Rhode Island
Healthy Homes Alliance

REVIEW OF HEALTHY HOUSING LAW AND REGULATION
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Executive Summary

Connections between health and housing are well-known, and with increasing frequency are addressed in housing policy, in health policy and in policy where housing and health meet. Laws and regulations supporting healthy housing abound, from some of the earliest public health regulations governing household pests or sewers to decades-old laws governing lead in paint and water to newer rules for Medicaid programs providing support for healthy housing.

Rhode Island laws and regulations touch on important aspects of healthy housing. More can be done within existing law and regulation to ensure that all Rhode Islanders live in healthy homes. There are some gaps in Rhode Island law that, if addressed, would strengthen access to healthy housing for more Rhode Islanders. Further, communities would be strengthened by additional attention and funding for housing stability and affordability programs that help residents maintain and live in healthy affordable housing in their communities.

Rhode Island has specific laws and regulations addressing lead, radon, asbestos, water quality, ventilation, utilities, fire prevention and detection and pest management. Rhode Island’s Housing Maintenance and Occupancy Code, Property Maintenance Code, Building Code and Residential Landlord and Tenant act all require habitability and safety of housing. Together, these provide a framework for Rhode Islanders to live in safe and healthy homes which are dry, clean, pest-free, safe, contaminant free, ventilated, maintained and thermally controlled.

There is more Rhode Island can do to ensure safe, healthy and affordable housing for Rhode Islanders (1) within existing laws and regulations; (2) by addressing funding; and (3) by addressing gaps in the law legislatively. Among the recommendations of this report:

- Ensure that existing law is being enforced.
- Continue and improve coordination among all departments, programs and funding sources that regulate and otherwise affect healthy housing.
- Encourage inspectors to look for all conditions that create a hazard, whether a particular hazard or condition amenable to remediation is the purpose of the inspection or not.
- Align forms used by housing inspectors across departments and programs where possible.
- Implement a streamlined healthy homes e-referral system.
- Apply the strongest applicable standard if there are differing requirements or standards.
- Advocate to include national healthy housing standards in building and property maintenance codes.
- Advocate for continued and additional funding, at the local, state and federal levels.
- Target spending to help most at-risk locations.
- Encourage recipients of funding to spend all the funding they receive.
- Review mold legislation from other jurisdictions and consider introducing legislation in RI.
- Review indoor air quality law and regulatory provisions in other states (including those related to formaldehyde and radon-resistant construction); consider whether to act here.
Introduction

People in the United States spend 50% or more of every day inside their homes. A healthy, safe, affordable, and accessible home supports residents’ fundamental physical and psychological needs and protects them from illness and injury.¹

Connections between health and housing are well-known and well documented, and with increasing frequency, housing hazards are addressed in housing policy, health policy and policy where housing and health meet.² Laws and regulations supporting healthy housing abound, from some of the earliest public health regulations governing household pests or sewers to decades-old laws governing lead in paint and water to newer provisions for state Medicaid programs providing support for healthy housing.

The US Department of Housing and Urban Development (HUD) has defined a healthy home as one that is dry, clean, pest-free, safe, contaminant free, ventilated, maintained and thermally controlled.³⁴ Unhealthy housing can lead to or exacerbate lead poisoning, injury, asthma, and other chronic diseases. Further, affordable housing is key to housing stability. Goals of healthy and affordable housing can improve health for children and families. Lead abatement laws and laws requiring smoke detectors have improved health.⁵ Yet, we still have much work to do. While there is no safe level of lead in the bloodstream, the CDC has defined 5 µg/dL as the level at which children should be eligible for interventions; in Rhode Island in 2016, 1201 (4.9%) children had elevated blood lead levels of 5µg/dL or higher.⁶ In 2015, housing-related falls resulted in 2,109 emergency room visits by children aged six and under.⁷

The healthcare sector has been paying increasing attention to non-medical impediments to attaining the best possible health, also known as social determinants of health. The impact of these social determinants on health outcomes is well-documented. Access to safe, affordable housing leads to better health outcomes, lower rates of asthma, fewer hospitalizations, and lower health costs.⁸

