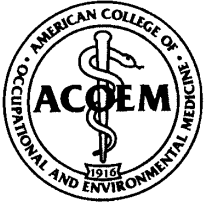


ICAR PACKAGE WRITTEN COMMENTS/DHRS RESPONSE: UNIVERSAL BLOOD LEAD TESTING

NAME OF PERSON PROVIDING COMMENTS	ORGANIZATION	RULE NUMBER	COMMENT	DHRS RESPONSE
Kenneth Roseman, MD	Michigan Occupation and Environmental Medical Association (MOEMA)	R 330.301 Definition R 330.302	As with other public health requirements (i.e., communicable disease reporting), the law should state that licensed health care professionals rather than a physician is the professional responsible for blood lead testing on children. To limit the law to physicians does not reflect the current state of medical practice where nurse practitioners and physician assistants provide a large percentage of medical care to children under the age of six, particularly for routine checkups and vaccinations. It is during these regular checkups that most childhood blood lead testing will be performed. Second, the law should be changed to only cover licensed health professionals who have patients under the age of six. It makes no sense to include licensed health care professionals such as dentists and geriatricians who never see children.	1) The statutory duty to test or order a test is imposed on physicians; the corresponding rules cannot transfer that duty to any other classification of health professional. This does not prevent a physician from delegating selected tasks, such as performing the test, to other health professionals as allowed by law. So long as it is within the health professional's scope of practice and permitted by law, any such health professional may perform the test on behalf of a supervising physician to satisfy the physician's duty. MOEMA recognizes that Nurse Practitioners and Physician Assistants provide primary medical care to many children. MOEMA will outreach to these and other health care professionals through professional organizations and other channels of communication to ensure their awareness of the testing requirements. 2) The rules cannot limit physicians to those with patients under age 6 because the statute applies to all physicians with "minor" patients and the legal definition of "minor" is a person under the age of 18. Furthermore, because the statute says "physician" without any qualifications, the rules cannot limit the definition of "physician" to physicians with specified medical specialties.
Amy Ziegman, MCHCCH Dir. Director	Michigan Council for Maternal and Child Health	General	We support the rules as presented. MCHCCH has been a longtime supporter and advocate of ensuring environmental toxins in children and pregnant women and participated in the hearings that created the recommendations that guided the final language in R 330.301 and 330.302 and to these proposed rules.	No response required.
Ashley Zwickler, on behalf of Ruth Ann Norton, President & CEO	Onset & Healthy Homes Initiative (OHHI)	General	OHHI wholely supports the Administrative Rules for "Universal Blood Lead Testing" (MCLAR Rule Division No. 3023-74 HS, rules R 330.301, R 330.302). Childhood lead poisoning causes unnecessary and permanent effects on a child's brain and organ development. No level of lead exposure is safe. Based on our experience in Maryland and other states, we will happily provide support in Michigan to help implement universal lead testing.	No response required.
Colin Fiani, CEO	Michigan Chapter of the American Academy of Pediatrics	330.301 Rule 1 (b) 330.302	330.301 Rule 1 (b) broadly defines physician as any individual holding a medical license. The proposed rule incorporates all allopathic or osteopathic physicians which may include physicians who are not in a position to effectively counsel parents or provide follow-up care to children. (for example, this could include radiologists, pathologists, anesthesiologists, emergency medicine, etc.). Additionally, this wording may capture nurses or other licensed professionals who would otherwise be in a position to benefit from the information provided by testing.	1) Because the statute says "physician" without any qualifications, the rules cannot limit the definition of "physician" to physicians with specified medical specialties. 2) The statutory duty to test or order a test is imposed on physicians; the corresponding rules cannot transfer that duty to any other classification of health professional. This does not prevent a physician from delegating selected tasks, such as performing the test, to other health professionals as allowed by law. So long as it is within the health professional's scope of practice and permitted by law, any such health professional may perform the test on behalf of a supervising physician to satisfy the physician's duty. MOEMA recognizes that Nurse Practitioners and Physician Assistants provide primary medical care to many children. MOEMA will outreach to these and other health care professionals through professional organizations and other channels of communication to ensure their awareness of the testing requirements.
			HAAP supports the idea of testing or ordering tests for children at the ages of 12 and 24 months. However, there are some practical limitations to this requirement that may undercut the desired effect. For example, a child may miss or reschedule a twelve-month visit and be 13 months at the time of the visit. Additionally, because of the narrow wording of the age requirement, it is unclear what obligation the physician would have to test or order a test for the patient if the 12 months of age window is missed.	DHRS recognizes that annual well-child visits do not always happen exactly on a child's sixth month, and we believe a reasonable interpretation of the age requirements is: "...at or around [12, 24, months]...". This allows for the physician to exercise their judgment as to when to test a child who has missed the 12 or 24 month window. MOEMA will include this interpretation when providing job aids and conducting outreach to physicians about the rules.
