



A REVIEW OF THE CURRENT PUBLIC HEALTH BURDEN AND REGULATORY STATUS OF LEAD POISONING AND LEAD HAZARDS IN RHODE ISLAND

Created by the Rhode Island Alliance for Healthy Homes

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Purpose: the purpose of this white paper is to (a) provide a high-level overview of the current status and regulatory environment of lead poisoning, lead hazards and lead poisoning prevention efforts in Rhode Island, and (b) share recommendations for opportunities for improvements.

I. INTRODUCTION

Rhode Island is a small state with a big childhood lead poisoning problem. The Rhode Island Department of Health (RIDOH) and the 2016 Rhode Island Kids Count Factbook report that one in twelve children entering kindergarten and tested for lead in Rhode Island has lead poisoning (confirmed blood lead level of 5 µg/dL or greater). According to the Centers for Disease Control and Prevention (CDC), “lead exposure can affect nearly every system in the body.” Lead poisoning can cause damage to the brain and nervous system, slowed growth and development, short and long-term learning and behavior problems (e.g., reduced IQ, ADHD, juvenile delinquency, and criminal behavior), and hearing and speech problems, all of which may persist over a lifetime.¹ Decades after ending the use of lead in paint, gasoline, and other sources, lead poisoning remains one of Rhode Island’s most devastating environmental health threats and continues to cause immense societal harm at great cost. Nearly a thousand children are still poisoned by lead annually. Those children are more likely than their peers to suffer diminished learning capacity, drop out of school and become at risk for criminal behavior.

On the one hand, Rhode Island’s relatively high lead poisoning rate should come as no surprise, since almost three-quarters (72%) of all owner occupied homes and 82% of all renter occupied homes in Rhode Island were built before 1978, when lead paint was banned nationally. In particular, low income families in Rhode Island face an elevated risk of encountering lead hazards in their homes. A large majority (87%) of extremely low income renter households with at least one child under age six live in homes built before 1978 where they may be at risk for poisoning from lead hazards in the home.

On the other hand, Rhode Island has strong laws governing lead hazard mitigation (Lead Hazard Mitigation Act, LHMA 2002) and lead poisoning prevention (Lead Poisoning Prevention Act, LPPA, 1991) compared to other states with similar housing stock and population profile. Furthermore, Rhode Island has several excellent lead safety and advocacy programs, including the Childhood Lead Action Project, the Lead Safe Homes Program at Rhode Island Housing, the Lead Safe Providence Program, the state lead centers, as well as a high level of awareness of the importance of lead poisoning prevention among state agencies and local and federal legislators. Rhode Island also has significant capacity to track and report on housing affordability, quality and safety, made possible through data and research managed by RIDOH, Rhode Island Kids Count, HousingWorksRI at Roger Williams University, and the Providence Plan.

Given that it has been 10 years since the passage of the LHMA and over 20 years since the passage of the LPPA, the Rhode Island Alliance for Healthy Homes* investigated how well Rhode Island has addressed lead hazards and prevented lead poisonings among children, as well as what else must be done to

*The Rhode Island Alliance for Healthy Homes (“the Alliance”) is a coalition of more than 70 organizations committed to align, braid and coordinate information, resources and services for improving the health, safety and energy efficiency of all Rhode Island homes. The Alliance was established in 2014 through leadership from the Department of the Attorney General of RI, the RI Office of Energy Resources, the RI Department of Health, the RI Office of Housing and Community Development, the RI Department of Health, the RI Department of Human Services, the City of Providence, and the Green & Healthy Homes Initiative. The Steering Committee is composed of representatives from those agencies as well as Aten Energy, HousingWorksRI at JWU, the Childhood Lead Action Project, and Seth Handy Law, LLC. The Alliance is grateful to the Rhode Island Foundation, the Department of the Attorney General, Rhode Island Housing and the City of Providence for providing operating support. More information can be found at www.rihealthyhomes.org.

eliminate lead hazards altogether. The purpose of this brief is to provide a short overview of the current status and regulatory environment of lead poisoning and lead hazards in Rhode Island.