In Rhode Island and around the country, much work is underway to address the intersection of health and housing. This work is based on the foundational knowledge that housing is an important social determinant of health. Programs include lead and mold remediation, weatherization and housing stability programs through housing agencies or in collaboration with health insurance or healthcare providers.⁹

In order to determine which relevant laws and regulations can be applied to ensure healthy housing in Rhode Island, this report attempts to catalog Rhode Island laws and regulations that relate to healthy housing. This report does not comprehensively address housing affordability, environmental law or zoning, all of which are also key to a broad understanding of “healthy housing” and “healthy neighborhoods.” The report reviews state statute and regulations, as well as Providence municipal code, related to minimum housing standards, building code, lead, radon, water quality, landlord tenant law, ventilation and pest management. Finally, the report makes recommendations based on (1) existing laws and regulations; (2) funding needs and (3) legislative and regulatory possibility based on other states.
Rhode Island building codes and housing maintenance and occupancy code provide a baseline level and umbrella system for ensuring that housing in Rhode Island is safe and habitable. The Housing Maintenance and Occupancy Code (“Housing Code”) is found at RIGL § 45-24.3; the Rhode Island State Building Code legislation is codified at RIGL § 23-27.3; relevant regulations are available here.

Chief among the requirements of the Housing Code is the requirement that any unit occupied must be “clean, sanitary, fit for human occupancy, and comply” with the Housing Code and all other legal requirements. RIGL § 45-24.3-6. The Property Maintenance Code similarly requires that “[t]he interior of a structure and equipment therein shall be maintained in good repair, structurally sound and in sanitary condition.” RI Prop. Main. Code § 305.1.

The Residential Landlord and Tenant Act, RIGL § 34-18, requires landlords to comply with requirements of applicable building and housing codes affecting health and safety, and to maintain the housing in good repair, in “fit and habitable condition.” RIGL § 34-18-22. Tenants also have responsibility to keep the premises “as clean and safe as the condition of the premises permit.” RIGL § 34-18-24(2). Further, the Residential Landlord and Tenant Act is explicit that landlords must comply with minimum housing codes. RIGL §34-18-22.2

Rhode Island law provides a framework for local zoning ordinances, RIGL § 45-24, which also provide a general framework that can relate to housing conditions; first among the stated purposes of the zoning statute is “[p]romoting the public health, safety, and general welfare.” RIGL § 25-24-30(1).

Rhode Island law also requires disclosure of certain conditions upon the transfer of real estate. Some conditions, such as the possibility of the presence of lead paint in houses built before 1978, are specified. There is, in addition, the overarching requirement that the seller disclose “all deficient conditions of which the seller has actual knowledge.” RIGL § 5-20.8-2.

The City of Providence, as well as other cities and towns in Rhode Island, has its own minimum housing standards set forth in the code of ordinances. By state and local law, Providence and other cities and towns use the Property Maintenance Code to determine housing standards. Prov. Muni. Code Ch. 13.
Lead
In February 2017, the Alliance issued a comprehensive analysis of Rhode Island lead laws in an issue brief, “A Review of the Current Public Health Burden and Regulatory Status of Lead Poisoning and Lead Hazards in Rhode Island,” available here. What follows is a very brief summary of some current and proposed laws that relate to lead. See also “Water Quality,” below, for a discussion of lead pipes.
Rhode Island lead laws include the Lead Poisoning Prevention Act, RIGL § 23-24.6 and the Lead Hazard Mitigation Act, RIGL § 42-128.1, both with the purpose of reducing childhood lead poisoning in Rhode Island and increasing the availability of lead safe housing in Rhode Island. Article 22 of the Governor’s 2017 proposed budget would have further amended these Acts, but was not included in the budget that passed at the General Assembly in August. Article 22 contained many important provisions that should be revisited.

The Housing Maintenance and Occupancy code, RIGL § 45-24.3, requires lead-safe housing, and provides abatement requirements. The Property Maintenance Code has requirements relating to paint, generally, and lead hazards, specifically. “All interior surfaces, including windows and doors, shall be maintained in good, clean and sanitary condition. Peeling, chipping, flaking or abraded paint shall be repaired, removed or covered.” RI Prop. Maint. Code § 305.3. Lead hazards are specifically addressed in sections 301.3.1-305.3.5.

