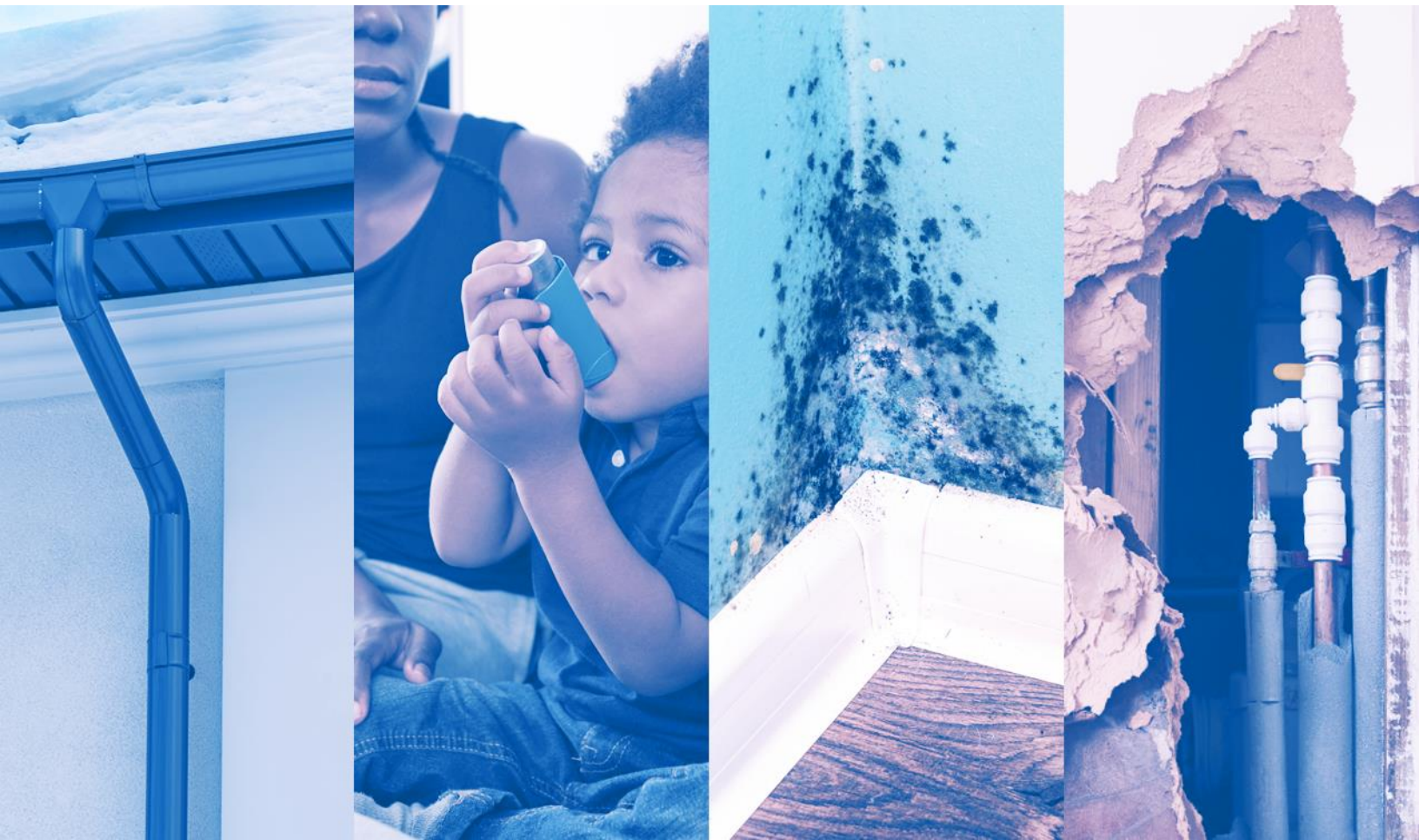


Promoting Policy Solutions for Household Dampness and Mold: Strategies for Protecting Our Health





Preface

Mold and water damage represent a serious, but preventable public health crisis that remains largely unaddressed. These hidden hazards, often concealed behind walls, under floors, and in attics, crawlspaces, and HVAC systems, can cause significant physical, emotional, and financial distress on affected individuals. Despite their serious impact on health, these issues are frequently overlooked. To safeguard public health, it is critical to implement robust policy solutions that prevent exposure to mold and microbial growth in damp and water-damaged environments.