II. THE BURDEN OF LEAD POISONING AND HAZARDS IN RHODE ISLAND

1. PUBLIC HEALTH BURDEN OF LEAD POISONING

Children with blood lead levels at or greater than 5 µg/dL (≥ 5 µg/dL), the reference value for lead poisoning, live in each of Rhode Island's 39 cities and towns. According to the latest data (2015), RIDOH identified 943 new cases of blood lead levels ≥ 5 µg/dL in children under the age of six years. The annual rate of new cases of lead poisoning in Rhode Island has declined dramatically from 14.5% (3786/26134) in 2005 to 4.0% (943/23873) in 2015. Although this is certainly good news, new cases of lead poisoning continue to be reported, and are especially concentrated in the core cities, where child poverty is also most concentrated (Central Falls, Pawtucket, Providence and Woonsocket).[†] In 2015, the rate of new lead poisoning cases in the core cities was 5.7%, a dramatic decrease from 22.2% in 2005. However, the decline may be slowing, given that between 2014 and 2015, the percentage of children entering kindergarten with a history of elevated blood lead levels remained stable statewide at 8%, and the core cities stayed at 13%. While the decrease in new cases of lead poisoning is commendable, the fact that there are still new cases means the sources of lead poisoning are still present and not safely contained. Rhode Island still has much work to do to protect children from lead; every child deserves a life without suffering from the long-term effects of lead-poisoning.

2. SOURCES AND DRIVERS OF LEAD EXPOSURE

The leading cause of childhood lead poisoning is exposure to dust from lead paint, which is quite prevalent in older housing stock and buildings. Homes built before 1978, when lead paint was banned nationally, are more likely to contain lead. More than 75% of the homes in Rhode Island and 90% of homes in its core cities are at risk for containing lead hazards. Of these, only 31% are required by Rhode Island law to comply with lead hazard mitigation standards. Of those required to comply, the vast majority (80%) were not compliant, according to 2009 data reported by the Providence Plan and HousingWorksRI at Roger Williams University.

The highest risk homes are those built prior to 1940, which are found more than twice as frequently in core cities (61%) as in other areas of the state (27%). Massachusetts and New York are the only states that have a higher percentage of homes built before 1940 than in Rhode Island. There are 67,714 occupied, pre-1940 rental units in Rhode Island. As shown in Appendix 1, older housing stock is concentrated in the core cities (defined above).

Along with the age of housing where a child resides, income, race and ethnicity are the most significant indicators of children's vulnerability to lead exposure. These factors are not independent and are associated with many indicators of health, safety and welfare, including exposure to lead (See Appendix

[†] Defined as municipalities with >15% of families with children living in families with incomes at or below poverty. Rhode Island Core Cities include Providence, Pawtucket, Central Falls and Woonsocket.

1). Rhode Island’s childhood poverty rates are the second highest in New England and rank 29th in the US. One in five of Rhode Island’s 213,000 children under age six live in poverty, as defined by the US Census Bureau (RI KIDSCOUNT, 2014b). High rates of poverty are exacerbated by older housing stock with lead hazards. Racial and ethnic minorities as well as children in poverty live in every community in the state but—like lead hazards—are most heavily concentrated in the core cities (Central Falls, Pawtucket, Providence and Woonsocket). Nearly two-thirds (64%) of children living in poverty under the age of six live in one of the four in core cities. The concentration of poverty and older housing stock in the core cities means children who live there are at the highest risk for lead poisoning.

III. SUMMARY OF LEAD LAWS AND REGULATIONS

Lead hazards in Rhode Island are primarily addressed by two laws: (1) the Lead Poisoning Prevention Act of 1991 (RI General Laws Chapter 23-24.6), which provides regulatory authority to the Department of Health[‡], and (2) the Lead Hazard Mitigation Act of 2002 (RI General Laws Chapter 42-128.1), which provides regulatory authority to the Housing Resources Commission (HRC). See Appendix 3.

1. THE LEAD POISONING PREVENTION ACT OF 1991

The Lead Poisoning Prevention Act was passed by the General Assembly in 1991 to establish a comprehensive program to reduce exposure to lead and prevent childhood lead poisoning.² The law directs the RIDOH to establish and enforce requirements for the reduction of lead hazards in properties where children have been lead poisoned. RIDOH promulgated rules and regulations through its authority under the Act which govern:

- Requirements for childhood lead screening for children under the age of six;
- Standards for eliminating or reducing lead hazards in properties in which a child has been poisoned;
- Reporting requirements and disclosure of lead hazards;
- Licensing and certification of lead inspectors and contractors;
- Information for the public about the risks of lead poisoning;
- Enforcement actions against property owners who violate provisions of the law;
- Requirements that regulated facilities (i.e. properties in which a child under six may spend significant time)[§] be maintained in a lead-safe condition; and
- Issuance of “lead-safe” or “lead-free” certificates to properties that have met the standards set forth in the regulations

[‡] Whether identified in these two acts or in other legislation and regulations, responsibilities for lead hazard mitigation, prevention, enforcement and response fall to several different state agencies, including the Department of Health, the Housing Resources Commission (HRC), the Office of the Attorney General, the Department of Environmental Management (DEM), the Department of Children, Youth and Family (DCYF), the Public Housing Authority (PHA), the Department of Business Regulation, the Department of Revenue, Medicaid, and the Department of Human Services (DHS).