Revised comprehensive regulations implementing the Lead Poisoning Prevention Act are currently pending. See proposed 216-RICR-50-15-3 and 216-RICR-10-5-2.

Radon

The general assembly recognizes that radon is an odorless, colorless, tasteless, and radioactive gas that occurs naturally in soil and groundwater; that radon enters homes and buildings through openings in foundations, decays to form radon progeny, and unless vented to the atmosphere, accumulates in buildings and becomes hazardous to human health, and prolonged exposure to elevated concentrations of radon decay products has been associated with increases in the risk of lung cancer. The general assembly recognizes that there is a need to protect human health and prevent exposure to elevated concentrations of radon.
RIGL §23-61-1.

The full Radon Control Act is found at RIGL §23-61. Rules and Regulations for Radon Control set air and water standards for radon (water standards to be promulgated following EPA promulgation), and licensing and certification standards for people conducting radon testing. The Rules and Regulations are found here.

In addition, disclosure of known radon hazards is required upon sale of property. RIGL § 5-20.8-2.

Finally, the Rhode Island Building Code contains are some rules regarding radon-resistant new construction standards.
Asbestos

The Rhode Island General Assembly has found that asbestos is a danger to the public health, and passed the Asbestos Abatement Act. RIGL § 23-24.5. Private residences are included in the Asbestos Abatement Act, but considered “low priority” buildings. The Act calls the removal of asbestos a state priority, and provides rules for how to remove asbestos safely. The Department of Health’s Rules and Regulations for Asbestos Control are found here.

If an owner knows of asbestos, or other hazardous conditions, the owner must disclose the condition upon sale or transfer of the property. RIGL § 5-20.8-2.

Water Quality

Rhode Island Department of Health has regulations that require wells to be tested for contaminants, including e. coli, lead and MTBE (a gasoline additive), when new and prior to a transfer of title upon the sale of the property with the well. There are also rules governing public drinking water and public water supply that seek to ensure safety of the water supply and qualifications of the operators of public water supply systems. These rules specify requirements for water safety and acceptable levels of certain additives and contaminants.

In addition, there are rules and regulations for clean water infrastructure plans. Part of these plans provide an outline for replacing lead pipes that deliver water to homes. Providence Water’s plan can be found here. Providence Water reports that, of their 74,000 customers in Providence, North Providence, Cranston, Johnston and Smithfield, 13,800 households have lead service lines, meaning pipes that carry water to the house that are made of lead. Providence Water is able to replace the service lines, but not the part of the pipe that is the homeowner’s responsibility. It is not helpful, and possibly harmful, to remove only the half of the lead pipe that the utility is responsible for without also replacing the part of the pipe that leads directly into a home. Therefore Providence Water for a time stopped replacement work, but reportedly has begun again, and is also offering zero interest loans to help homeowners pay for the part of replacement that is the homeowner’s responsibility. North Providence has located funding for the private pipe replacement part of lead pipe replacement work, and together with Providence Water, plans to begin replacing lead pipes in their city. For coverage of this recent development, see this July 2017 article from the Providence Journal.

While lead is a clear danger in the water supply, drinking water from Providence Water and other water systems that are fluoridated provides the important additive fluoride to strengthen teeth and prevent oral carries, the most common childhood disease. The addition of fluoride to public water supplies has been so successful that the US Centers for Disease Control has named this one of the top ten public health interventions of the 20th Century. See more information from the CDC here. It may be that drinking filtered water is a good way to ensure household drinking water is safe from lead and provides fluoride.
Legislation establishing the Office of Private Well Contamination is found at RIGL §§21-1-5.2 and 5.3. Regulations for private well water are found here. Legislation regarding the public drinking water supply is at RIGL § 46-13. Regulations for public drinking water are found here. The Clean Water Infrastructure act is at RIGL § 46-15.6. Regulations for clean water infrastructure plans are found here.

