October 26, 2016

Regulations Division
Office of General Counsel Department of Housing and Urban Development
451 7th Street SW
Washington, DC 20410-0001

Re: [Docket No. FR-5816-P-01] Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Response to Elevated Blood Lead Levels

To Whom It May Concern:

On behalf of the National Association of Housing and Redevelopment Officials (NAHRO), I am pleased to offer the following comments in response to the proposed rule (FR-5816-P-01) entitled “Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Response to Elevated Blood Lead Levels,” published in the Federal Register on September 1, 2016. Formed in 1933, NAHRO represents over 20,000 individual and agency members. Collectively, our membership manages over 970,000 public housing units, or approximately 83 percent of the entire public housing inventory, as well as 1.7 million Housing Choice Vouchers. Many of NAHRO’s members are also involved in the administration of federal funding through Community Planning and Development programs. NAHRO works to support policies that promote regulatory relief and provide local discretion and flexibility to housing authorities so that they may best meet the needs of their communities.

The Department of Housing and Urban Development’s (HUD) proposed rule would amend HUD’s lead-based paint regulations on reducing blood lead levels in children under age 6 who reside in federally-owned or -assisted housing that was built pre-1978, and would formally adopt the revised definition of “elevated blood lead levels” (EBLLs) in children under the age of 6 in accordance to the guidance of the Centers for Disease Control (CDC). The proposed rule would apply to project-based assistance provided by non-HUD federal agencies, project-based assistance, HUD-owned and mortgagee-in-possession multifamily property, public housing, and

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tenant-based rental assistance. According to HUD’s proposed rule, there are currently 4.3 million housing units in the assistance programs covered by this rulemaking, of which about 450,000 are estimated to have been built before 1978 and have children under age 6 residing in them. According to the proposed rule, of those 450,000 units, about 57,000 units are estimated to have lead-based hazards (14,000 public housing units, 16,000 project-based rental assistance units, 27,000 tenant-based rental assistance units).

Currently, HUD uses the “environmental intervention blood lead level” (EIBLL) to determine whether an evaluation for lead-based paint hazards and interim control of such hazards are needed. This is a fixed blood lead threshold. HUD defined EIBLL in its Lead Safe Housing Rule (LSHR) as “a confirmed concentration of lead in whole blood equal to or greater than 20 μg/dL for a single test or 15-19 μg/dL in two tests taken at least 3 months apart.” HUD’s proposed rule revises the LSHR to adopt the CDC’s approach to establishing a blood lead level for which the CDC recommends environmental intervention. Currently, CDC guidance defines EBLL in children under age 6 to be “based on the blood lead level equaled or exceeded by 2.5 percent of U.S. children aged 1 – 5 years.” The current reference range level is 5 μg/dL of lead in the blood. As CDC is “tying the reference value to the national distribution of blood lead levels, the reference level will continue to decrease whenever progress is made on reducing childhood lead exposure.”

For all HUD programs covered in the proposed rule, HUD proposes a new protocol for responding to a case of a child under 6 that has an EBLL. PHAs would be required to conduct an environmental investigation of the dwelling unit in which the child lived at the time the blood was last sampled (“index unit”) and of common areas servicing the index unit.

NAHRO’s comment letter is divided into seven main sections. The first section discusses HUD’s planned implementation of the proposed rule. NAHRO recommends an extended implementation timeline of at least 1 year to provide PHAs the time necessary to understand and comply with the rule. This extended implementation timeline will also ensure that updated CDC guidance that changes the trigger reference range has been released before the rule goes into effect minimizing confusion for PHAs. The second section discusses the CDC’s moving trigger reference value. Based on the fact that PHAs have been successful and aggressive in minimizing lead-hazard exposure to their residents in the past, NAHRO recommends not requiring units that have already undergone hazard control to be subject to changes to CDC guidance so long as the same family lives in the unit that did during the initial hazard control. The third section discusses HUD’s proposed lead-abatement schedule for PHAs. NAHRO believes the proposed schedule is overly aggressive and will require PHAs to undergo duplicitious and unnecessary risk assessments for units that have already undergone hazard control. This section also requests that PHAs not be held accountable for determining and eradicating lead-based hazards that remain outside of the control of the PHA. This includes city water, airborne lead from industrial sources, soil, or personal objects owned by residents, to name a few. The fourth section asks HUD to request and provide adequate funding for PHAs to ensure that they can properly implement and comply with the proposed rule. The fifth section discusses how the proposed rule will impact Public Housing units undergoing redevelopment through the Rental Assistance Demonstration (RAD) program or other mixed-financing programs. NAHRO recommends not requiring units
undergoing redevelopment to comply with the proposed rule as those units will meet HUD’s new building standards once completed. The sixth section discusses the impact the proposed rule will have on UPCS-V and landlords participating in the Section 8 Program. The last section asks questions about the legal implications of the proposed rule.