Change the Air Foundation would like to extend our deepest gratitude to Ronald and Frieda Bourne, Clay and Kimberley Shaw, the Peter and Candis Doerken Foundation, and to all of our donors for their generous support in funding this Policy Brief. Their unwavering commitment to improving public health has made this important work possible. Addressing the pervasive issues of dampness and mold requires both resources and dedication, and their contributions have provided us with the means to conduct thorough research and promote effective policy solutions to help end this ongoing indoor epidemic.

We are immensely grateful for their belief in our mission and their dedication to fostering safer, healthier communities through informed policy action.

Many thanks to the teams at Ross Strategic and Industrial Economics who helped lead the research and writing for this Policy Brief. We also thank the several passionate indoor environmental professionals and subject matter experts who helped serve as advisors for this report.

The aim of this Policy Brief is to give the audience a clearer understanding of the scope and importance of this often-overlooked public health issue, but to also lend *hope* that there are effective solutions available that can be implemented to make a lasting impact for the well-being of our communities.

In health and change,

Brandon Chappo

Director of Public Policy, Change the Air Foundation

Purpose of This Policy Brief

This policy brief gives an overview of the health and economic impacts of exposure to household dampness and mold, current actions at national and state levels to address this concern and their limitations, and actionable steps decision-makers can take today to reduce or eliminate these exposures and equitably improve health outcomes. This brief aims to inspire development of comprehensive health-protective policies, and offers tangible entry points, while recognizing that no single action is going to resolve the problem entirely. To achieve that goal will require a combination of approaches like those taken for other complex public health issues like radon, asbestos, and lead. See p. 9 for detailed action to take.

The Time for Health-protective Policy Action Is Now

We spend more than 90% of our time breathing indoor air.¹ It is therefore vitally important that our air is healthy, and that health-protective standards for indoor air quality be established and implemented for the benefit of all communities nationwide. The U.S. Centers for Disease Control & Prevention (CDC), U.S. Environmental Protection Agency (EPA), and American Lung Association have determined that **mold –along with radon, asbestos, and lead– is a critical indoor air pollutant that adversely affects human health.**^{2,3,4} And yet, there are no health-based standards or thresholds for mold or the conditions that support mold growth (i.e., dampness). Consequently, major public health interventions to reduce or eliminate exposures to indoor dampness and mold have been left to states and local jurisdictions to implement, with marginal results over time.

Exposure to mold is associated with increases in adverse health outcomes including asthma and other respiratory conditions, a host of non-respiratory effects including carcinogenic,⁵ neurological, immunologic, cognitive, ophthalmologic, dermatologic, gastrointestinal, and multi-system effects.⁶ The costs associated with these health effects are substantial. For asthma alone, indoor dampness and mold results in \$6 -22 billion in health care costs annually, including hospitalizations, emergency room visits, doctor’s office visits, and prescription medicines; estimates of lost productivity

Reducing the prevalence of indoor dampness and mold could save tens of billions of dollars in healthcare and lost productivity each year at a minimum.

¹ U.S. Environmental Protection Agency. 1989. Report to Congress on indoor air quality: Volume 2. EPA/400/1-89/001C. Washington, DC.

² U.S. Centers for Disease Control and Prevention. Basic Facts about Mold and Dampness. <https://www.cdc.gov/mold/faqs.htm>. Accessed March 8, 2024.

³ U.S. Environmental Protection Agency. 2023. <https://www.epa.gov/indoor-air-quality-iaq/indoor-pollutants-and-sources>. Accessed March 8, 2024.

⁴ American Lung Association. 2023. <https://www.lung.org/clean-air/indoor-air/indoor-air-pollutants>. Accessed March 8, 2024.

⁵ Adam, MAA, Tabana, YM, Musa, KB, Sandai, DA. Effects of different mycotoxins on humans, cell genome and their involvement in cancer (review). Feb. 2017. Oncology Reports.

