

Dear NAHMA Member,

As a reminder, HUD has issued the following proposed rule concerning the elevated blood lead levels of young children living in federally assisted housing. HUD is proposing to lower the Department's threshold of lead in a child's blood to match the one used by the Centers for Disease Control and Prevention (CDC).

HUD's proposed new reference level for lead in a young child's blood would be lowered from 20 micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$) to five, and continue to be aligned with CDC recommendations in the future. It is important to note that HUD-assisted housing has fewer lead-based paint hazards than unassisted low- and middle-income homes. However, some young children living in HUD-assisted properties have blood lead levels higher than CDC's threshold and the Department seeks to intervene more quickly to stop the negative impact lead can have on the lives of children by lowering HUD's reference level to conform to CDC's.

The proposed rule is open for public comment – NAHMA again asks members to review the proposed rule and **provide any comments to NAHMA staff by October 5, 2016.**

HUD included a list of specific questions that should be considered (Pages 62-63):

1. To facilitate effective HUD monitoring of responses to a case of an elevated blood lead level, the proposed rule would have designated parties provide documentation to HUD that the response actions have been conducted in the child's unit and in all other assisted units with a child under age 6, or if there are such other units, that the designated party has been complying with the LSHR for the past 12 months, and need not evaluate those other units.

- a. Is this approach sufficient for HUD to effectively monitor response actions in these cases, and why? Are there areas in which reporting and oversight could be strengthened?
- b. Can the approach to monitoring response actions in these cases be streamlined while maintaining its effectiveness, and if so, how?

2. Regarding the definition of elevated blood lead level in the proposed rule, is the definition appropriately protective of the health of children in assisted housing covered by the rule? Too protective? Not protective enough? Why?

3. Regarding the set of types of housing assistance covered by the proposed rule (i.e., in the covered subparts D, H, I, L, and M), is this set appropriately protective of the health of children in assisted housing?

- a. If it is too protective, why, and which types of housing assistance should be removed from the proposed rule?
- b. If it is not protective enough, why, which additional type or types of housing assistance should be included, and how would sufficient resources be provided to ensure implementation and monitoring of the rule in that additional assisted housing?

4. If interim controls or abatement in a housing unit takes longer than 5 calendar days, or if other occupant protection requirements of 24 CFR 35.1345(a)(2) are not met, the occupants of the unit shall be temporarily relocated before and during hazard reduction activities.

- a. HUD is seeking data on the fraction of lead hazard control activities that take longer than 5 calendar days, including the type of activity (e.g., interim control or abatement; the hazard control method used (e.g., if abatement, component removal, paint stripping, enclosure, encapsulation, etc.), the extent of the work, the reason that the activities cannot be completed within 5 calendar days, whether the housing is a single family, duplex, triplex, quad, or multifamily housing, whether it is located in an urban, suburban, or rural area, whether the EPA has authorized the state to administer the applicable lead certification program (i.e., renovation or abatement), and other factors that are causing temporary relocation to be required under the rule.
- b. HUD is seeking information on the costs of temporary relocation, on a per day basis (average amount or day-specific amounts, as is available), including breakouts of expenses for such categories as lodging, transportation, meals, and incidental expense amounts, if the information is available that way, or as lump sum per-day or per relocation period amounts.

The proposed rule is attached to this message and may be found on the NAHMA website, [here](#)

Again, NAHMA asks that you submit any comments you may have by **October 5, 2016.**

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