1. Implementation

Although NAHRO understands the importance of eradicating all EBLLs in children, NAHRO feels that HUD’s timeline and expectations for implementation of the proposed rule are unrealistic. Currently, HUD is considering an effective date of 6 months after publication of the final rule, however, depending upon comments received, HUD may look at an implementation time period of either 1 year or 1 month. NAHRO is pleased that HUD is considering a delayed implementation, however, we feel the implementation should be delayed at least 1 year, matching the implementation timeline of the LSHR. Although this rulemaking would affect only a small fraction of the housing covered by the whole LSHR, its impacts on that group are significant. Understanding the implications, requirements and compliance of the proposed rule will take time. Although there are concerns that delays in implementing these requirements may impact young children in HUD-assisted housing, it is important that PHAs have enough time to implement the rule correctly. Moreover, these PHAs would be required to continue to follow the LSHR guidelines until the new rule goes into effect, minimizing the impact overall.

The threshold change from a fixed 20 μg/dL to a trigger reference range of 5 μg/dL will be significant for PHAs. Having only 1 year, at most, to implement this change is aggressive. This is especially true considering it took HUD four years just to draft a proposed rule that fell in line with CDC guidance, which was changed in 2012. NAHRO fails to understand why HUD would give itself four years to align its policies with the CDC guidance, yet expects PHAs to implement the proposed rule in a much shorter and accelerated timeframe. Clearly, HUD understands the complexity of eradicating lead-based hazards in HUD-assisted housing units, yet PHAs are given no room to implement these efforts at a manageable pace.

2. CDC’s Moving Trigger Reference Value

Under the current codified rule, the blood lead threshold for conducting the environmental investigation is fixed. Under this proposed rule, the EBLL threshold would change when CDC updates its guidance. CDC plans to update the reference range value every 4 years. If the proposed rule is adopted, after CDC publishes an update to the EBLL guidance, HUD would issue a notice on the applicability of that updated threshold after a preparatory transition period. HUD’s notice would specify that the change would be prospective, not retroactive.

CDC plans to update its guidance changing the trigger reference range every 4 years or so. As their last guidance was issued in 2012, this means they should be updating that number sometime in 2016 or 2017. It would make little sense for HUD to implement this rule before CDC releases its updated guidance. NAHRO recommends waiting at least a year before implementing this rule to ensure that the rule aligns with CDC’s upcoming guidance that updates the trigger reference range. This would help minimize confusion that may occur if HUD implements the rule before CDC’s updated guidance.
NAHRO understands that CDC employs a reference level in order to be able to decrease the trigger reference range whenever progress is made on reducing childhood lead exposure. This is clearly important in meeting the goal of completely eradicating EBLLs in children. However, NAHRO has concerns that this moving target may require PHAs to conduct duplicitous risk assessments on units that have already undergone lead abatement and remain clear of lead-based hazards.

NAHRO and its members remain steadfast in ensuring that children in HUD-assisted housing are not exposed to lead-based hazards. PHAs have been more than successful over the years in minimizing and eradicating lead-based hazards from their properties. A joint report by HUD and CDC released in September of 2016 in the American Journal of Public Health found that the average amount of potentially harmful lead in the blood of children in low-income families living in federally-assisted housing is significantly lower than comparable children not living in federally supported housing. According to the report, “children living in federally supported housing have approximately 20 percent lower blood lead levels on average than similar children in low-income families living in homes where there is no federal assistance.” Furthermore:

In the group of children with family incomes less than twice the poverty threshold, the unadjusted average blood lead level among those living in federally assisted housing at the time of their examination was not significantly different from non-housing-assisted children. However, after accounting for demographic, socioeconomic, and family characteristics, the difference in blood lead levels in these two populations of children became statistically significant. Young children living in federally supported housing showed an average level of 1.44 micrograms per deciliter of blood (µg/dL) compared with 1.79 µg/dL for similar children living in unassisted housing.