⁶ Dooley, M., McMahon, SW. A Comprehensive Review of Mold Research Literature from 2011 – 2018. Internal Medicine Review. Jan 2020.

due to asthma add another \$8 - \$16 billion each year.⁷ Other illnesses associated with mold and dampness, such as rhinitis and atopic dermatitis (eczema) are estimated to cost \$4.6 billion and \$6.5 billion per year, respectively⁸; if we assume that the fraction of these illnesses attributable to mold and dampness is similar to asthma, that would add another \$2 billion to the annual price tag before attempting to account for the other associated conditions. In short, reducing the prevalence of indoor dampness and mold could save tens of billions of dollars in healthcare and lost productivity each year at a minimum.

Mechanisms for preventing these exposures—either before they take root or after they have been discovered—are both known and straightforward. **If the right steps were taken today to prevent mold and water damage in our homes, we could improve the health and welfare of millions of lives and save billions of dollars each year.** Until the issue is comprehensively addressed, the health and economic damages are expected to worsen due to increasing global temperatures and frequency of extreme weather events, and it will hit the most vulnerable populations hardest. We have an opportunity now to get out in front of this solvable crisis.

Mold Basics

Mold cannot exist without moisture. Mold growth in the home is caused by excess moisture from an array of sources: excessive building tightness, poor construction practices, improper repairs, use of inappropriate building materials, poor building maintenance (e.g., roof leaks, cracked foundation, dysfunctional heating, ventilation, and air conditioning systems), water damage from storms and floods, poor ventilation (e.g., lack of kitchen hood or bathroom fans) and certain occupant behaviors (e.g., uncontrolled condensation). Since the 1970's, homes have been built more tightly, and are considered better weatherized and more energy efficient. However, a tighter building envelope can mean less air exchange, less moisture evaporation, less pollutant dilution, and greater chance of dampness build-up and mold growth. Most exposures in the home occur when people inhale mold spores or fragments or come into contact with mold-contaminated materials. A number of common molds (e.g. *Aspergillus*, *Penicillium*) produce toxic substances known as mycotoxins, which can cause serious health problems when they are inhaled, absorbed through the skin, or ingested. Skin rashes, fatigue, dizziness, flu-like symptoms, nausea, respiratory and eye irritation, immunosuppression, birth defects, lung inflammation,

Today it is estimated that indoor dampness and mold occurs in approximately 47% of North American homes with some studies suggesting even higher prevalence.

⁷ Derived from estimated costs of dampness and mold-induced asthma from Mudarri and Fisk (2007), updated with current estimates of asthma prevalence from the U.S. Centers for Disease Control and updated cost of illness estimates for asthma cases from Belova et al. (2020) and Fann and Maniloff (2023).

⁸ Roland, L.T., Wise, S.K., Wang, H., Zhang, P., Mehta, C. and Levy, J.M., 2021, May. The cost of rhinitis in the United States: a national insurance claims analysis. In *International forum of allergy & rhinology* (Vol. 11, No. 5, p. 946). NIH Public Access. and Adamson, A.S., 2017. The economics burden of atopic dermatitis. *Management of Atopic Dermatitis: Methods and Challenges*, pp.79-92.

and cancer have been associated with exposure to mycotoxins.^{9,10} **Mold assessment and remediation in the home requires both public awareness and education as well as services provided by certified or licensed professionals.** Occupants (homeowners and renters), landlords, and property managers need to be aware of what to look for, including signs of water intrusion or damage – the primary precursor to mold growth – as well as a musty odor and visible mold growth. They also need awareness around controlling the level of moisture in the home to prevent mold from occurring. Because mold can hide in drywall, wallpaper, paneling, carpet pads and inside wall cavities where it is hard to detect, expert assistance by trained professionals may be required. Service providers offering mold inspection, testing, and remediation need to be trained and licensed or certified according to industry standards. **No matter what type of mold is present, it should be removed, and the source of water intrusion repaired.**¹¹

Indoor Dampness and Mold Affects All Communities and Deepens Existing Health Disparities