[§] The following are regulated facilities: (a) Residential rental units, as defined by these Regulations, whether occupied or vacant, including common areas; (b) Single family residential dwellings and owner-occupied dwelling units in which one or more children under six (6) years of age resides or is expected to reside within the next twelve (12) months; (c) Licensed child care facilities whose primary purpose is or will be to educate or care for children under six (6) years of age, including, but not limited to, preschools, daycare facilities, nursery schools, public or private elementary schools, playgrounds, foster homes, and shelters; (d) Any other property in which a child under six (6) years of age resides or is expected to reside within the next twelve (12) months for fourteen (14) or more days per year.

2. THE LEAD HAZARD MITIGATION ACT OF 2002

The Lead Hazard Mitigation Act was enacted in 2002 in response to the following legislative findings:

- a. Rhode Island's rental housing stock is older and lead hazards are widespread;
- b. There has been an insufficient level of lead hazard abatement in Rhode Island's rental housing stock;
- c. Children in Rhode Island, especially in older urban communities, have been victims of lead poisoning at disproportionately high rates;
- d. During the 1990's the cost of meeting RIDOH lead hazard reduction standards ranged between \$7,000 and \$15,000 per unit;
- e. The combination of the high cost of meeting these standards and the system of incentives available for rental property owners in Rhode Island resulted in few properties being improved to state standards as a consequence of voluntary activity by property owners; and
- f. The US Department of Housing and Urban Development has promulgated revised Lead Safe Housing Rule regulations for lead hazard control that apply to housing that is federally assisted and require inspections with dust testing.

The purpose of the law was to: "increase the supply of rental housing in Rhode Island in which lead hazards are, at a minimum, mitigated; improve public awareness of lead issues and to educate both property owners and tenants about practices that can reduce the incidence of lead poisoning; and resolve disjointed insurance practices arising from lead liabilities exclusions."

The law establishes the Housing Resources Commission (HRC) as the "lead state agency for lead hazard mitigation, planning, education, technical assistance, and coordination of state projects and state financial assistance to property owners for lead hazard mitigation".

The rules and regulations promulgated by the HRC govern requirements for property owners for lead hazard mitigation. These include:

- Attending a Lead Hazard Awareness Seminar;
- Conducting a visual assessment of the rental property;
- Fixing lead hazards;
- Having an Independent Clearance Inspection in order to obtain a Certificate of Conformance for the rental unit(s);
- Giving tenants information about lead hazards and a copy of the Inspection Report; and
- Responding to tenant concerns, performing regular maintenance on the rental unit(s), and keeping the Certificate of Conformance current.

The regulations also govern lead paint liability insurance coverage for property owners who have obtained an HRC Certificate of Conformance or a RIDOH Certification of Lead Free or Lead Safe Status.

Not all rental property owners are subject to the requirements of the LHMA. The following properties are exempt under the law: owner-occupied single-family homes; owner-occupied multi-family homes with three or fewer units; homes that have received lead safe or lead free certificates; temporary or seasonal units; and elderly housing.

3. RENOVATION, REPAIR AND PAINTING RULE (RRP RULE)

In order to comply with federal regulations from the Environmental Protection Agency, Rhode Island established a Repair and Painting Rule (RRP Rule) to protect children when a lead-painted surface is disturbed. The RRP Rule applies to contractors, landlords, property managers, homeowners, and anyone else who receives compensation as part of a renovation or rehabilitation project that disturbs painted surfaces on pre-1978 homes or child care facilities. This includes general contractors as well as special trade contractors, such as painters, plumbers, carpenters, and electricians. The RRP Rule applies to any renovation, repair, or painting that disturbs six square feet or more of paint per room on the interior or 20 square feet or more of paint on the exterior of a pre-1978 house or child care facility in Rhode Island. The Rhode Island RRP Rule establishes pre-intervention evaluation, lead safe work practices, post intervention testing, worker training, contractor licensing and occupant notification for renovation projects covered by the law.

4. RHODE ISLAND LEAD INSPECTOR, CONTRACTOR AND WORKER CERTIFICATION

The training, licensing and certification of inspectors, contractors, workers, and supervisors engaged in lead hazard inspection or control work in Rhode Island or work covered by the Rhode Island RRP Rule are required to be licensed and/or certified. The RIDOH oversees the licensing and certification of contractor firms and workers in Rhode Island.

