be taken when a test shows a child with a five microgram or greater blood lead level. These actions vary widely, however, and range from providing information on the risks of lead poisoning to removing the child from the source of lead exposure.

Alabama

(26) Elevated Blood Lead Level (EBLL)-means an excessive absorption of lead that is a confirmed concentration of lead in whole blood of 20 ug/dl (micrograms or lead per deciliter of whole blood) or more for a single venous test or 15-19 ug/dl for two consecutive venous tests taken three (3) to four (4) months apart, **unless the CDC selects different criteria which will be adopted by reference.** Ala. Admin. Code r. § 420-3-27-.03 (last amended or effective July 30, 2003).

(28) Elevated Blood Lead Level (EBLL) - means an excessive absorption of lead that is a confirmed concentration of lead in whole blood of 10 ug/dl (micrograms or lead per deciliter of whole blood) or more for a single venous test or 15-19 ug/dl for two consecutive venous tests taken three (3) to four (4)

¹ Centers for Disease Control and Prevention. [Lead](#), last visited March 22, 2018.



months apart, **unless the CDC selects different criteria which will be adopted by reference.** Ala. Admin. Code r. § 420-3-29-.03 (last amended or effective Aug. 31, 2010).

Connecticut

(d) The director of health of the town, city, borough or district shall provide or cause to be provided, to the parent or guardian of a child who is **(1) known to have a confirmed venous blood lead level of five micrograms per deciliter of blood or more . . .** Conn. Gen. Stat. § 19a-110 (last amended or effective Oct. 1, 2015).

. . . **The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control for assessment of the risk of lead poisoning,** screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy. Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead. Conn. Gen. Stat. § 19a-111 (last amended or effective Oct. 1, 2014).

District of Columbia

(13) Elevated blood lead level means the concentration of lead in a sample of whole blood equal to or greater than 10 micrograms of lead per deciliter ($\mu\text{g}/\text{dL}$) of blood, **or such more stringent standard as may be established by the U.S. Centers for Disease Control and Prevention as the appropriate level of concern,** or adopted by the Mayor by rule. D.C. Code § 8-231.01 (last amended or effective Sept. 26, 2012).

(5) Lead-poisoned child means a child with a confirmed blood lead level equal to or greater than 15 micrograms of lead per deciliter of blood, **or such other lower threshold as the United States Centers for Disease Control and Prevention may establish.** D.C. Code § 7-871.02 (last amended or effective Oct. 1, 2002).

Elevated blood lead level -- the concentration of lead in a sample of whole blood equal to or greater than ten micrograms of lead per deciliter ($10 \mu\text{g}/\text{dL}$) of blood, **or such more stringent standard as may be established by the U.S. Centers for Disease Control and Prevention as the appropriate level of concern,** or adopted by the Mayor by rule. [Statutory] D.C. Mun. Regs. tit. 20, § 3399, (last amended or effective July 26, 2013).

Lead-poisoned child - a child with a confirmed blood lead level equal to or greater than fifteen (15) micrograms per deciliter (μ/dL), **or any other lower threshold that the United States Centers for Disease Control and Prevention may establish in written guidance or regulation.** D.C. Mun. Regs. tit. 22-B, § 7399 (last amended or effective Nov. 4, 2005).

Idaho

b. Five (5) micrograms or more per deciliter (5 $\mu\text{g}/\text{dL}$) of blood in children under eighteen (18) years of age. Idaho Admin. Code r. 16.02.10.380 (last amended or effective Apr. 11, 2015).

Kentucky

(9) Elevated blood lead level means any blood lead level greater than or equal to ten (10) micrograms per deciliter of whole blood **or a level consistent with recommendations by the Centers for Disease Control and Prevention** and the American Academy of Pediatrics; . . . Ky. Rev. Stat. Ann. § 211.900 (last amended or effective July 12, 2006).

Maine

4. Contingent repeal. This section is repealed when the Commissioner of Health and Human Services certifies that a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level through screening by health care providers under section 1317-C. The Commissioner of Health and Human Services shall provide notice to the Secretary of the Senate, the Clerk of the House of Representatives and the Office of the Revisor of Statutes when this condition has been met. For purposes of this subsection, elevated blood lead level means a confirmed level of blood lead of 10 micrograms per **deciliter or a level of blood lead defined by the federal Department of Health and Human Services, Centers for Disease Control and Prevention, whichever is lower**. Me. Stat. tit. 22, § 1322-F (last amended or effective July 18, 2008).