NAHRO believes that PHAs should be afforded the ability to have safeguards in place that limit their need to perform duplicative and costly risk assessments due to their successful track record of limiting lead-based exposure to children. HUD should allow PHAs to certify an index unit as lead abated so long as the same family lives within the unit regardless of updates to CDC guidance.

If an index unit has undergone a risk assessment and hazard control that effectively removed the threat of lead-exposure for the child residing in the unit, NAHRO does not feel, in the case of Public Housing units especially, that the PHA should be responsible for performing an identical risk assessment for that unit when CDC changes their guidance if the same family resides therein. The PHA would have already undergone the hazard control process required from an identified EBLL, and annual HUD-mandated inspections would uncover any potential concerns that may have developed after the lead abatement. Inspections require looking for deteriorated paint and other hazards, informing PHAs of anything potentially problematic. Although the inspection does not require sampling, obvious lead-based concerns will be noted. If the child’s blood lead levels remain elevated and the index unit has already undergone lead abatement, it is

clear that the lead exposure is not coming from the unit, but rather another source, most likely
outside of the control of the PHA. Currently, many communities face concerns regarding lead in
city water, in the soil, airborne lead from industrial emissions, and in other day-to-day items that
are completely outside of the control of a PHA. If these are causing the EBLL in a child, no
amount of risk assessments of a unit will lead to a decrease in the child’s blood lead level. After
the initial environmental investigation, risk assessment and hazard control, the Public Health
Department should be responsible for identifying the root of the lead exposure if a child’s EBLL
does not decline, not the PHA.

3. Abatement Schedule

The proposed rule requires PHAs to notify both the HUD field office and HUD’s Office of Lead
Hazard Control and Healthy Homes (OLHCHH) within 5 business days of being notified of the
EBLL case by a Public Health Department or any other medical health care professional. PHAs
would then be required to conduct an environmental investigation and risk assessment. NAHRO
requests that HUD clarify why PHAs must contact both the field office and OLHCHH, instead of
having the field office contact OLHCHH. NAHRO believes this to be duplicitious and
unnecessary for the PHA.

In the case of Public Housing units, if the risk assessment of the index unit and common areas
servicing the unit identifies lead-based paint hazards, PHAs would be required to conduct a risk
assessment of other units covered by the LSHR in the building, and provide interim controls of
identified hazards. These risk assessments would have to be conducted within 30 calendar days
after receipt of the environmental investigation report if there are 20 or fewer such units, or 60
calendar days if there are more than 20 such units. If lead-based paint hazards are found in any of
these other units, they would have to be controlled within 30 calendar days, or within 90
calendar days if more than 20 units have lead-based paint hazards such that the control work
would disturb painted surfaces that total more than the de minimis threshold.

HUD does not have the discretion to require risk assessments in other units and common areas
servicing those other units within properties with multiple tenant- and project-based rental
assistance units. HUD is proposing, however, that those other units and common areas servicing
them receive a visual assessment for deteriorated paint. The visual assessments would have to be
conducted within 30 calendar days after receipt of the environmental investigation report. Should
deteriorated paint be identified, the response would be paint stabilization, a treatment that does
not require quantitative information about dust-lead and soil-lead levels needed for the full set of
interim control activities that a risk assessment provides. If deteriorated paint is found in any of
these other units the paint would have to be stabilized within 30 calendar days, or within 90
calendar days if more than 20 units have deteriorated paint such that the control work would
disturb painted surfaces that total more than the de minimis threshold.

**HUD’s Abatement Schedule is Overly Aggressive**

NAHRO’s members have informed us that the time table for performing risk assessments and
hazard control on other units is aggressive, especially at the implementation of the rule. Since
more PHAs will undergo environmental interviews and risk assessments at the rule’s
implementation due to the significant gap between HUD’s current fixed threshold and CDC’s trigger reference range, the proposed timeline for completing all other risk assessments is too tight. Due to historically low funding levels for both the Public Housing Operating and Capital funds, many PHAs are understaffed and overworked. Performing these additional risk assessments in such a short amount of time during a fiscal climate that is not conducive to taking on additional requirements outside of day-to-day management will prove significantly burdensome for PHAs. The proposed timelines are especially problematic for small PHAs, many of which have limited staff that would not have the funding or resources to fulfill these tasks. Moreover, it may be challenging to find a lead-abatement specialist that would be available to come to the development frequently enough to meet this deadline, especially in smaller, rural areas. Increasing the timeline provided to PHAs to perform the additional risk assessments will be critical to ensure that PHAs can comply with the proposed rule. Furthermore, PHAs will be required to go through the General Services Administration’s (GSA) procurement process to hire professionals to complete any lead abatement. This is a timely process that would make it difficult for PHAs to complete the risk assessment and hazard control in the timeframe proposed by HUD.