Household dampness and mold does not discriminate by socioeconomic status. Mold can occur in all types of housing, including single- and multifamily homes, apartments, and mobile or manufactured homes; it can affect new builds as well as older structures. It is currently estimated that indoor dampness and mold occurs in approximately 47% of North American homes, with some studies suggesting even higher prevalence.¹² While mold can occur in any home with water damage or other moisture issues, households occupied by families with incomes below the poverty line are more than twice as likely to have mold as homes occupied by families with incomes above the poverty line.¹³ Often these are the same families who are at increased risk for other adverse health effects and experience barriers to accessing regular health care.¹⁴

Homes occupied by families with low income are more than twice as likely to have mold issues as homes occupied by families with income above the poverty line.

Common mechanisms to prevent indoor dampness and mold from occurring include a combination of moisture control, proper ventilation, and maintenance (e.g., fixing plumbing leaks, roofs, windows; proper insulation). However, for many residents, especially renters or those living in low-income

⁹ Ratnaseelan AM, Tsilioni I, Theoharides TC. Effects of Mycotoxins on Neuropsychiatric Symptoms and Immune Processes. *Clin Ther.* 2018 Jun;40(6):903–917.

¹⁰ Dooley, M., McMahon, SW. A Comprehensive Review of Mold Research Literature from 2011 – 2018. *Internal Medicine Review.* Jan 2020.

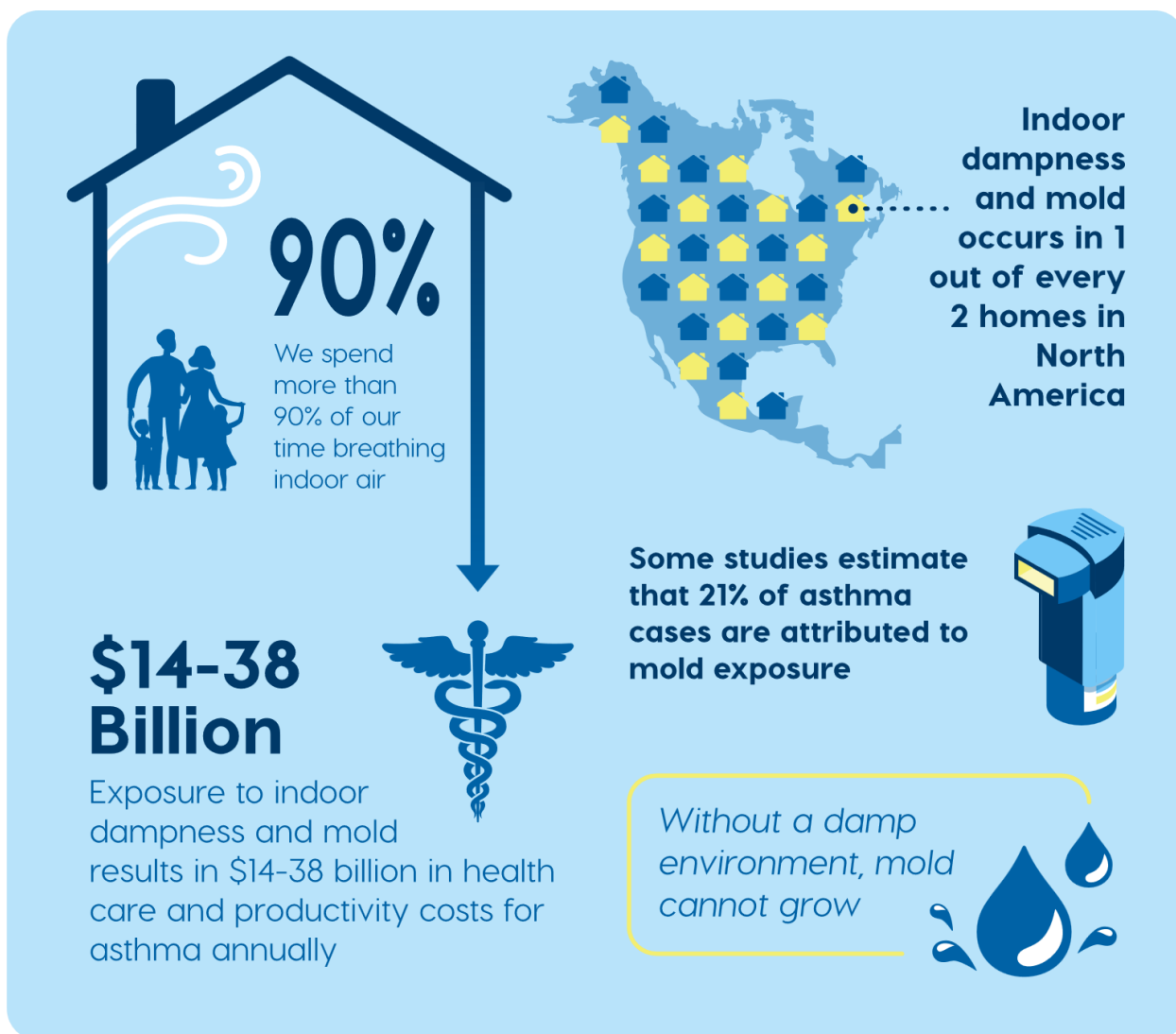
¹¹ U.S. Centers for Disease Control and Prevention. Basic Facts about Mold and Dampness. <https://www.cdc.gov/mold/faqs.htm>. Accessed April 12, 2024.