			The language as currently written is ambiguous with respect to a child who has already been tested and has had that information entered into the child's certificate of immunization. As currently written, the language appears to require any physician to test or order a test if the child falls within any of the age or risk categories. Children may be tested in settings outside of a physician's office, such as WIC, and children may have multiple visits with multiple physicians over the course of a month. For example, a 12-month old child was tested for lead at their WIC visit and that information was entered into MCHIR. Then later that same month this child went to a well-child visit with their pediatrician, was seen by a sub-specialist for a gastroenterologist, then later visited in urgent care and finally required a trip to an emergency room. In this circumstance, all of the physicians listed would be required to test or order a test for the child.	The statute does not require that every physician test, or order a test, for every child at specified ages or risk factors. Rather, the statute establishes minimum mandatory blood lead testing for each child residing in Michigan, a 12-month and a 24-month test and a test at other intervals depending on risk factors. This means that a physician treating a minor patient must ensure that the child is tested at the required ages either by testing or ordering the test for a child that has not yet had the test, or by verifying that the tests have occurred. MOEMA will make this clear in educational materials and job aids when providing education and outreach to physicians and families about the requirements in the rules. These materials will note that the American Academy of Pediatrics (AAP) recommends that blood lead testing should be a routine part of a child's primary care, and compliance with Michigan's schedule of testing requirements should ensure that all children who are being exposed to lead will be identified so that appropriate interventions can take place. It is best that blood lead testing be ordered or performed in the office of a child's primary care physician, according to the testing schedule identified in the implementing rules. But recognizing that not all children are able to be seen by primary care physicians as recommended, the statute and rules require that any physician treating a minor patient must ensure these crucial tests occur. Collaboration among all providers of medical care to a child, with the child's medical home as the hub, is critical to the maximal accuracy, efficiency and effectiveness of the care of the child and the appropriate testing of the child for lead exposure.
Stacey Heltgen, Senior Director, Advocacy and Policy Relations	Michigan State Medical Society (MSMS)	330.301 Rule 1 (b) 330.302	1. Clarify that the testing requirement applies to primary care physicians, physician providing routine care, or physicians who have an ongoing care relationship with the minor patient. As currently written, the provision applies to all physician who treat a minor regardless of the physician's specialty, whether the minor will return for follow-up care, or whether tests, counseling, and treatment are part of the physician's regular practice. 2. Clarify that a physician does not need to conduct or order a test if either of the following have occurred and been confirmed by checking the minor's electronic immunization record in the Michigan electronic immunization information system. A. The minor patient has already been tested pursuant to the schedule. B. A case of lead poisoning has already been diagnosed by a physician.	1) Because the statute says "physician" without any qualifications, the rules cannot limit the definition of "physician" to physicians with specified medical specialties. 2) The statute does not require that every physician test, or order a test, for every child at specified ages or risk factors. Rather, the statute establishes minimum mandatory blood lead testing for each child residing in Michigan, a 12-month test and a 24-month test and a test at other intervals depending on risk factors. This means that a physician treating a minor patient must ensure that the child is tested at the required ages either by testing or ordering the test for a child that has not yet had the test, or by verifying that the tests have occurred. MOEMA will make this clear in educational materials and job aids when providing education and outreach to physicians and families about the requirements in the rules. These materials will note that the American Academy of Pediatrics (AAP) recommends that blood lead testing should be a routine part of a child's primary care, and compliance with Michigan's schedule of testing requirements should ensure that all children who are being exposed to lead will be identified so that appropriate interventions can take place. It is best that blood lead testing be ordered or performed in the office of a child's primary care physician, according to the testing schedule identified in the implementing rules. But recognizing that not all children are able to be seen by primary care physicians as recommended, the statute and rules require that any physician treating a minor patient must ensure these crucial tests occur. Collaboration among all providers of medical care to a child, with the child's medical home as the hub, is critical to the maximal accuracy, efficiency and effectiveness of the care of the child and the appropriate testing of the child for lead exposure.