**Ventilation**

**Asthma prevention and control**

**Fire prevention and carbon monoxide detection**

**Mold**

**Asthma**

Asthma is reaching epidemic proportions in Rhode Island. More than one hundred thousand (100,000) people in Rhode Island have been diagnosed with asthma, including one out of every ten (10) children. Asthma is the most common chronic disease in children and responsible for the most school absences in Rhode Island.

RIGL § 23-23-29.1(4)

The Clean Air Act, RIGL §23-23, is not directly related to housing, yet recognizes the importance of healthy air for Rhode Islanders. The above legislative finding was made in connection the importance of controlling automobile emissions. Healthy housing standards can also help reduce and control asthma. Proper ventilation is important to achieve this.

The Housing Occupancy Code, at RIGL § 45-24.3-8, requires that every room have at least one window that can be opened, and provides requirements for how large the window must be. Other means of adequate ventilation and lighting may be acceptable, if approved by the appropriate authority.

Rules and regulations pertaining to smoke free workplaces also provide that common areas of buildings with more than 4 units must be smoke free, including apartment buildings and nursing homes. The regulations are available here.

**Fire and carbon monoxide**

The Fire Code requires smoke and carbon monoxide detectors to be installed outside sleeping areas and on every floor. See this 2015 official interpretation of the Fire Code. In addition, the minimum housing standards provide fire safety requirements, including the requirement of two exits. RIGL § 45-24.3-7
Mold
There are no current, specific, mold regulations. However, there are multiple laws and regulations that require safe and habitable housing, that specifically address moisture and ventilation, and otherwise touch on mold-related housing standards. For example, the Rhode Island Residential Landlord and Tenant Act, requires the landlord to maintain the premises, and make necessary repairs. RIGL §34-18.

Some relevant property maintenance code provisions:

302.2 Grading and drainage must be adequate
302.6 Exhaust vents must not discharge vapor onto people
304.6 Exterior walls must be weather proof
304.7 Roof and flashing must be sound, drainage must be adequate to prevent dampness
304.16 Basement hatchways must prevent drainage water
403.2 Bathrooms must have a window
403.5 Clothes dryer exhaust systems must be independent from all other systems.
505.3 Water supply must be free from defects and leaks
506.2 Sanitary drainage system maintenance; sewage systems must be kept from leaks

In 2003, a Senate Commission was formed to study the health effects of toxic mold (S983). In 2010, a mold advisory board was proposed, but the act establishing the board did not pass (S2131).

Thermal Control

The Public Utilities Commission (PUC) of Rhode Island has rules and regulations that prohibit the termination of utilities of protected status customers, who are protected for a variety of reasons including illness and/or disabilities, and during the utility moratorium period in winter. The regulations also outline payment plans that must be available to customers. Rules and Regulations Governing the Termination of Residential Electric, Gas and Water Utility Service, Public Utilities Commission (2008).

Landlord Tenant Law and the Housing Code require adequate equipment in good condition that will allow heat in average winter conditions can be maintained at a minimum of 68 degrees. See RIGL § 34-18-22 (4) and (6) and § 45-24.3-9.

Pest management

Housing Maintenance and Occupancy code requires that every occupant of a structure “is responsible for the extermination of any insects, rodents, or other pests...” RIGL 45-24.3. Furthermore, owners are required to maintain a dwelling in a way that is reasonably rodent- and insect-proof. Id. Whenever there is an infestation in two or more units, the owner is responsible for extermination. Id. The Property Maintenance Code requires the exteriors of property to be maintained in such a way as to eliminate rodent harborage, and to exterminate rodents in ways that are non-toxic to humans. RI Prop. Maint. Code § 302.5. Landlord-Tenant
law habitability requirements also apply (and in some instances may provide relief to residents who are not protected by code, for example where the poor repair of an apartment leads to conditions creating infestation in one unit). RIGL § 34-18-22.


Landlords are required to provide receptacles for “ashes, garbage, rubbish, and other waste,” and to arrange for their removal. RIGL § 34-18-22(5). Section 308 of the Property Maintenance Code addresses garbage and rubbish. Section 309 of the Code addresses pest management.