5. KEY FEDERAL LEAD RELATED LAWS APPLICABLE TO RHODE ISLAND

a. Lead Safe Housing Rule

The Lead Safe Housing Rule applies to all federally assisted housing constructed prior to 1978 including among others: Housing Choice Voucher units, public housing, properties receiving federal rehabilitation funding or mortgage insurance assistance and federally owned properties being sold. The LSHR establishes requirements for evaluation (testing), remediation and tenant or buyer notification of lead-based paint hazards in covered properties.

b. Title X Disclosure

The federal Title X Disclosure law requires that rental property owners or sellers of pre-1978 constructed properties notify the tenant or purchaser of known lead-based paint hazards in their property through a written disclosure form and a "Protect Your Family From Lead In Your Home" lead information pamphlet distribution process.

IV. REGULATORY AND COMPLIANCE CHALLENGES

Unfortunately, lead poisoning prevention and environmental intervention professionals have found that enforcement of lead laws and regulations is often slow, ineffective and focuses intervention only after a child has been poisoned, rather than preventatively addressing the hazards in the home before a child is poisoned. The following are some of the main challenges to enforcement and implementation of Rhode Island's Lead Mitigation Laws.

1. Too many properties are exempt from Rhode Island’s lead mitigation law.

The Providence Plan** studied the impact of the LHMA on children in residential properties in Central Falls, Pawtucket, Providence and Woonsocket. Almost all (94%) of the residential properties studied were built before 1978. Of these properties, 69% were not required to comply with Rhode Island’s Lead Mitigation Law because they were owner-occupied single family and multi-family properties with two or three units and are therefore exempt.³ The study concluded that in its core cities, “More than half of the children screened between 2005 and 2009 were living in properties that were not required to comply with the law”. As shown in Appendix 2, the LHMA allows exemptions that may prevent a large section of Rhode Island’s housing stock to access the state’s significant lead remediation resources.

2. Too few violating owners and landlords are prosecuted.

The Rhode Island Attorney General’s office receives the Second Notices of Violations from RIDOH to prosecute violations of the lead paint laws. The cases are usually brought in Housing Court or Municipal Court and in some cases Superior Court. There is no unified court process for prosecution of violations of the state’s lead paint laws. The Attorney General’s office assigns lead cases to staff attorneys, but these attorneys also carry other kinds of cases that do not concern lead, and have limited time and resources for enforcement. By comparison, the State of Maryland’s Department of the Environment (MDE) assigns attorneys in the Department of the Attorney General to enforce the Maryland Reduction of Lead Risk in Housing Law. On average, MDE files 500 to 800 violation notices annually and approximately 200 court actions by Attorney Generals to enforce the state law.

3. Lead paint cases follow the child, not the violating property.

The rules and regulations established by RIDOH are triggered when RIDOH receives the results of a blood test with an elevated lead level in a child under the age of six. When a case is opened, the RIDOH performs a Comprehensive Environmental Lead Inspection on the property where the child resides, and, if necessary, issues and enforces notices of violations. However, if the family refuses to have the property inspected or the child moves, RIDOH does not have the authority to follow up on the property if no inspection was performed. RIDOH does continue to offer non-medical case management to the child even if the family refuses comprehensive environmental lead inspection or moves. Currently, the state has no mechanism to follow up on the property with the lead hazard.

4. Once a Lead Safe Certificate is issued, there is no system in place to ensure it is maintained.

A RIDOH Certification of Lead Safe Status, with some exceptions, must be renewed every year. In practice, there is no system in place to ensure that these certificates are renewed. Similarly, an HRC Certificate of Conformance expires after two years. If the same tenant still resides in the unit, a visual inspection by the property owner or designated person who took the Lead Hazard Awareness Seminar must be performed in order for the certificate to be extended another two years or another independent clearance inspection

** The Providence Plan is committed to improving the economic and social well-being of the City of Providence and the State of Rhode Island. The Providence Plan was launched in 1992 as a joint effort of the City of Providence and the State of Rhode Island to promote better collaboration between government, the private sector, and academic institutions.

is required. Again, there is no effective or consistent system in place to ensure that those inspections are being performed. Even with homes built by Rhode Island Housing, after a project is completed and clears inspection, there is no system for follow-up to ensure that it remains lead-safe. In Section 8 housing, DCYF, RIDOH Consent Order, AG and EPA sited homes there is no follow-up procedure to ensure that after two years the owner is still maintaining.