The enabling legislation for these rules is repealed when the Commissioner of Health and Human Services certifies that a period of 24 months has elapsed since the Department of Health and Human Services identified a child with an elevated blood lead level through screening by health care providers under section 1317-C. The Commissioner of Health and Human Services shall provide notice to the Secretary of the Senate, the Clerk of the House of Representatives and the Office of the Revisor of Statutes when this condition has been met. For the purposes of this subsection, elevated blood lead level means a confirmed level of blood lead of 10 micrograms per **deciliter or a level of blood defined by the federal Department of Health and Human Services, Centers for Disease Control and Prevention, whichever is lower**. 10-144-293 Me. Code R. § 2 (last amended or effective Apr. 1, 2000).

Massachusetts

Blood Lead Level of Concern means a concentration of lead in whole venous blood from 5 to less than 10 micrograms per deciliter in a child younger than six years old. Blood Lead Level of Concern shall be used for surveillance and outreach for children at risk of lead poisoning. 105 Mass. Code Regs. 460.020 (last amended or effective Dec. 1, 2017).

(B) A venous blood sample is recommended for screening. If a capillary sample is used, screening shall conform to the capillary blood sample protocol approved by the Director. **If a capillary sample shows that the child has a concentration of five micrograms of lead per deciliter of blood or greater (= 5 ug/dL), a confirmatory venous blood sample is required in accordance with guidance issued by the Director.** 105 Mass. Code Regs. 460.050 (last amended or effective Dec. 1, 2017).

Minnesota

Subd. 12. Blood lead level guidelines. (a) By January 1, 2011, the commissioner must revise clinical and case management guidelines to include recommendations for protective health actions and follow-up services **when a child's blood lead level exceeds five micrograms of lead per deciliter of blood**. The revised guidelines must be implemented to the extent possible using available resources. Minn. Stat. Ann. § 144.9504 (last amended or effective May 12, 2015).

Mississippi

(3) Persons who perform lead-based paint activities within residential dwellings that they own and occupy are exempt from the regulations unless the residential dwelling is occupied by a person or persons other than the owner or owner's immediate family while these activities are being performed, **or a child residing in the building has been identified as having an elevated blood lead level as determined by the United States Department of Health and Human Services; Centers for Disease Control and Prevention.** 11-2 Miss. Code. R. § 9.5 (last amended or effective Nov. 24, 2013).

***Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447. **Blood lead levels (venous) =5µg/dL in patients less than or equal to 6 years of age.** Miss. Admin. Code 15-2-11 Appendix A (last amended or effective Feb. 2, 2017).

Missouri

(M) Elevated blood lead (EBL) refers to a venous blood lead test result as defined by the Centers for Disease Control and Prevention. It is the minimum level at which specific medical and public health actions shall be followed to reduce the blood lead level to protect the health of the individual and prevent further harmful effects. The term is used interchangeably with the terms lead poisoning and level of concern. Mo. Code Regs. Ann. tit. 19, § 20-8.030 (last amended or effective July 30, 2003).

Montana

(af) Lead poisoning (blood levels = five micrograms per deciliter (ug/dl)); . . . Mont. Admin. R. 37.114.203 (last amended or effective July 1, 2016).

(xxiii) Lead poisoning (blood levels = five micrograms per deciliter (ug/dl)); . . . Mont. Admin. R. 37.114.204 (last amended or effective July 1, 2016).

(2) The local health officer must ensure that the following actions are performed when a blood lead level = five micrograms per deciliter is reported. Mont. Admin. R. 37.114.546, (last amended or effective July 1, 2016).

New Hampshire

I. **The department shall notify in writing the owner or registered agent of an owner of a dwelling or dwelling unit where the child resides if a venous blood test lead level of 5 to 9.9 micrograms per deciliter is found in the child's blood.** Such notice to the property owner shall specify that it is neither a finding that a lead exposure hazard exists in the property nor is it an order for lead hazard reduction. Such notice shall include information about the health hazards of lead poisoning, standards for identifying and eliminating lead hazards, and the federal Renovation, Repair, and Painting Program. N.H. Rev. Stat. Ann. § 130-A:6-a (last amended or effective Sept. 11, 2015).

The department shall send materials to the parents of any child with a blood lead level of 5 micrograms per deciliter or higher. Such materials shall inform parents who are tenants to work with the property owner and advise against engaging in renovation, repair, or painting activities themselves. Such materials shall inform parents who own and occupy the house in which the child resides of resources for identifying and eliminating lead hazards, including the Renovation, Repair and Painting Program. N.H. Rev. Stat. Ann. § 130-A:6-b (last amended or effective Sept. 11, 2015).

VIII. The commission shall assess the feasibility and benefits of requiring the department to provide notice to landlords and parents pursuant to RSA 130-A:6-a and RSA 130-A:6-b **when a child has been found to have a blood lead level less than 5 micrograms per deciliter**. N.H. Rev. Stat. Ann. § 130-A:19 (last amended or effective July 13, 2015).

New Jersey

Confirmed elevated blood lead means a blood lead test result on a venous blood sample equal to or greater than five micrograms per deciliter (ug/dL) of whole blood. N.J. Admin. Code § 8:51A-1.3 (last amended or effective Sept. 18, 2017).