MICHIGAN OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ASSOCIATION



The Michigan Occupational and Environmental Medicine Association (MOEMA) appreciates the changes (i.e., CME and frequency of testing) made by MDHHS to the proposed draft rules to implement 2023 PA 145 and 2023 PA 146 regarding universal lead testing. MOEMA is the state's largest medical association dedicated to being the voice of occupational medicine physicians across Michigan, to promoting occupational health education and training, promoting health and safety of workers through prevention, advancing the cause of maintaining a cleaner and safer environment and is committed to the practice of ethical, evidence-based medicine.

We understand from MDHHS's response that in order to address our other concern on the definition of who must do universal blood lead testing on children that the legislature would need to amend the law. We believe these changes are important and recommend that MDHHS request the following amendments:

- As with other public health requirements (i.e., communicable disease reporting), the law should state that a licensed health care professional rather than a physician is the professional responsible for blood lead testing in children. To limit the law to physicians does not reflect the current state of medical practice where nurse practitioners and physician assistants provide a large percentage of medical care to children under the age of six, particularly for routine checkups and vaccinations. It is during these regular checkups that most childhood blood lead testing will be performed.
- Second, the law should be changed to only cover licensed health professional who have patients under the age of six. It makes no sense to include licensed health care professionals such as internists and gerontologists who never see children.

Our organization has several subject matter experts that would be more than willing to assist as needed. If you have questions or comments, please do not hesitate to contact us.

MICHIGAN OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ASSOCIATION
BOARD OF DIRECTORS
9/20/2024



SUSTAINING MEMBERS

Children's Hospital of
Michigan/Detroit Medical Center

Corewell Health

Henry Ford Health System

University of Michigan C.S. Mott
Children's Hospital and Von
Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

Michigan Section, American
College of Obstetricians and
Gynecologists

Mott Children's Health Center

School-Community Health
Alliance of Michigan

PARTNERING MEMBERS

Honor Community Health

Michigan Association for Infant
Mental Health

Michigan Association of
School Nurses

Michigan Breastfeeding
Network

Michigan Organization on
Adolescent Sexual Health

Michigan School Health
Coordinators' Association

Michigan State Medical Society

Northern Michigan Health
Consortium

Washtenaw County
Public Health

GENERAL MEMBERS

Maternal-Newborn Nurse
Professionals of Southeastern
Michigan

Michigan Chapter, National
Association of Pediatric
Nurse Practitioners

EXECUTIVE DIRECTOR

Amy Zaagman
azaagman@mcmch.org

September 23, 2024

To: Mary E. Brennan

From: Amy Zaagman, MCMCH Executive Director

Re: Universal Blood Lead Testing – General Rules (MOAHR #2023-74 HS)

The Michigan Council for Maternal and Child Health (MCMCH) appreciates the opportunity to offer comments to the proposed rules for Universal Blood Lead Testing. MCMCH is an organization of diverse partners representing hospital systems, health systems, statewide organizations, local public health advocates, and individuals with an interest in the advancement of maternal and child health.

We support the rules as presented. MCMCH has been a longtime supporter and advocate of monitoring environmental toxins in children and pregnant women and we applaud Michigan's efforts to prevent exposure to lead. We actively participated in the workgroup that created the recommendations that guided the final language in PA 146 of 2023 and led to these proposed rules.