**HUD Should Increase the Compliance Period for Lead-Safe Units that Meet CDC Guidance**

In the case of Public Housing units, if the risk assessment of the index unit and common areas servicing the unit identifies lead-based paint hazards, PHAs would be required to conduct a risk assessment of other units covered by the LSHR in the building, and provide interim controls of identified hazards. This would be required even if previous evaluations of the building did not identify lead-based paint or lead-based paint hazards. However, a PHA is not required to do this if a PHA has performed hazard evaluation and reduction activities and has provided the HUD field office with documentation of its regulatory compliance in the previous 12 months. NAHRO believes that 12 months is arbitrary and instead should reflect the last time CDC changed their guidance. If a PHA conducted a risk assessment 24 months prior, performed any and all hazard control required, and the trigger threshold for intervention has not changed, there is no reason that a PHA should be required to conduct an additional risk assessment. The results would be the same as before and would only lead to additional capital expenses for PHAs. The compliance period should be either 12 months, or the last time that CDC changed the reference range that triggers the identification of conditions in the environment associated with lead-exposure hazards that result in EBLLs, whichever is greater.

Furthermore, it will be extremely onerous for PHAs and potentially wasteful of taxpayer dollars to automatically require PHAs to conduct risk assessments of all units with a child age 6 or younger that were built pre-1978 if one of the units is found to have lead-based hazards. NAHRO recommends excluding units that have already undergone environmental investigation, risk assessment and hazard control that have the same family living therein from additional and duplicative risk assessments. This will be less costly and time consuming for both the PHA and the family living in the unit in question. This is especially true considering the historically low levels of funding PHAs have been receiving.
Safeguards Should Be Provided if Public Health Departments Chose Not to Cooperate

According to the proposed rule, the PHA would be required to augment the risk assessment, in consultation with the Public Health Department managing the child’s EBLL case, if that Public Health Department chooses to cooperate with the designated party, to determine what, if any, other possible sources of exposure should be investigated. This includes any other housing-related sources of lead exposure, and includes encouraging occupants to address other non-housing related lead exposure sources such as lead-containing cosmetics, pottery, folk remedies, take-home exposures from the work place, etc. Although this can be completed in consultation with a local Public Health Department, it is not required of the Public Health Department to participate. As such, there need to be safeguards put into place to ensure that PHAs are not penalized for missing other sources of exposure if a Public Health Department opts out of working with a PHA. Although PHAs want to ensure that none of their residents are exposed to lead-based products, it should not be the responsibility of the PHA to determine what objects a family might own that would expose a resident to lead. Although PHAs should inform residents of the potential to be exposed to lead from non-housing related sources, it should not be the responsibility of the PHA to identify these items in their tenant’s homes. Not only is it an invasion of privacy for the tenant, but it is also outside the scope of control of the PHA. It is critical that PHAs are not punished for failing to identify potentially hazardous objects if they are not noticed by the Public Health Department, if the Public Health Department decides not to assist the PHA, or if there is no local Public Health Department to work with.

Five Days is Not Long Enough to Complete Lead Hazard Control Activities

HUD specifically asked about the requirement to complete all lead hazard control activities within five calendar days. Through conversations with our members, NAHRO has determined that the proposed timeframe is overly aggressive. As noted above, PHAs will have to go through the GSA’s procurement process which is timely and can lead to slow starts. Furthermore, many members note that contractors do not always complete construction projects on time. The PHA should not be responsible for paying to relocate a resident if a contractor hired through the procurement process falls behind in their timeline and takes longer than five days to complete the hazard control. This is especially true considering HUD is requiring all work to be completed in five calendar days. If two of those days fall on Saturday and Sunday it would be especially challenging to ensure all work is completed on time.