5. There is no consistent application of minimum housing standards in the cities and towns.

The State cannot adequately enforce its lead paint laws without the help of local municipalities, in particular the Minimum Housing Code Inspectors. The Attorney General and the Childhood Lead Action Project have been educating building officials regarding Rhode Island's Lead Paint Laws, but despite their efforts there is still no unified, consistent statewide enforcement practice. The minimum housing standards are set forth in Rhode Island's Housing Maintenance and Occupancy Code.⁴ The standards are not comprehensive and need revision.

6. Tenants may refuse RIDOH inspections due to fear of landlord retaliation.

Some parents of children with elevated blood lead levels refuse RIDOH inspections because they are concerned that if the landlord is worried that lead hazards will be found, the landlord will force the family out rather than risk a citation. Despite the provisions in the LHMA to prevent retaliatory eviction, these protections are often not realized. RIDOH may obtain a court order to enter a home where access has been denied, but there are limited resources to pursue this course of action.

V. RECOMMENDED NEXT STEPS

There are several opportunities to improve lead hazard mitigation and lead poisoning prevention in Rhode Island. In addition to increased funding for lead hazard reduction grant programs and prevention resources statewide, increased compliance rates for existing lead laws could have a substantial impact in reducing childhood lead poisoning. As noted by the Providence Plan in their 2015 brief, the state's statutes regarding lead would prevent more poisonings if the regulations were more closely enforced, and if they were to be expanded to more homes. While this is certainly part of the puzzle, RIAHH offers the following next steps to ensure a more comprehensive and effective approach to preventing lead poisoning.

1. Unify lead regulations.

Along with the RIDOH, the Office for Management and Budget is facilitating a cooperative state agency work group's review of the lead regulatory environment and how it can best be aligned. RIAHH recommends that the work group (a) complete this work by fall 2017 with results presented to the RI Legislature by June 1, 2018; and (b) develop mechanisms and support for accountability for enforcement.

2. Fund and strengthen enforcement mechanisms.

Currently there are not enough building officials nor capacity within the Department of the Attorney General to enforce lead hazard regulations. Building on recommendation #1, there would be more continuity and efficiency if the Attorney General assigned a team of attorneys to handle lead paint violations, and coordinate enforcement and access to funds for lead hazard mitigation. If the cities and

towns are not able to enforce their regulations due to non-compliance or lack of capacity, there should be a streamlined, tiered system of enforcement that would provide mechanisms to elevate those cases to the Attorney General's office to investigate.^{††}

3. Bring Rhode Island inspection practices up to national best practices.

RIDOH proposed regulatory changes that bring Rhode Island lead inspections up to national best practices that ensure that "field negative" assessments of lead can be used to definitively determine the absence of lead. This would allow limited lead hazard mitigation funds to go much further, since inspectors would know with more specificity where lead hazards are present.

4. Increase funding for existing lead poisoning prevention programs.

As mentioned above, there is no shortage of expertise in Rhode Island about how to prevent children from becoming poisoned. Part of the work is to educate families about how to keep their children safe, and part of it is making homes lead-safe, and keeping them that way. While Rhode Island has quality lead hazard reduction grant programs at Rhode Island Housing and the City of Providence Department of Planning and Development that are funded through state and federal resources, the level of funding is wholly inadequate to address the scope of the lead poisoning problem in the state. Furthermore, these programs, especially the Lead Centers, are chronically under-funded and endure frequent staff turn-over. To scale up prevention resources to meet the needs of low and moderate income families in Rhode Island as part of a lead poisoning elimination strategy, increased state funding for lead grants and lead safe income tax credits should be allocated. The state should ensure that the programs already in place in Rhode Island to educate and support families, as described above, are funded to the level they need to be successful, and do not reduce funding for other lead or housing programs.

5. Increase lead contractor and worker capacity.

Increase funding for lead contractor and worker training programs in Rhode Island to assure there is adequate contractor capacity to meet the demand for lead hazard reduction services in the rental and owner occupant property sectors. In coordination with local workforce development programs, target a portion of the contractor training to unemployed and underemployed Section 3 residents of communities historically impacted by lead poisoning to increase contractor capacity while also providing economic opportunity and increased family and housing stability in at risk communities.

6. Enable private enforcement.

Private enforcement by tenants has proven to be an effective tool in many states to supplement public enforcement efforts. Rhode Island should strengthen its tenant's rights, rent escrow and retaliatory eviction processes and increase private legal assistance resources to assist tenants in obtaining full compliance with the LHMA, LPPA and other applicable lead related laws and housing codes requirements.