As we stated during the both the workgroup and legislative processes, we know prevention is ideal, but early detection and connection to services such as remediation, supports to address developmental delays such as the state's Early On program and more intense treatments when necessary are all key parts of the continuum of care.

We believe that increasing the cadence of blood lead testing in children, especially those with risk factors, will result in earlier detection of elevated blood lead levels and are hopeful the universal blood lead testing approach will increase the number of children tested and identified with elevated blood lead levels earlier.

Thank you for the opportunity to comment. Please do not hesitate to contact me if we may provide further information or resources to support our recommendation.

Sincerely,

Amy Zaagman
Executive Director



4444 2nd Ave
Detroit, MI 48201
P: 313-661-3822
F: 410-534-6475
www.ghhi.org

September 18, 2024

Michigan Department of Health and Human Services
MDHHS Grand Tower Building
235 S Grand Ave 2nd Floor – Legal Affairs Administration
Lansing, MI 48933

To whom it may concern,

The Green & Healthy Homes Initiative (GHHI) is a 501(c)(3) non-profit organization that provides advocacy, outreach, and direct prevention services. GHHI's flagship work in Maryland has helped to reduce lead poisoning by 99% since 1993, when the organization was known as the Coalition to End Childhood Lead Poisoning. GHHI brings learnings and best practices from the Maryland work to sites across the country, including Michigan. GHHI has worked in Michigan since the early 2000s, providing support to the state and several local jurisdictions on lead poisoning prevention and healthy homes strategy. GHHI helped the Michigan Department of Health and Human Services (DHHS) develop the first state Lead Fund. GHHI also worked with Dr. Mona Hanna-Attisha on strategies to ensure that the crisis in Flint will not happen again.

The GHHI Detroit office serves our mission to address the social determinants of health and racial equity through healthy housing through efforts to align, braid, and coordinate resources that address childhood lead poisoning, hazards causing injury due to trips and falls, and triggers to asthma among other healthy housing needs. One of GHHI's projects is to align lead poisoning prevention resources with the Detroit Home Repair Fund.

GHHI wholly supports the Administrative Rule Set "Universal Blood Lead Testing," MOAHR Rule Division No. 2023-74 HS, rules R 330.301 - R 330.319. Childhood lead poisoning causes unnecessary and permanent effects on a child's brain and organ development. No level of lead exposure is safe. GHHI was a champion of Maryland's universal lead testing bill, Lead-Free Maryland Kids, which was implemented in 2016.

We support the rule that all Michigan children will receive a blood lead test at age 1 and 2, or if there is no record of a previous test, between ages 2 and 6. We also support the rule to test children living in high-risk areas as defined in the rule set between ages 2 and 5. Blood lead tests are the most effective way to identify if a child has been exposed to lead, which can allow for swift action to prevent further exposure. We have reviewed some of the feedback on Michigan's universal lead testing rule, and it is similar to feedback Maryland received before launching its bill. Concerns from medical providers were some of the most common points of contention, but none of the concerns have been borne out in the past 8 years of implementation of universal testing. The policy has only been beneficial by providing clarity for medical providers, increasing testing rates, as well as helping public health officials more readily understand sources of lead poisoning quickly. Maryland facilitated testing for doctors and other

healthcare professionals through the promotion of point-of-care testing.¹ Additionally, parents and caregivers are now better equipped to know as early as possible if their child has an elevated blood lead level so they can respond and mitigate their child's exposure.

Further, we support the rule requiring results of a blood lead test to be documented in a child's immunization record. This will permit any physician serving the child to have appropriate access to the child's lead testing history, enhancing continuity and quality of care.

Under these rules, Michigan joins 10 states and the District of Columbia in requiring all children to have a blood lead test at ages 1 and 2. Together, we are improving the health of the nation's children for now and generations to come.

Based on our experience in Maryland and other states, we will happily provide support as Michigan moves to implement universal lead testing.