**Affordability**

Housing that is unaffordable is unhealthy, since residents of unaffordable housing are using funds to pay for the housing instead of paying for other household needs. Unaffordable housing further contributes to stress and other unhealthy factors. Furthermore, we should ensure that when housing is repaired it remains affordable, and residents are not displaced due to the ability for nicer housing to generate higher rents. Together, we should work towards a vision where all Rhode Islanders live in healthy, affordable, sustainable homes in thriving communities that they chose to live in.

Laws and regulations that affect affordability include state budgets with funding for housing; Medicaid rules that allow funding for supportive housing (but not the rent itself); affordable housing bonds; zoning that impacts housing density and development; and more.

For more, see Housing Works RI Special Report, “The Complete Approach to Funding Affordable Housing,” 2013, available [here](#).

**Recommendations**

RIAHH makes the following recommendations to policymakers:

I. **Employ strategies that are supported by existing law and regulation.**

   A. Ensure enforcement and adequate funding for enforcement of current healthy housing provisions. Ensure that code is enforced to the fullest extent possible by code enforcement and housing courts; ensure that courts enforce conditions requirements against landlords. Look at enforcement policies and practice across departments, statutes and regulations.

   B. Continue and improve coordination among all departments, programs and funding sources that touch on healthy housing.
C. Encourage inspectors to look for all conditions that create a hazard, whether a particular hazard or condition amenable to remediation is the purpose of the inspection or not.

D. Review forms used by housing inspectors across departments and programs wherever possible. Forms might also be reviewed with an eye to including a healthy housing check list specifically, so that inspectors will be prompted to review a home for all possible hazards and conditions amenable to remediation on one visit. While mold, for example, is not mentioned specifically in Rhode Island law or regulation, the Housing Code requires homes to be clean, sanitary and fit for human occupancy and the Property Maintenance Code has several moisture-related provisions. Inspectors can use this as broad permission to cite any unsanitary or hazardous condition, including mold. Training for inspectors can include an array of healthy housing issues they should be on the lookout for.

E. Implement a streamlined healthy homes e-referral system – when an inspector, healthcare or social service provider is in the home for any reason, that inspector or provider can review and refer the resident to any available healthy housing service. The Alliance currently has funding from the Rhode Island Department of Health and Rhode Island Housing, and is in the process of developing and implementing this program, which will allow one agency in the home for an inspection or other reason to make a referral directly to another agency to address a need identified on the home visit.

F. Apply the strongest applicable standard where there are differing requirements or standards. For example, the property maintenance code is commonly used by building inspectors, but where the housing code is more thorough, those standards should be applied. Similarly, the Lead Poisoning Prevention Act and Lead Hazards Mitigation Act have provisions that may not always align; the strongest possible standards should be applied.

G. Align tenant protections in housing occupancy code with property maintenance code.

H. Invite housing and healthcare advocates and providers to participate in policy meetings together. Housing advocates and providers should be included in and attend health policy meetings; healthcare advocates and providers should be included in and attend housing policy meetings. Housing advocates should participate in Medicaid § 1115 Waiver public meetings, and be invited to give input to ensure Rhode Island is maximizing opportunities to ensure that Medicaid is supporting healthy housing to the fullest extent possible.

I. Ensure that healthcare providers have access to all available resources and tools to help patients access healthier housing. Help providers prescribe healthy housing audits and interventions.

J. Continue to align various funding streams including weatherization, lead abatement, utility reinstatement, rent stabilization, Medicaid and other insurers to ensure maximum
healthy home improvement every time a program is available to a family or housing unit.

K. All cities and towns served by Providence Water should work with the utility to find funding (through CDBG and other sources) to replace lead service and household pipes.

L. The RI Department of Health, Providence Water Board and others should coordinate solutions and messaging that ensure healthy water that is fluoridated and without lead. Universal filtration could be encouraged, and funding located for filters for at-risk communities. (Filters for lead will not generally filter out fluoride. It should be determined whether these filters are an adequate interim measure until the pipes can be replaced.)

II. **Maximize available funding and advocate for adequate state and federal funding for lead, asthma, healthy housing and affordable housing programs.**

A. Advocate for continued funding, at the local, state and federal levels, to ensure healthy housing for Rhode Islanders. Funding should support housing production and remediation of existing units. Adequate funding is key to access to safe, affordable, healthy housing.