HUD also specifically asks about the cost of relocation if hazard control takes over five calendar days to complete. Although the cost varies considerably depending upon the location, all NAHRO members noted, regardless of size or geographic location, that relocation is a significant expense. As there is no funding tied to this proposed rule, relocating families would be costly and funds to relocate would have to come directly from the PHA. It would be challenging both in cities with higher costs of living, due to the expense of lodging and meals, as well more rural areas which may not have many additional options for lodging. This would cause significant transportation and incidental costs, since many families would most likely be relocated a considerable distance from their homes. There is also a significant cost to the family who may
find it challenging to get their children to daycare, get to their job, or complete other day-to-day activities if they are located miles away from their home.

4. Adequate Funding Is Critical For Successful Implementation

The public housing inventory faces a mounting capital needs backlog, but Capital Fund appropriations continue to lag dangerously behind accruing modernization needs. At the same time, funding for operations has endured deep cuts, forcing PHAs to forego critical maintenance functions and further jeopardizing the long term sustainability of many properties. Each year, PHAs receive enough funding to address only about half of their newly occurring physical needs. Recent unfunded regulations from HUD have increased PHAs’ challenges in meeting the needs of their residents and properties. This chronic underfunding has a huge impact on the health and safety of residents who live in public housing.

HUD may argue that because only 1.3 percent of all federally-assisted housing units are covered by this rulemaking, the cost will be minimal. However, NAHRO remains skeptical of HUD’s assumption that only 57,000 federally-assisted housing units have lead-based paint hazards. We believe this number to be higher, especially considering that HUD would be using the CDC’s trigger reference value. As the percent of elevated blood lead decreases, more PHAs will be impacted by this proposed rule. This is especially noteworthy considering CDC will most likely update its guidance right before the publication of a final rule or relatively shortly thereafter.

The proposed rule’s additional regulation, compliance and enforcement would add additional costs and challenges for PHAs operating under historically low levels of funding. Although the benefits of eradicating elevated blood-lead levels are clear, implementing and enforcing the proposed rule will require additional funding and resources. It will be critical for PHAs to receive proper funding to ensure that they are able to provide lead abatement to units. It is also important that the rule avoids any duplicative and unnecessary requirements that would tie up scarce and critical Capital Fund dollars. This is true for every health and safety concern faced by PHAs.

PHAs would also have additional costs to consider that result from reporting to HUD and often to their States as well. Many states require PHAs to submit reports to the State regarding any lead hazard controls on their units. Furthermore, states may have stricter regulations regarding lead-based paint reporting. As such, many PHAs will be required to submit at least three reports, one to their field office, one to OLHCHH, and one, if not more, to their State. Completing these reports will take time and administrative costs. NAHRO requests that HUD takes these additional costs into consideration.

NAHRO was extremely disappointed to see that the President’s FY 2017 budget requested a decrease in Capital Fund dollars. If HUD is genuinely interested in helping PHAs properly eradicate blood-lead levels in their residents, HUD needs to ensure it requests necessary and appropriate funding levels from Congress for the Capital Fund. PHAs will need adequate funding to be able to meet the lead abatement requirements set forth in the proposed rule. This is especially true if HUD is asking PHAs to address causes of EBLL that are outside of the scope of a PHA’s jurisdiction. Abating non-housing related causes of EBLLs, like lead in water or
airborne lead from industrial emissions, is significantly more costly, challenging and time consuming than solely focusing on lead-based paint, and outside of the control of the PHA. Although NAHRO believes it should not be the responsibility of the PHA to eradicate sources of lead outside of the control of the PHA, if HUD ultimately continues to encourage PHAs to do so, adequate funding is essential.

NAHRO was pleased to see that the Senate’s proposed appropriations bill included an additional $25 million to the Capital Fund to specifically cover costs associated with lead-based paint abatement. Considering HUD was aware of this proposed rule, NAHRO is disappointed that the President’s budget did not include any additional funding for lead-based paint abatement. **NAHRO strongly urges HUD to request additional funds from Congress to cover the costs of this proposed rule that go above and beyond the Capital Fund.** Requesting additional money is completely within the scope of HUD’s control and would be a strong indicator to all interested stakeholders and Congress that HUD is serious about eradicating elevated blood lead levels of children in federally-assisted housing.

NAHRO also believes that grants should be made available through HUD’s Office of Healthy Homes to complement the efforts of PHAs in eradicating elevated blood lead levels in children.