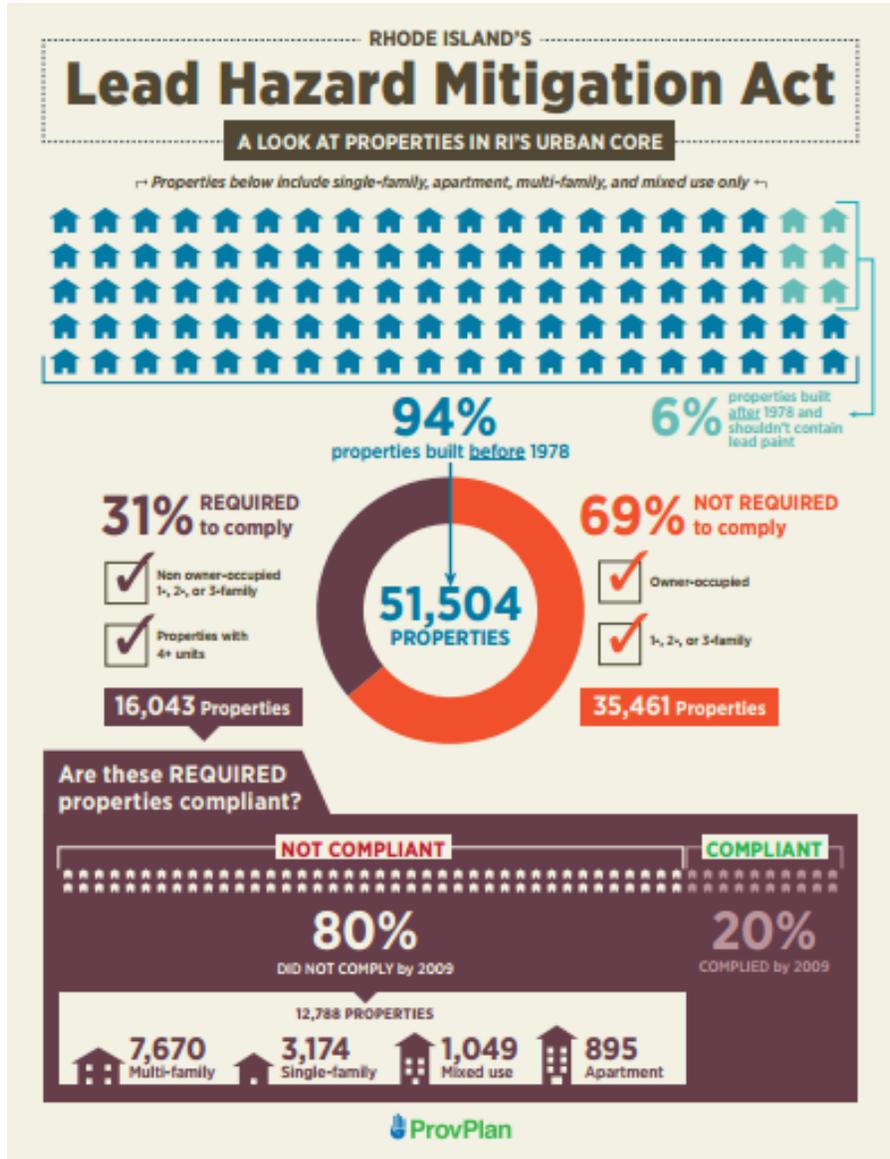
^{††} In 2015, the State of Maine passed legislation to establish environmental investigation at an action level of 5 µg/dL and funded six new sanitarian positions to enforce the law.

VI. CONCLUSION

The challenge of lead poisoning prevention in Rhode Island is not a lack of knowledge about the problem and how to prevent it. It is one of the simpler public health problems of our time because its mechanism for exposure and the consequential health outcomes associated with it are well understood and documented. As was discovered in Flint, Michigan in early 2016,** the challenge of dealing with lead poisoning is that the distribution of lead poisoning is driven by the distribution of social and economic resources that are at the mercy of political and economic tides. Rhode Island has several significant assets to address lead poisoning, including lead laws and regulations, knowledgeable advocacy groups, committed state agencies, and shared knowledge of national best practices. Today, Rhode Island has an opportunity to take a national leadership role by engaging and strengthening these resources to eradicate lead poisoning once and for all in our small state.