¹² This estimate is based on a population-weighted average of a set of studies in cities across the U.S. and Canada from the [Indoor Air Quality Scientific Findings Resource Bank](#). These studies present a range of prevalence values (16–68%) for indoor mold and/or dampness. Evidence from international studies shows a similar range (Weinmayr et al. 2013), though significant regional variation is noted.

¹³ American Housing Survey, 2021.

¹⁴ Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. Healthy People 2030. Poverty. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>. Accessed May 13, 2024.

households, the actions to control or improve these conditions are beyond the power of the individual and must be taken by public authorities, landlords, property managers, and others through the relevant regulatory measures and other approaches concerning building design, maintenance, construction, and materials, and through adequate housing and occupancy policies. **Because these actions are expected to result in important health benefits, access to these protections must be distributed fairly across all communities and income brackets.**



Current Efforts to Address Indoor Dampness and Mold Leave Significant Room for Improvement

The movement to reduce the number of lives impacted and billions spent on this issue is at an early stage. While we are not starting at zero, as evidenced by the number of states and local jurisdictions that have enacted policies and regulations on a basic level, these **actions are not going far enough to prevent exposure and offset projected annual costs attributed to asthma and other mold**

and dampness-related diseases.¹⁵ Additionally, experts warn that the occurrence of water damage from storms, floods, and sea level rise is expected to grow with increasing frequency and intensity of extreme weather events, adding greater urgency to this issue.¹⁶

Current State-Level Approaches Leave Many People Unprotected.

According to the Environmental Law Institute’s database of state indoor air quality laws, there are currently dozens of mold and dampness-related laws on the books regarding exposures in commercial and publicly owned buildings, schools, and occupational settings, but with varying levels of protection and specificity. **There are far fewer laws preventing mold exposure in the home.**¹⁷

Most of the population is left to navigate and remedy this complicated and expensive health risk for themselves.

Of those with laws in place that would prevent household dampness and mold, no state has a comprehensive set of protections that applies to all residents, including homeowners and renters in need of repairs, prospective home buyers, and people living in substandard housing conditions. This means that, more often than not, **most of the population is left to navigate and remedy this complicated and expensive health risk for themselves.** The list below describes the number of states that have implemented various types of laws concerning mold and dampness in residential spaces (see Appendix for states and relevant statutes). Of these, requiring licensure or certification of mold remediators offers a straightforward entry point for policymakers to ensuring that those who are doing the work—regardless of housing type, program, or condition necessitating repair— have the necessary background and training to do the job safely and properly.