5. **Mixed-Finance Units**

NAHRO is also concerned about the impacts of the proposed rule on Public Housing units that are in the process of being redeveloped with mixed-financing. This includes those that are in the process of converting through the RAD program, new Low-Income Housing Tax Credit (LIHTC) projects, Choice Neighborhoods Implementation Grants, and any other projects on the cusp of being redeveloped through other mechanisms. The proposed rule currently has no language instructing PHAs that have public housing units undergoing or about to undergo redevelopment. NAHRO believes that these public housing developments should be excluded from lead-abatement timelines as it would be wasteful for PHAs to undertake hazard controls on units that are scheduled to be redeveloped in a few months’ time regardless. Redeveloped units would be required to be built to current HUD standards, meaning they would be lead-free regardless. It would be a waste of time and money to require these transitioning units to undergo environmental investigation, risk assessment and hazard control if they are being redeveloped. Units undergoing RAD that are not being redeveloped can still be required to comply with the rule.

6. **UPCS-V and Disincentivizing Tenant-Based Rental Assistance Landlords**

NAHRO asks that HUD clarify how the UPCS-V demonstration will impact this proposed rule. The proposed rule notes the linkage between the LSHR and UPCS for Public Housing, however nothing is mentioned about UPCS-V. If a PHA does not complete the hazard reduction on a voucher unit, would that dwelling be in violation of UPCS-V? NAHRO also remains unclear as to whether the PHA or the landlord of the voucher unit would be responsible for the abatement costs.
As noted, HUD’s proposed timeline is aggressive, and NAHRO has concerns that landlords with older units may opt out of participating in the tenant-based rental assistance program. This would have significant impacts on areas with tight rental markets or older regions, like the Northeast and the Mid-Atlantic, where most of the housing stock was built pre-1978. NAHRO fears that the stringent standard proposed in this rule will make it harder for PHAs to lease up their vouchers. These highly stringent standards may make it harder to house families in need of safe, secure housing. Considering, as the aforementioned CDC and HUD study noted, that PHAs have already done a better job at lowering blood lead levels in low-income children under 6 than the private rental market, we should ensure that as many families as possible may benefit from a Housing Choice Voucher. NAHRO is concerned that this proposed rule may actually limit PHA’s ability to do so.

7. Legal Implications

NAHRO remains somewhat concerned that, because HUD took so long to release a proposed rule on EBLLs after CDC updated its guidance, tenants of HUD-assisted housing may decide to take legal action against PHAs once they learn that the PHA was not in compliance with CDC. NAHRO is aware that HUD’s current threshold was established using CDC guidance that was current at the time of the issuance of the LSHR, however NAHRO is concerned that tenants may not understand this. Even if these lawsuits are thrown out, there is still concern about potential legal expenses to the PHA. The final rule should include safeguards that protect PHAs from any litigious behavior that may result from HUD’s delayed rulemaking process.

Conclusion

As always, NAHRO is appreciative of the opportunity to comment on this important proposed rule. NAHRO and its members understand the importance of eradicating EBLLs and aligning HUD’s EBLL threshold to that of the CDC. However, it is critical that any policy takes into account the funding challenges faced by PHAs. Currently, the Operating Fund is prorated at 83 percent of full eligibility, and the Capital Fund is funded at only half of its annual rate of accrual, and has been for years. This creates impediments to implementing and enforcing new, unfunded regulations, regardless of their goals. We would also like to take this opportunity to remind HUD that there are many things that might cause an EBLL that fall outside the purview of a PHA, and that historically, PHAs have been aggressive and successful in reducing and eliminating lead-exposure to their residents. With so many PHAs already underfunded and understaffed, NAHRO does not believe it should be the responsibility of a PHA to mitigate factors outside of the scope their control.

NAHRO also requests that HUD include in its FY 2018 budget submittal to Congress full funding for the Capital Fund, and additional monies to be made available for both lead-based health concerns, but also other health and safety issues facing PHAs. **NAHRO strongly urges HUD to request additional funds from Congress to cover the costs of this proposed rule that go above and beyond the Capital Fund.** These funds will be critical to ensure the success of this proposed rule.
We look forward to continuing our work together to find a reasonable, appropriate mechanism for ensuring the health and safety of all residents in public housing. Please do not hesitate to contact us if we can provide additional information or clarification.

Sincerely,

Eric Oberdorfer  
Policy Advisor for Public and Affordable Housing