Sincerely,

DocuSigned by:

Ruth Ann Norton

6171FEFD32CD49A...
Ruth Ann Norton
President & CEO

¹ Article from The Baltimore Sun:
https://digitaledition.carrollcountytimes.com/tribune/article_popover.aspx?guid=ad3e2950-b971-4113-ada3-dc7b61c93594





September 24, 2024

Mary Brennan
Michigan Department of Health and Human Services
South Grand Ave
Lansing, MI 48933

Dear Ms. Brennan,

The Michigan Chapter of the American Academy of Pediatrics is supportive of efforts to adopt universal lead testing for children in Michigan. As an organization, we are committed to working with MDHHS and other partners to implement rules and guidance that are supported by the scientific evidence and reflect an intent to meaningfully improve identification of lead exposed children in Michigan.

While we are supportive of the overall intent of this effort to increase lead testing among children, we would also like to share some specific concerns with the current language of the proposed rules. These suggestions are meant to attempt to better align the proposed rules with the current clinical guidance and practitioner experience.

Please feel free to contact me should you have any additional questions at (517) 484-3013 or colin.ford@miaap.org.

Sincerely,

A handwritten signature in black ink that reads 'Colin J. Ford'. The signature is written in a cursive style with a large 'C' and 'F'.

Colin J. Ford
CEO

MIAAP Comments regarding Rule Set 2023-74 HS for Universal Lead Testing

Concerns with existing language

Concern 1: 330.301 Rule 1 (h) broadly defines physician as any individual holding a medical license. The proposed rule incorporates all allopathic or osteopathic physicians which may include physicians who are not in a position to effectively counsel parents or provide follow-up care to children (for example, this could include radiologists, pathologists, anesthesiologists, emergency medicine, etc.), additionally, this wording may not capture nurses or other licensed professionals who would otherwise be in a position to benefit from the information provided by testing.

Concern 2: MIAAP supports the idea of testing or ordering tests for children at the ages of 12 and 24 months. However, there are some practical limitations to this requirement that may undercut the desired effect. For example, a child may miss or reschedule a twelve-month visit and be 13 months at the time of the visit. Additionally, because of the narrow wording of the age requirement, it is unclear what obligation the physician would have to test or order a test for the patient if the 12 months of age window is missed.

Concern 3: The language as currently written is ambiguous with respect to a child who has already been tested and has had that information entered into the child's certificate of immunization. As currently written, the language appears to require any physician to test or order a test if the child falls within any of the age or risk categories. Children may be tested in settings outside of a physician office such as WIC, and children may have multiple visits with multiple physicians over the course of a month. For example, a 12-month old child was tested for lead at their WIC visit and that information was entered into MCIR. Then later that same month this child went to a well-child visit with their pediatrician, was seen by a sub-specialist such as a gastroenterologist, then later visited an urgent care and finally required a trip to an emergency room. In this circumstance, all of the physicians listed would be required to test or order a test for the child.

Suggestions to address concerns

Suggestion 1: Altering the definition of physician to better reflect the specialties or circumstances when testing should be ordered. Wording such as "who provide well child exams or primary care for minors" would be consistent with this objective. Alternatively, Rule 2 includes the phrasing "a physician treating a minor patient...", therefore defining the term "treatment" could narrow the expectations of which physicians and in which circumstances should test children for lead.

Suggestion 2: Clarify wording regarding the testing status of the child. For example, if the child already has a lead test contained in their certificate of immunization at 12 or 24

months, that child is considered tested. This could also help provide guidance to those physicians not in a position to counsel parents or provide follow-up care to the patient related to their lead exposure.

Suggestion 3: Using the terminology 12-month visit and 24-month visit would have an important clarifying effect with respect to the rules. First, this would align with the developmental visits and could help to avoid under-testing due to technicalities of scheduling. Because referring to the visit as opposed to the patient age, this could also help provide guidance to those physicians not in a position to counsel parents or provide follow-up care to the patient related to their lead exposure, as these visits are generally within the purview of the primary care physician or provider.