- Nineteen states require **disclosures on mold and water damage for residential real property.** This means that a real estate agent, seller, or landlord is required by law to disclose to prospective buyers or renters the presence of mold.
- Seven states have **licensure or certification programs for mold remediators,** either through state licensure or certification organizations accredited by national industry standards, such as ANSI (American National Standards Institute) or other accrediting bodies operating in accordance with ISO (International Organization for Standardization) standards.¹⁸ See map on p.6.
- Seven states are addressing indoor dampness and mold through **programs serving low-income households,** primarily through grant and loan programs for housing repairs and remediation projects that improve indoor air quality and reduce health hazards including mold.

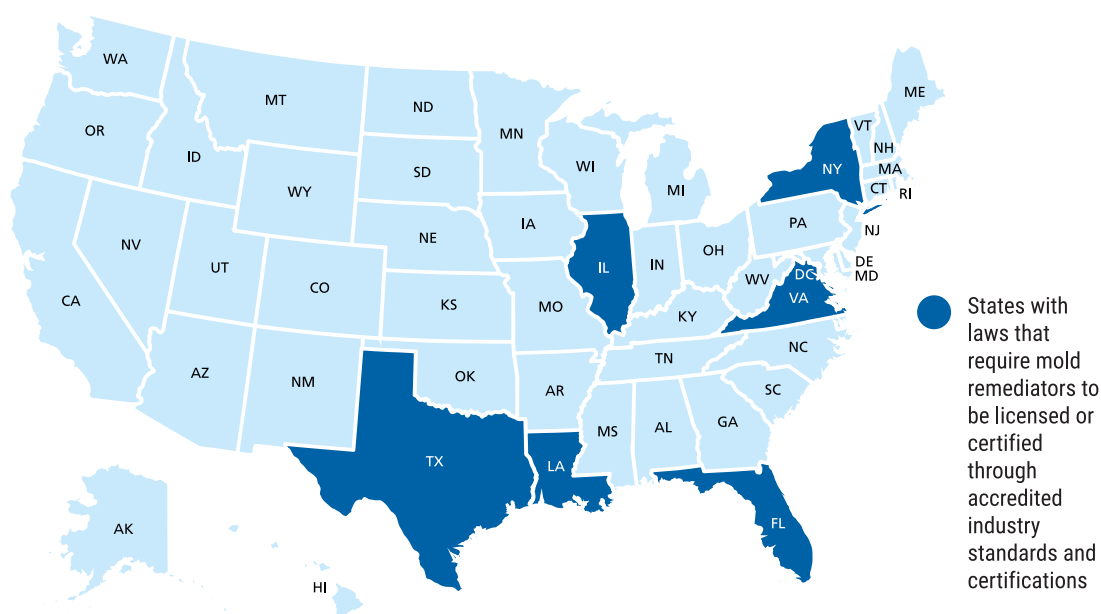
¹⁵ The number of asthma cases in the U.S. has grown by 5.2 million since 2004. Applying Mudarri and Fisk’s estimate of 21% of cases attributable to indoor dampness and mold shows that 1.1 million new cases could have been prevented by taking preventive action on these exposures.

¹⁶ Fisk, W.J., Review of some effects of climate change on indoor environmental quality and health and associated no-regrets mitigation measures. *Building and Environment*, 2015. 86: p. 70-80.

¹⁷ Environmental Law Institute Database of State IAQ Laws; database excerpt: Mold Laws. March 2024. Accessed May 13, 2024.

¹⁸ The ANSI/IICRC S520 Standard for Professional Mold Remediation is the only accredited mold remediation standard in the U.S.; it describes the procedures to be followed and the precautions to be taken when performing mold remediation in residential, commercial, and institutional buildings.

- Five states are addressing indoor dampness and mold through **programs related to energy efficiency, home weatherization, or disaster response**. For example, Washington State established a low-income weatherization and structural rehabilitation assistance account in the state treasury, and defined weatherization to include indoor air quality improvements such as mold remediation.
- Three states have enacted **consumer protection policies** that either require disclosure of any potential conflict of interest for those performing both mold assessment and remediation or prohibits those engaging in mold assessment or remediation from performing both services on the same project.
- Ten states have **zero laws pertaining to mold and/or dampness in any kind of building** (e.g., public, school, commercial, residential).