** For a step by step review of the lead problem in Flint Michigan, see: <http://www.npr.org/sections/thetwo-way/2016/04/20/465545378/lead-laced-water-in-flint-a-step-by-step-look-at-the-makings-of-a-crisis>

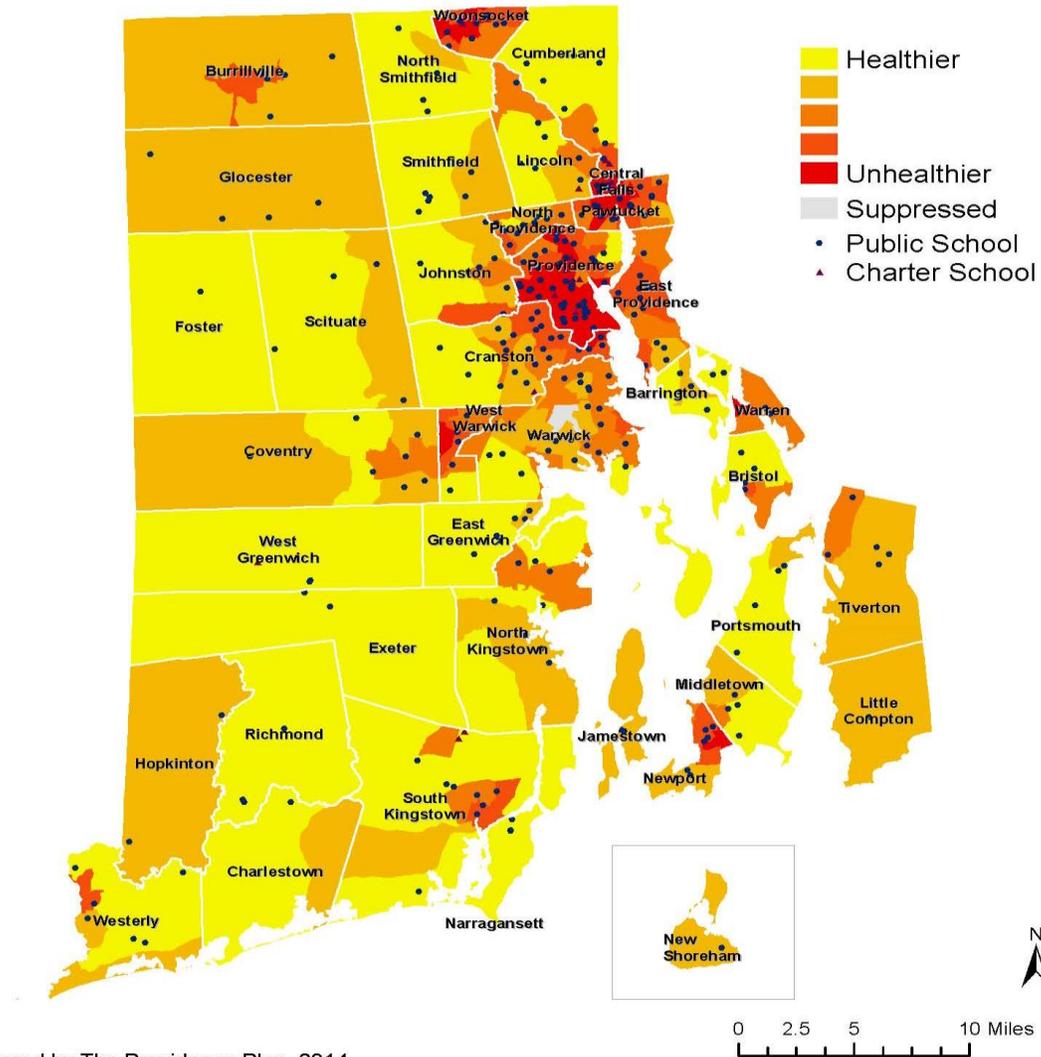
Appendix 1. Lead Compliance Requirements for Rhode Island Homes.



Source: Providence Plan (2015) A Look at Rhode Island's Lead Hazard Mitigation Law. Accessed online October 23, 2016: <http://datasparkri.org/wp-content/uploads/2015/10/3-A-Look-at-Rhode-Islands-Lead-Hazard-Mitigation-Law-2015.pdf>

APPENDIX 2. RI HEALTHY HOUSING INDICATOR MAP.