PO Box 950 | East Lansing, Michigan 48826
517-337-1351 | msms@msms.org | www.msms.org

Submitted via MDHHS-AdminRules@michigan.gov

September 27, 2024

Michigan Department of Health and Human Services
Attn: Mary E. Brennan
MDHHS Grand Tower Building
235 S. Grand Avenue, 2nd Floor, Legal Affairs Administration
Lansing, MI 48933

Re: Rule Set 2023-74 HS, "Universal Blood Lead Testing"

Dear Ms. Brennan:

The Michigan State Medical Society (MSMS) appreciates the opportunity to comment on the proposed changes to the Universal Blood Lead Testing rule set. MSMS is a professional association representing physicians, residents, and medical school students from all specialties and practice settings.

Our members support the screening of children for their risk of contact with lead hazards and subsequent lead poisonings. Additionally, we recognize the importance of testing for this serious health issue, especially for children deemed to be at high risk.

MSMS supports the intent of the recently passed legislation and this resulting rule set. However, we respectfully request consideration of the following recommendations which are offered in recognition of the importance of care coordination and continuity of care:

1. Clarify that the testing requirement applies to primary care physicians, physicians providing routine care, or physicians who have an ongoing care relationship with the minor patient. As currently written, the mandate applies to all physicians who treat a minor regardless of the physician's specialty, whether the minor will return for follow-up care, or whether tests, counseling, and treatment are part of the physician's regular practice.
2. Clarify that a physician does not need to conduct or order a test if either of the following have occurred and been confirmed by checking the minor's electronic immunization record in the Michigan electronic immunization information system:
 - A. The minor patient has already been tested pursuant to the specified schedule.
 - B. A case of lead poisoning has already been diagnosed by a physician.

Thank you for your consideration of our comments. MSMS is committed to working with the Department and other partner organizations to protect Michigan's children from lead exposure, mitigate the harms of lead toxicity, and ensure they have the best opportunities for achieving optimal health.

Sincerely,

A handwritten signature in black ink that reads "Stacey P. Hettiger".

Stacey P. Hettiger
Senior Director, Advocacy and Payor Relations

From: [Rosenman, Kenneth](#)
To: [MDHHS-AdminRules](#)
Subject: FW: Universal Blood Lead Testing Public Hearing Scheduled for Monday, September 23, 2024
Date: Friday, September 20, 2024 10:35:49 AM
Attachments: [MOEMA 9-23 Comments on Lead regulations.pdf](#)

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On behalf of the Michigan Occupation and Environmental Medical Association (MOEMA), I am submitting the attached comments on the Universal Testing draft rules.

Kenneth Rosenman, MD
Secretary, Board of Directors
MOEMA

From: MDHHS-CLPPP <MDHHS-CLPPP@michigan.gov>

Sent: Wednesday, September 4, 2024 2:18 PM

To: wilsonsh <wilsonsh@co.muskegon.mi.us>; Lisa_Whitehead@ihacares.com; TKennedy@dmc.org; Jessica Grace <jgrace@dhd10.org>; Wright-Jones, Teniesha <teniesha.wright-jones@ascension.org>; wright@Trinity-Health.org; MDrogowski@alconahc.org; Robert Van Howe (Western UP) <rvanhowe@wuphd.org>; tglynn@muskegonisd.org; J.Meyerson@nwhealth.org; jill <jill@coaction360.net>; Bora,Nirali <nirali.bora@kentcountymy.gov>; Elizabeth Suggitt <esuggitt@lmasdhd.org>; Melissa Hahn <M.Hahn@nwhealth.org>; tlewis@gtchildrens.com; Jennifer_McDonald@ihacares.com; Alison Dickson <aldickso@umich.edu>; apeters@bloompediatricsmi.com; tracey.trepanier@ascension.org; Rosenman, Kenneth <rosenman@msu.edu>; Samantha Pickering <samantha@environmentalcouncil.org>; Patty Kirsch <pakirs@kalcounty.com>; Colin Ford <colin.ford@miaap.org>; Asheth@waynecountymy.gov; Ashley Zuverink <azuverink@ghhi.org>; Drautz, Anthony V <drautzto@oakgov.com>; Monica Rasmussen <Mrasmussen@waynecounty.com>

Subject: Universal Blood Lead Testing Public Hearing Scheduled for Monday, September 23, 2024

Dear partners in lead poisoning prevention,

We are writing to notify you of the public hearing scheduled for Monday, September 23rd on proposed rules implementing the 2023 law mandating blood lead testing of all one and two year old children and children at other ages depending on certain lead exposure risk factors. The notice of public hearing and the latest version of the rule language are both attached. Please note that comments on the rules may be made in person at the hearing on September 23rd

or by mail/e-mail until Friday, September 27th.

