



March 18, 2026

Steven D. Cook
Principal Deputy Assistant Administrator
Office of Land and Emergency Management (OLEM) Mail Code 5401T
U. S. Environmental Protection Agency (EPA)
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Deputy Assistant Administrator Cook,

The National Safe and Healthy Housing Coalition (NSHHC) is writing you regarding the October 16, 2025, directive updating the Office of Land and Emergency Management's (OLEM) residential soil lead guidance. We urge EPA to reconsider these factors and restore the January 2024 protections.

The October directive reversed a January 2024 update to the guidance and, in some cases, set levels that are even less protective than those in place prior to January 2024. This directive weakens long-standing, science-based protections for children, creates inconsistency with federal and state public health standards, and is likely to increase lead exposure risks for families living on and near contaminated sites.

The [NSHHC](#) is a broad, voluntary coalition of over 650 members, including 400 organizations, working to improve housing conditions nationwide through education and outreach to key national stakeholders and federal public decision-makers. The coalition promotes policies for safe and healthy housing in the United States, with special emphasis on those who are disproportionately impacted.

We have three main concerns with the October 2025 guidance:

First, the target level for children's blood lead should be 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$), not 5. This target level is important to setting preliminary remediation goals (PRGs) for the cleanup of lead-contaminated residential properties.

The January 2024 guidance used 3.5 $\mu\text{g}/\text{dL}$ as the target blood lead level (BLL) where multiple sources of lead contamination are present and 5 $\mu\text{g}/\text{dL}$ if the only source was contaminated soil from the cleanup site. Your directive justified the change to a target BLL of 5 $\mu\text{g}/\text{dL}$ for all sites because it "reduces inconsistent implementation and provides clarity to decision-makers and

the public, allowing the Agency to address sites more quickly while remaining within its RCRA and CERCLA response authorities.”

While consistency is an important goal, adopting a higher BLL creates significant inconsistencies in public health practice nationwide. CDC has set their blood lead reference value (BLRV) at 3.5 µg/dL since 2021. Many state health departments use the BLRV to set priorities, track progress, educate the public, and provide case management and environmental investigation services as resources allow. HUD also uses the BLRV in its Lead Safe Housing Rule at 24 C.F.R. Part 35¹ as a trigger for action to protect children in federally subsidized housing.

Having EPA’s target BLL higher than what is used by other health and housing agencies risks creating confusion for federal, state, and local practitioners and communities and sends a troubling message that a higher lead exposure is acceptable for children living on Superfund sites compared to the rest of the country. We recommend that EPA align its target blood lead level with CDC’s BLRV of 3.5 µg/dL, as HUD has done.

Second, the new removal management level (RML) is too high at 600 ppm. The RML is used to help prioritize and define areas that may pose the greatest threat to human health at major cleanup sites. The RML is also critically important when EPA is investigating new sites where the agency will use the RML to determine whether immediate action is needed to protect residents until the risks are more fully assessed. These actions often involve removing sources of lead, covering the contaminated soil to prevent its spread, or putting up barriers around the site to keep people away.

For decades, the RML for lead contaminated soil has been 400 ppm. The January 2024 update to the guidance lowered the RML to 200 ppm, enabling communities to receive more timely interim protection from lead exposure. EPA’s October 2025 guidance, rather than simply returning the RML to 400 ppm, changed it to 600 ppm based on consistency with other contaminants.

This appears to be the first time ever that any federal agency has changed an action level for lead to be *less* protective, despite decades of evidence that no level of lead exposure is safe for children. Worse, EPA is reversing a limit that has been in place for decades, all in the name of being consistent with other contaminants. EPA provided no real analysis for its decision to support why 200 ppm—or even 400 ppm—was unworkable.

¹ [24 CFR 35.110](#) “Elevated blood lead level.”

As a result, children on or near sites with soil contaminated at levels between 200 and 600 ppm will be denied the interim protection that previously helped reduce exposure during site investigation and cleanup.

We recommend that the agency restore the RML to 200 ppm. If EPA determines that 200 ppm is unworkable, then it should fall back to the long-standing RML of 400 ppm and provide a clear explanation for that decision.

Third, the regional screening level (RSL) of 200 ppm lacks rigorous analysis. In the January 2024 guidance, EPA set the RSL at 100 ppm when there were multiple sources of lead exposure in addition to the contaminated soil at the cleanup site and 200 ppm for sites with no additional sources of exposure. In the October 2025 guidance, EPA removed the 100 ppm RSL and set a single RSL of 200 ppm. Similar to its rationale for weakening the target BLL, it cited the goal of reducing inconsistent implementation and providing clarity to decision-makers.

However, EPA's rationale failed to mention the economic analysis² conducted with the January 2024 guidance that compared the societal benefits of the two options: a universal 200 ppm RSL and the 100/200 ppm that it selected. That analysis showed that the more protective RSLs would result in 660,376 children and 1.4 million adults benefiting from reduced exposure to lead and, therefore, more positive health impacts, while a universal RSL of 200 ppm would only result in benefits to 211,806 children and 360,000 adults. Both options also incorporate the RML at 200 ppm, meaning that the October 2025 decision to roll back the 100 ppm RSL and lift the RML to 600 ppm will likely leave even more children and adults suffering the impacts of lead exposure than in the lower-cost option OLEM presented in January 2024.

We respectfully request that the EPA either reverse the change it recently made to the RSL or provide a transparent technical and economic analysis explaining the basis for this decision and its anticipated public health outcomes.

EPA's October 2025 guidance appears likely to have a direct negative impact on Superfund National Priority List (NPL) sites where lead contamination is a common problem, raising the risk of lead exposure to the families who live, work, and play in these communities. EPA [documented](#) the extent of this issue back in 2016, when they estimated that 800,000 children lived within one mile of an active Superfund site. It is paramount that EPA's cleanup guidelines serve to fully address the issues in these and other communities and protect the health of residents.

² <https://www.regulations.gov/document/EPA-HQ-OPPT-2023-0231-0800>.

The impact of this guidance will be felt by families across the country, stretching from rural areas such as those in [Oklahoma](#), [Missouri](#), [Montana](#), [Arizona](#), and [Idaho](#) to urban areas such as [Omaha, Nebraska](#); [East Chicago, Indiana](#); and [Trenton, New Jersey](#). It will also affect non-NPL sites with documented soil contamination above 200 ppm, such as those in [Coal Center, Pennsylvania](#), and [New Orleans, Louisiana](#).

The NSHHC urges OLEM to reconsider the October 16, 2025, directive, restore the January 2024 residential soil lead protections, and engage with public health partners to ensure EPA's guidance reflects the best available science. We request the opportunity to meet with OLEM leadership to discuss these concerns and would appreciate a written response outlining EPA's planned next steps.

For more information, please contact Sarah Goodwin at sarah@nshhcoalition.org.

Sincerely,

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