Elevated blood lead means a blood lead test result, from either a venous or capillary sample, equal to or greater than five micrograms per deciliter (ug/dL) of whole blood. N.J. Admin. Code § 8:51A-1.3 (last amended or effective Sept. 18, 2017).

(b) For each child who has a blood lead test, on a venous blood sample, greater than or equal to five micrograms per deciliter, the physician, registered professional nurse, as appropriate, or health care facility shall notify in writing, the child's parent or guardian of the test results and provide the parent or guardian with an explanation in plain language of the significance of the results. N.J. Admin. Code § 8:51A-4.1 (last amended or effective Sept. 18, 2017).

Elevated blood lead level means a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent recommendations from the federal Centers for Disease Control and Prevention, and that necessitates the undertaking of responsive action. N.J. Stat. Ann. § 26:2-137.3 (last amended or effective Feb. 6, 2017).

3. The applicant's household must include a qualifying child. **A qualifying child means: a member of the applicant's household who is a child under the age of 18 with a blood lead level of five to nine micrograms of lead per deciliter of blood who resides with the applicant at least nine months of the year;** . . . N.J. Admin. Code § 5:48-4.1 (last amended or effective Nov. 4, 2016).

Elevated blood lead level means a blood lead test result, from either a venous or capillary sample, equal to or greater than five micrograms per deciliter (µg/dL) of whole blood. N.J. Admin. Code § 8:51-1.4 (last amended or effective Sept. 18, 2017).

North Carolina

(5) Elevated blood lead level means a blood lead concentration of five micrograms per deciliter or greater determined by the lower of two consecutive blood tests within a 12-month period. N.C. Gen. Stat. § 130A-131.7 (last amended or effective July 1, 2017).

In any residential housing unit occupied by a child less than six years of age or a pregnant woman who has an elevated blood lead level of five micrograms per deciliter or greater, the Department shall advise, in writing, the owner or managing agent and the pregnant woman or the child's parents or legal guardian of the importance of carrying out routine cleaning activities in the units they occupy, own, or manage. The cleaning activities shall include all of the following: N.C. Gen. Stat. § 130A-131.9G (last amended or effective July 1, 2017).

Oklahoma

Reference Level means a level of lead in the blood measured in micrograms per deciliter used to identify children with lead levels that are much higher than most children's lead levels. This level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood based on the 97.5 percentile of the National Health and Nutrition Examination Survey (NHANES) for the two most recent surveys. **The reference level currently in use is 5 micrograms per deciliter.** Okla. Admin. Code § 310:512-1-4 (last amended or effective Oct. 1, 2017).

Elevated blood lead level means a concentration of lead in blood at or above the current reference level as defined by the Centers for Disease Control. Okla. Admin. Code § 310:512-1-4 (last amended or effective Oct. 1, 2017).

Oregon

(a) A confirmed blood lead level of at least 5 micrograms per deciliter for children under 18 years of age; Or. Admin. R. 333-017-0000 (last amended or effective Aug. 16, 2016).

Vermont

(7) Elevated blood lead level means having a blood lead level of at least five micrograms per deciliter of human blood, or a lower threshold as determined by the Commissioner. Vt. Stat. Ann. tit. 18, § 1751 (last amended or effective May 20, 2014).

(a) The Commissioner shall publish guidelines that establish the methods by which and the intervals at which children should be screened and given a confirmation test for elevated blood lead levels, according to the age of the children and their probability of exposure to lead. **The guidelines shall take into account the recommendations of the U.S. Centers for Disease Control and Prevention and the American Academy of Pediatrics and shall be updated as those recommendations are changed.** The Commissioner shall recommend screening for lead in other high risk groups. Vt. Stat. Ann. tit. 18, § 1755 (last amended or effective July 1, 2014).

Washington

(12) Elevated blood lead level means blood lead levels equal to or greater than 10 micrograms per deciliter for persons aged fifteen years or older, **or equal to or greater than 5 micrograms per deciliter in children less than fifteen years of age.** Wash. Admin. Code § 246-101-010 (last amended or effective Dec. 23, 2000)

Wisconsin

(9) Lead poisoning or lead exposure means a level of lead in the blood of 5 or more micrograms per 100 milliliters of blood. Wis. Stat. § 254.11 (last amended or effective Sept. 23, 2017).

Acknowledgments and Disclaimers

This document was developed by David Presley, JD, contractor, Cherokee Nation Assurance, LLC, with the assistance of Matthew Penn, JD, MLIS, director, Public Health Law Program (PHLP) within the Centers for Disease Control and Prevention's Office for State, Tribal, Local and Territorial Support. PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance.

This issue brief includes laws enacted through February 22, 2018.

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