B. Advocate to maintain (or increase) current federal funding for CDC’s Healthy Homes and Lead Poisoning Prevention Program; CDC’s National Asthma Control Program and HUD’s office of lead hazard control and healthy homes; weatherization and fuel assistance programs.

C. Advocate for RI Housing and the state to provide technical assistance to cities and towns as they apply for HUD funding; perhaps with a focus on one new city or town a year, starting with the core cities.

D. Target spending to help most at-risk locations. Work towards lead safe neighborhoods, and healthy neighborhoods and communities.

E. Encourage recipients of funding to spend all the funding they receive.

F. Ensure adequate state funding for lead and asthma programs at the department of health.

G. Advocate for additional state and federal funding for safe, affordable, healthy housing.
III. Consider implementing new regulation and legislation to support healthy housing

Healthy housing legislation in other jurisdictions might inform Rhode Island efforts. Alliance members consistently mentioned mold as an area where the state law is lacking. Other healthy housing areas with legislation in other jurisdictions includes indoor air quality, including limits on off-gassing from formaldehyde in building materials and radon-resistant construction requirements. Finally, Rhode Island should support efforts to streamline the lead laws that is already underway through leadership of the Department of Health and the Office for Management and Budget.

Recommendations:

A. Advocate for the state to include national healthy housing standards in building and property maintenance codes. These standards have been developed by the National Center for Healthy Housing and the American Public Health Association, and can be found here.

B. Consider adding additional tenant protections to ensure that tenants are not displaced if landlords improve housing to meet or exceed code.

C. Review mold legislation from other jurisdictions and consider introducing legislation here in Rhode Island.

D. Review indoor air quality provisions in other states (including those related to formaldehyde and radon-resistant construction) and consider whether to implement here.

E. Review lead laws and consider simplifying and strengthening.

Mold legislation and regulation

Rhode Island does not specifically mention “mold” in its housing-related laws or regulations. As described above, there are multiple laws and regulations that either provide an umbrella course of action for an unsanitary or hazardous condition in housing, or specifically address conditions that might lead to mold, such as leaks or moisture. California, Texas, New York State, New York City, Washington State and Massachusetts all have mold provisions that warrant review.

California law specifically discusses mold as an unsanitary condition. Mold is defined as “microscopic organisms or fungi that can grow in damp conditions in the interior of a building. California Civil Code § 17920(j). Inadequate sanitation explicitly includes a number of conditions, including:
Visible mold growth, as determined by a health officer or a code enforcement officer … excluding the presence of mold that is minor and found on surfaces that can accumulate moisture as part of their properly functioning and intended use.

California Civil Code § 17920.3(13).

For more information on this law, see California Healthy Housing Coalition webinar on “California’s New Mold Law” for enforcement officers (2016). To get to the point of passing the mold legislation, first California passed the Toxic Mold Protection Act (2001), which created a study commission which ultimately lead to the current law, implemented in 2016.

The Texas Mold Assessment and Remediation Rules are extensive. They address qualifications of professionals who assess and remediate mold, and describe minimum work practices and procedures for mold assessment and mold remediation. Texas Admin Code § 295.321-.322.


New York City has extensive Guidelines on Assessment and Remediation of Fungi in Indoor Environments (2008). These guidelines serve to provide guidance for building owners and others concerned with mold in the built environment. Among the findings contained in these Guidelines: "The presence of mold growth, water damage, or musty odors should be addressed quickly. In all instances, any sources of water must be identified and corrected and the extent of water damage and any mold growth determined." Guidelines at p. 4. Chapter 2 of the NYC Housing Maintenance Code contains specific direction regarding mold violations and repairs.

New York City landlord-tenant law provides the requirement that landlords provide tenants with information regarding mold. RCW 59.18.060(13). This recommendation is backed by the following legislative finding:

Finding—2005 c 465: "The legislature finds that residents of the state face preventable exposures to mold in their homes, apartments, and schools. Exposure to mold, and the toxins they produce, have been found to have adverse health effects, including loss of memory and impairment of the ability to think coherently and function in a job, and may cause fatigue, nausea, and headaches.