This email is going to the individuals and groups who were invited to review the first draft of the rules in April. We thank all of you who reviewed and provided comments on that draft. The reviewers' comments and our responses are also attached. The attached rule set includes edits made after consideration of your comments.

Thank you for all your work to keep Michigan's children safe and healthy.

MDHHS CLPPP

MDHHS-CLPPP@michigan.gov

- [Universal Testing Draft Rule Language_Updated 8.16.2024.pdf](#)
- [Responses to Comments on Universal Testing Draft Rules.pdf](#)
- [Notice of Public Hearing Universal Lead Testing.pdf](#)

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STAY CONNECTED:



From: [Amy Zaagman](#)
To: [MDHHS-AdminRules](#)
Subject: Submitting comments to 2023-74
Date: Friday, September 20, 2024 5:19:19 PM
Attachments: [MCMCH comments to 2023-74 lead rules.pdf](#)

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abuse@michigan.gov**

Please find MCMCH's comments to proposed rules 2023-74 on Universal Blood Lead Testing.

Thank you -

Amy U. Zaagman
Executive Director
517-482-5807 - office
517-230-1816 - mobile
www.mcmch.org



From: [Ashley Zuverink](#)
To: [MDHHS-AdminRules](#)
Cc: [Michael McKnight](#); [Kevin Chan](#)
Subject: Letter of Support - Universal Blood Lead Testing
Date: Tuesday, September 24, 2024 4:08:56 PM
Attachments: [image001.png](#)
[Universal Blood Lead Testing Michigan GHHILOS Signed.pdf](#)

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Good afternoon,

Please find an attached letter of support for the Rules on Universal Blood Lead Testing, MOAHR Rule Division No. 2023-74 HS, rules R 330.301 - R 330.319.

Thank you,

Ashley Zuverink, LMSW she/her | Program Manager - Detroit
Green & Healthy Homes Initiative
4444 2nd Ave, Detroit, MI 48201 (Green Garage)
(P) 313.661.3822 | azuverink@gghi.org
[website](#) | [e-newsletter](#) | [facebook](#) | [twitter](#) | [linkedin](#) | [donate](#)



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From: [Colin Ford](#)
To: [MDHHS-AdminRules](#)
Subject: Comments re: Administrative Rules for Universal Blood Lead Testing Rule Set 2023-74 HS
Date: Wednesday, September 25, 2024 1:18:32 PM
Attachments: [Lead Testing final rule comments.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Please find written comments pertaining to Administrative Rules for Universal Blood Lead Testing Rule Set 2023-74 HS. Thanks.

--

Colin Ford
Chief Executive Officer
Michigan Chapter American Academy of Pediatrics
106 W. Allegan, Suite 310
Lansing, MI 48933
P: 517.999.4050
colin.ford@miaap.org
www.miaap.org

From: [Stacey Hettiger](#)
To: [MDHHS-AdminRules](#)
Subject: Public Comments on Rule Set 2023-74 HS
Date: Friday, September 27, 2024 1:10:49 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[MSMS Ltr Universal Blood Lead Testing 2023-74 HS 092724.pdf](#)
Importance: High

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Hello,

Please find attached comments from the Michigan State Medical Society on Rule Set 2023-74 HS, "Universal Blood Lead Testing." If you have any questions, please do not hesitate to contact me.

Sincerely,

Stacey



Stacey P. Hettiger | Senior Director
Advocacy and Payor Relations
Michigan State Medical Society
517-336-5766 | shettiger@msms.org
www.msms.org

