

May 28, 2025

Executive Summary: Michigan Universal Lead Testing Rules

The Michigan Department of Health and Human Services (MDHHS) adopted [new administrative rules](#) (R330.301-R330.304) April 30, 2025, establishing universal blood lead testing requirements for minors across the state. These rules are effective immediately unless adopted under specific sections of the Administrative Procedures Act, in which case they take effect seven days after filing. The rules are authorized under the Michigan public health code.

The goal of these rules is to improve early detection and prevent lead poisoning in children. The rules establish standardized testing requirements for physicians treating minors and mandate integration of test results into the Michigan Care Improvement Registry (MCIR).

Testing Requirements (R 330.302)

Physicians must test or order lead blood tests for minor patients at the following intervals:

- Universal Testing:
 - At 12 months of age
 - At 24 months of age
 - If not previously tested, between 24-72 months
- Geographic Risk-Based Testing:
 - Children residing in designated high-risk jurisdictions (listed in R 33.303) must be tested between 48 and 60 months of age.
- Individual Risk-Based Testing:
 - If the child lives in a home where other minors have been diagnosed with lead poisoning.
 - If the child resides in a home built before 1978.
 - If the physician identifies risk based on parental attestation or clinical judgment.
- Confirmatory Testing:
- If a capillary test result ≥ 3.5 $\mu\text{g}/\text{dL}$, a venous sample is required, analyzed via high-complexity method such as ICP-MS or graphite furnace AAS.
- Educational Materials
 - MDHHS will provide physicians with written guidance on lead exposure, risk factors, and recommended testing protocols.

High Risk Jurisdictions (R 330.303)

Rule 330.303 lists over 80 cities and townships identified as high-risk for childhood lead exposure. These areas span urban, rural, and historically industrial communities. The department will post the data and methodology used for designations on its website. Hospitals serving these areas should be aware that patients from these jurisdictions have additional testing requirements.

Reporting and Immunization Records Integration (R330.304)

Brian Peters, Chief Executive Officer

- Test Results in MCIR:
 - Blood lead test results must be included in the child's certificate of immunization.
 - MDHHS will link all results to the Michigan electronic immunization information system (MCIR)
 - Results will be visible to physicians within the electronic immunization record and appear on printed certificates given to families.
- Reporting Obligations
 - If the tests results are not automatically reported, the physician or performing individual must manually report them to the department's Childhood Lead Poisoning Prevention Program.

Parental Objections

MDHHS clarified that parents or guardians may opt out of lead testing for their child. If an objection is made, it should be documented in the child's medical record, as recommended in MDHHS guidance and the accompanying [FAQ](#). Providers should incorporate this exception into clinical protocols and ensure staff are prepared to respond appropriately during patient visits.

Implications and Recommended Actions for Hospitals

- Compliance: Ensure affiliated pediatric providers are aware of and comply with mandatory testing intervals and follow-up protocols.
- Training: Prepare physicians and care teams for high-risk screening and parent communication requirements.
- Data Integration: Coordinate with EHR/IT teams to support accurate and timely reporting to MCIR.
- Parental Objections: Establish clear procedures for documenting parental objections in the child's medical record, and ensure staff are trained to recognize and honor this exemption in accordance with MDHHS guidance.
- Community Engagement: Identify if hospital catchment area includes high-risk jurisdictions to adjust outreach and clinical practices.
- Monitor MDHHS Updates: Review educational materials and updates from MDHHS on lead exposure, testing and compliance requirements.

Members with questions may contact [Lenise Freeman](#) at the MHA.