As steps can be taken by landlords and tenants to minimize exposure to indoor mold, and as the reduction of exposure to mold in buildings could reduce the rising number of mold-related claims submitted to insurance companies and increase the availability of coverage, the legislature supports providing tenants and landlords with information designed to minimize the public’s exposure to mold." 2005 c 465 § 1.

In Massachusetts, the Sanitary Code lists Minimum Standards of Fitness for Human Habitation. These include that owners are required to keep property free from chronic dampness. 105 MCR § 410.500. Further, “chronic dampness” is defined as “the regular and/or periodic appearance of moisture, water, mold or fungi.” 105 CMR § 410.020.
A more comprehensive survey of legislative strategies to address mold is found here: Major, Jennifer and Gerald Boese, “Cross Section of Legislative Approaches to Reducing Indoor Dampness and Mold,” Journal of Public Health Management & Practice: July/August 2017 - Volume 23 - Issue 4 - p 388–395, available here.

**Indoor Air Quality**

Oregon has established an Indoor Air Pollution Taskforce established by law. This Taskforce may establish indoor air quality standards for significant indoor air pollutants. 2015 ORS 433.521. The statute calls for voluntary compliance. More investigation is required regarding whether the Taskforce has met or whether this provision, on the books, has been fully implemented.

California Air Resources Board has classified formaldehyde as a toxic air contaminant, and issued guidance about formaldehyde in the home in 2004. The guidance notes that:

“*Formaldehyde from sources such as pressed wood products can take years to off-gas.*”

California’s 2016 Green Building Code has mandatory limits on VOCs and Formaldehyde in new construction.

Minnesota has a law requiring that all plywood and particle board used in new construction meet federal standards listed at 24 CFR 3280.308 and 3280.406, Minn. Stat. 325F.181.

Washington has limitations on formaldehyde and requirements for radon-resistant new construction contained in its indoor air quality law, RCW 19.27.190.

Other states mandate or recommend radon-resistant new construction. According to NCSL, this is a recommendation, not a requirement, in Rhode Island. The EPA has a comprehensive listing of radon-resistant laws and codes in all states, here. It is required in all new construction in a number of states including Illinois, Minnesota and Oregon and required in new construction in high-radon areas in other states, including New Jersey and Washington (above).

**Lead Laws**

Following the introduction of Article 22 last year, and its failure to pass, there might be some energy to revisit, simplify and improve Rhode Island lead laws. Building on the work of the Department of Health’s LEAN process, stakeholder engagement should continue to be sought.

Some provisions that might be useful to consider:

- Move from lead safe to lead free standard. Look at Massachusetts standard as a stronger interim measure on the way to lead free.
- Remove some or all exemptions in Lead Hazard Mitigation Act.
• Fund and strengthen enforcement mechanisms.

• Bring Rhode Island inspection practices up to national best practices (including allowing “field negative” assessments of lead to be used to determine the absence of lead hazards so that lead hazard mitigation funding can stretch further).

• Work with Providence Water, cities and towns to maximize CDBG funding to replace owner-responsibility portion of lead pipes, and to investigate solutions that might include adding cost of owner-responsibility replacement onto bills at same pace as loan repayment, without requiring loans or separate loan repayment.

Conclusion

Rhode Island has many programs, regulations and laws that help support healthy housing. However, better coordination and alignment within and across state agencies, review and alignment of regulations and legislation, and additional legislation and regulation to fill in gaps around mold and indoor air quality would strengthen support for healthy housing in the state. In addition, coordinated and strengthened enforcement would further support healthy housing efforts in the state.

Endnotes

1 Surgeon General’s Call to Action to Promote Healthy Homes (2009) (internal citation omitted), available here.
2 Id.
4 “Principles of Healthy Homes,” National Center for Healthy Housing, here.
5 Surgeon General’s Call to Action to Promote Healthy Homes (2009), chapter 2, available here.
6 RI KIDS Count, here.
7 Id.
8 See Sturtevant and Viveiros, How Investing in Housing Can Save On Health Care: A Research Review and Comment on Future Directions for Integrating Housing and Health Services,“ National Housing Conference (2016), available here.