

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date 10/15/2024
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) DHS 163.03 (67), 181.03 (10), and 182.03 (10), relating to the definition of "lead exposure" in ch. DHS 163 and "lead poisoning or exposure" in chs. DHS 181 and 182	
4. Subject Amendment to ch. DHS 163, 181, and 182 to comply with statutes requiring changes to Wisconsin's definition of lead poisoning corresponding to changes made by the Centers for Disease Control and Prevention ("CDC") to the blood lead reference value level.	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected None
7. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input checked="" type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule Lead poisoning or lead exposure is currently defined in s. 254.11 (9), Stats., and administrative code as 5 or more micrograms per 100 milliliters (µg/dL) of blood. Section 254.156, Stats., requires that whenever the U.S. Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services specifies a standard for the definition of lead poisoning or lead exposure that differs from that set in section 254.11 (9), Stats., the Department of Health Services ("The Department") shall promulgate a rule defining lead poisoning or lead exposure to correspond to the specification of the Centers for Disease Control and Prevention. In 2021, the CDC lowered the blood lead level at which it recommends intervention in cases of lead poisoning. The CDC now recommends public health interventions at 3.5 µg/dL, rather than 5 µg/dL, the current value provided in s. 254.11 (9), Stats. The Department is therefore promulgating a rule defining "lead exposure" in ch. DHS 163 and "lead poisoning or exposure" in chs. DHS 181 and 182 to correspond to the blood lead level specification set by the CDC.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. Laboratories that process and analyze blood lead samples, clinical providers such as physicians, nurses, directors of blood drawing sites, hospital administrators, and local health officers.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. Local health departments	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)	

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The proposed rule includes no fees and requires no special equipment or other items of value in order for business or local units of government to comply with this rule. The proposed rule will not affect the number or types of blood lead test results requiring reporting since all blood lead tests are already required to be reported electronically. Therefore, there will be no increase in costs to laboratories and medical providers related to reporting under this rule.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

As required by s. 254.156, Stats., this rule revision brings the rule in line with corresponding federal CDC guidelines and HUD rules by lowering the definition of "lead poisoning or lead exposure" to the CDC level of 3.5 µg/dL.

16. Long Range Implications of Implementing the Rule

These revisions bring ch. DHS 181 into compliance with state statute and federal guidelines and ensures clear standards for the submittal of blood lead test results for all persons tested in Wisconsin to the Department of Health Services for purposes of tracking, surveillance, and the provision of appropriate services to persons identified with elevated blood lead levels.

17. Compare With Approaches Being Used by Federal Government

The CDC provides grants to states for lead poisoning prevention and response, and collects state data on blood lead testing. The CDC uses a reference value of 3.5 µg/dL to identify children with blood lead levels that are much higher than most children's levels. When a child has a blood lead test result at 3.5 µg/dL or greater, CDC recommends taking certain actions, including identifying source(s) of lead exposure through an environmental investigation of the child's home, as well as other nursing and medical follow-up actions.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

In Illinois, "Elevated Blood Lead Level" or "EBL" means a blood lead level greater than or equal to 5 micrograms per deciliter (µg/dL) of whole blood. "Lead poisoning" means the condition of having an EBL. 77 IL Admin Code Section 845.20. Illinois Administrative Code requires case management in all cases of confirmed EBLs, and an environmental investigation for all cases of children or pregnant persons with a confirmed EBL.

In Iowa, "Elevated blood lead (EBL) child" means any child who has had one venous blood lead level greater than or equal to 20 micrograms per deciliter or at least two venous blood lead levels of 15 to 19 micrograms per deciliter. There is no definition for lead poisoning in rule. Iowa Admin. Code 641.68.2. The local board shall appoint a certified elevated blood lead (EBL) inspector/risk assessor to conduct elevated blood lead inspections in residential dwellings and child-occupied facilities where an elevated blood lead child lives, visits, or has recently lived. Iowa Admin. Code 641—68.3(135).

In Michigan, "Elevated blood level" or "EBL" means, for purposes of lead abatement, a confirmed concentration of lead in whole blood of 20 ug/dl, micrograms of lead per deciliter of whole blood, for a single venous test or of 15-19 ug/dl in 2 consecutive tests taken 3 to 4 months apart. For purposes of case management of children 6 years of age or less, elevated blood level means a confirmed concentration of lead in whole blood of 10 ug/dl. MCLS 368-1978-5-54A, Section 333.5456. The Michigan Department of Health and Human Services recently revised its elevated blood level definition to µg/dL in policy, specifically HPE-531-101.

In Minnesota, "Elevated blood lead level" is defined in statute and was recently amended to read: "'Elevated blood lead level' means a diagnostic blood lead test with a result that is equal to or greater than ten 3.5 micrograms of lead per deciliter of whole blood in any person." The law amending the definition was signed by Governor Walz on May 24, 2023. Minn. Stat. s. 144.9501, subd. 9.; see also Laws of Minnesota 2023, Chapter 70, Article 4, s. 45. The statute permits the Commissioner of the Minnesota Department of Health to set a lower concentration if necessary to protect public health.

19. Contact Name

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20. Contact Phone Number

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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- ☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No