Even among states with similar laws in place, the specificity and level of protection can vary significantly, making state-to-state comparisons difficult. For example, some states only require that a mold contractor be licensed, while in others licensure is required in conjunction with some type of professional/certification training program.

Moisture management in building practices and materials offers promise.

Some established and emerging construction practices have proven effective at reducing dampness and mold growth. Appropriately handling construction materials (e.g., not leaving building materials in the soil, improperly exposed to the elements), properly waterproofing foundations, and implementing rainscreens and air barriers in exterior walls are recommended approaches to managing indoor moisture as building envelopes have tightened in recent decades. These approaches address the root causes of indoor dampness and mold by preventing water intrusion, ensuring adequate air exchange, and controlling indoor moisture. Existing buildings have more limited options than new construction for handling these challenges because the systems that manage water intrusion and indoor moisture have already been selected and installed. However, in construction contexts, opportunities exist for

taking preventive measures like eliminating food sources for mold (e.g., organic matter and moisture) and using materials that resist moisture or allow trapped moisture to escape to minimize the likelihood that mold will recur. These moisture-resistant products are relatively new and have yet to be widely adopted, and studies of their effectiveness at preventing moisture intrusion or reducing mold growth in real-world environments are limited. However, there is promising evidence that shows improving building practices and materials can result in measurable improvements (see box below). Results of another study compared low-income housing renovated using green building methods versus conventional methods and found a 70 percent reduction in reported mold.¹⁹ Incentivizing these preventive measures in new construction and remediation efforts through policy action could protect the health of millions of households.

Eliminating sources of water intrusion and mold-damaged materials reduces asthma prevalence.

In a compelling 7-year longitudinal study, EPA scientists and Cincinnati Children's Hospital physicians determined that children living in renovated housing, which included removal of water damaged materials and mold, complete insulation, and installation of new windows, doors, and roofs, were far less likely to develop asthma than children living in substandard housing conditions. Before housing renovations, approximately 12 percent of children in the City of Cincinnati had asthma; for infants born in the community following renovations to their homes, the average prevalence of asthma was 5.9 percent by the time these babies reached seven to nine years old.

Source: Beck, AF, et. al. 2023. Reduced prevalence of childhood asthma after housing renovations in an underresourced community. Journal of Allergy and Clinical Immunology. Vol. 2, issue 4. Accessed on Feb. 20, 2024 at [https://www.jaci-global.org/article/S2772-8293\(23\)00068-1/fulltext](https://www.jaci-global.org/article/S2772-8293(23)00068-1/fulltext)

Federal resources to help low-income households are not accessible to those who need them most.

Since 1976, the Department of Energy has administered the Weatherization Assistance Program (WAP) which aims to reduce energy costs for low-income households by increasing the energy efficiency of their homes, while ensuring their health and safety. To be eligible, households must live at or below 200% of the poverty line, which for one person living alone is \$29,160, and \$60,000 for a family of four.²⁰ The WAP is considered a key federal resource to lower carbon emissions while investing in underserved communities. However, caught in a catch-22 situation, a significant proportion of applicants are turned away (or "deferred") by WAP program administrators because their homes require specific repairs be made first, yet these repairs are economically out of reach for many of

¹⁹ Rabito, F.A., Werthmann, D.W., Straubing, R., Adamkiewicz, G., Reponen, T., Ashley, P.J. and Chew, G.L., 2024. A multi-city study of indoor air quality in green vs non-green low-income housing. *Environmental Research*, 240, p.117576.

²⁰ U.S. Dept. of Health and Human Services. 2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii). <https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf>

these households.²¹ These needed repairs—including for things like leaky roofs and plumbing problems— would also prevent water damage and mold growth.

Federal surveys of the states and local agencies that implement the WAP show that those who track it report a wide range of deferral rates, from under 5% to more than 35%. A number of states including Pennsylvania, Connecticut, Delaware, and Vermont are attempting to address the issue by helping to pay for the required repairs, but funding sources may not be reliable for the long term. For example, in 2023, Connecticut established the Environmental Improvement Revolving Loan Fund and Retrofit Pilot Program to finance retrofits of multifamily rental residences located in environmental justice communities. Financing is provided for projects that improve energy efficiency or remediate health and safety concerns—including mold-- that are barriers to the retrofit. Depending on the results of the pilot, the program may or may not be permanently funded.²²

Caught in a catch-22 situation, a significant proportion of low-income applicants are turned away by WAP program administrators because their homes require specific repairs be made first, yet these repairs are simply economically out of reach for many of these households.