COMPOSITE MAP OF CHILDHOOD LEAD EXPOSURE, ASTHMA, MEDIAN FAMILY INCOME, AND OLDER HOUSING With Public Schools

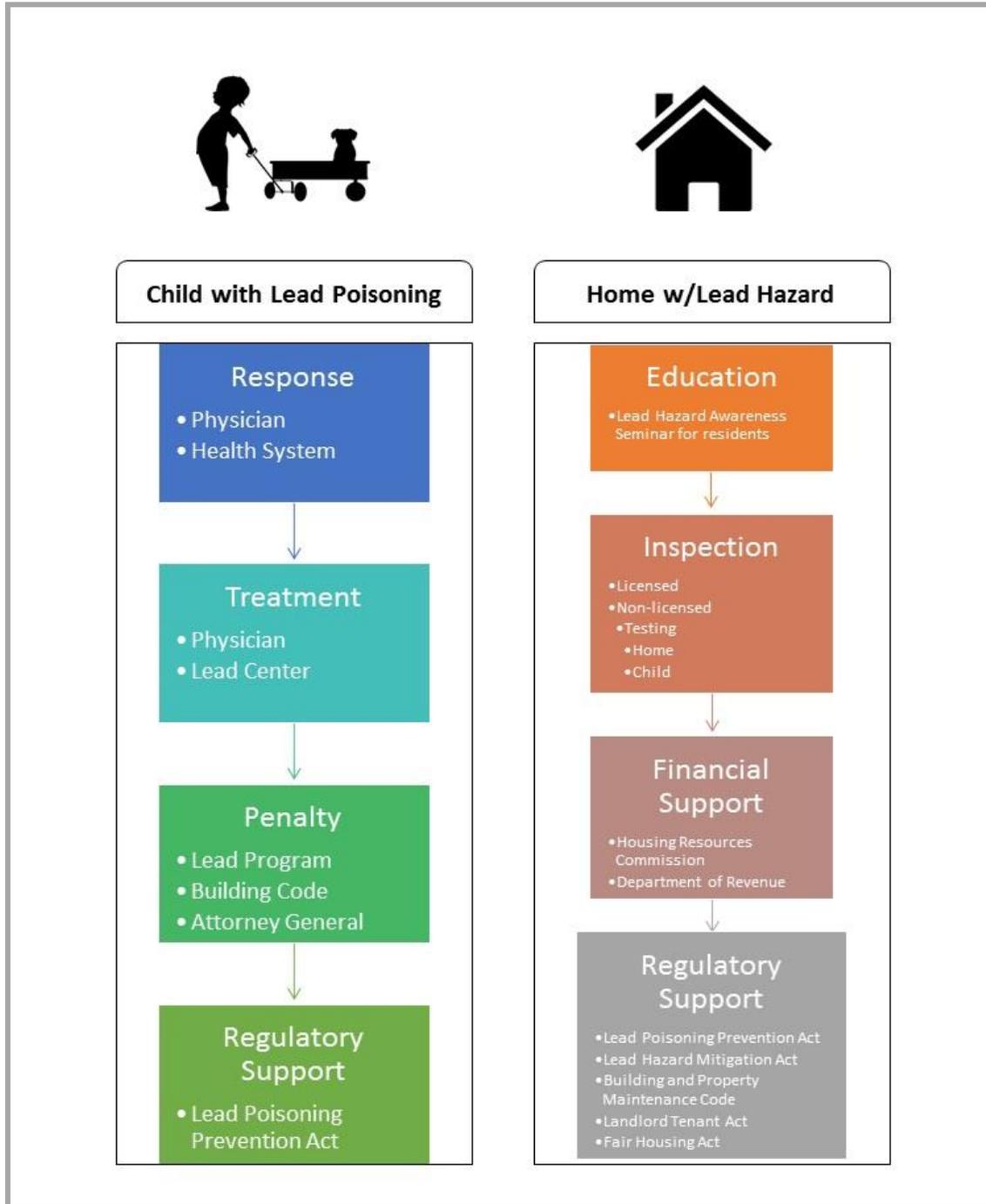


Prepared by The Providence Plan, 2014

Sources: Blue Cross & Blue Shield of Rhode Island; Lead Elimination Surveillance System; Neighborhood Health Plan of Rhode Island; Rhode Island Department of Education; Rhode Island Department of Health; Rhode Island Geographic Information System; United Healthcare of New England; US Census Bureau, 2008-2012 5-Year American Community Survey and 2010 Census

Method: The results of the four healthy housing indicators were standardized (using z-scores) for each census tract, averaged, and ranked into quintiles. Unreliable estimates were excluded from the ranking calculation.

APPENDIX 3. CURRENT RESPONSE TO LEAD HAZARDS IN RHODE ISLAND



¹ Centers for Disease Control and Prevention: Lead. Accessed online 5/3/2016: <http://www.cdc.gov/nceh/lead/>

² *Lead Poisoning Prevention Act*, Rhode Island General Laws, Title 23, Chapter 24.6

³ The Providence Plan: A Look at Rhode Island's Lead Hazard Mitigation Law.

⁴ *Housing Maintenance and Occupancy Code*, Rhode Island General Laws, Title 45, Chapter 45-24.3