Establishment of permissible exposure levels should not hold up efforts to curb the underlying causes that lead to mold growth.

Unlike other indoor air contaminants, including radon, asbestos, and lead, no permissible exposure levels (PELs) or thresholds have been established for mold. In many ways this has hampered more aggressive, health-centered policy approaches to reducing household exposures.²³ However, consensus exists among experts regarding the underlying conditions that cause mold: without a damp environment, mold cannot grow. Thus, **by focusing policy on correcting and preventing the conditions that lead to mold growth rather than waiting for the establishment of PELs, efforts to reduce household exposures can be implemented quickly and have a high probability of success.**

Consensus exists among experts regarding the underlying conditions that cause mold: without a damp environment, mold cannot grow.

²¹ Joint Center for Housing Studies Harvard University. January 2023. Targeting Weatherization: Supporting Low-Income Renters in Multifamily Properties through the Infrastructure Investment and Jobs Act's Funding of the Weatherization Assistance Program and Beyond. https://www.jchs.harvard.edu/sites/default/files/research/files/harvard_jchs_weatherization_martin_etal_2023.pdf. Accessed April 12, 2024.

²² Connecticut General Assembly, Office of Legislative Research. Research Report: Residential Energy Programs. <https://cga.ct.gov/2024/rpt/pdf/2024-R-0006.pdf>. Accessed April 5, 2024.

²³ In 2001 California enacted the Toxic Mold Protection Act which, among a host of requirements for the state's department of health to implement, included a directive to conduct studies to determine PELs for mold. But the state struggled to land on the best science on which to base PELs, and to this day a threshold has not been established.

Lessons from Successful Campaigns to Reduce Our Exposure to Radon, Asbestos, and Lead

While these contaminants still exist in our environment and continue to pose a threat to human health to varying degrees, it is widely known that exposure to radon, asbestos, and lead is both dangerous and preventable. Today, thanks to investments in health research, building science and non-toxic materials, and interventions to prevent exposure, an individual is much less likely to be exposed from these harms due to systems and policies put into place to make our communities safer to live, work, and play. Policymakers and other decisionmakers can borrow from the playbooks of these successful efforts, potentially saving billions in health care costs each year. Key action include:

- **Promote inspection and remediation by licensed or certified professionals.** Require accredited industry standards for mold inspectors and remediators; create registries of licensed or certified individuals and companies.
- **Direct funding and other resources to individuals who need it most.** Prioritize low-income households and other demographic groups at highest risk (e.g., those living in substandard housing conditions).
- **Increase investment in public health and clinical research** to better detect harmful levels of mold in the home, diagnose and treat exposed individuals, and track disease trends over time. Efforts to establish PELs should continue, but not hold up implementation of measures to reduce indoor dampness, the prime culprit for mold growth.
- **Create greater issue awareness among the public and legislators.** Multifaceted communications efforts can include supporting National Mold Awareness Month activities, engaging the media, using social media, brochures, hotlines, etc. Materials and messages should be culturally appropriate and available in multiple languages.
- **Incentivize the use of moisture-resistant building materials in new construction and remediation projects.** Incorporating moisture-resistant materials into construction is a proactive approach to decreasing the risk of microbial growth; these materials absorb less moisture, reducing the risk of mold-related health issues.
- **Recognize that addressing dampness and mold requires comprehensive, multidisciplinary action.** Relying on just one sector or type of actor – be they state public health and environment agencies, housing and real estate communities, consumer protection and patient advocates—will continue to leave much of the population unprotected.
- **Enlist trusted voices** including healthcare providers, community leaders, youth, and others to support widespread community awareness and drive political will.
- **Build multistakeholder coalitions** including local and state public health, health care workers, academia, medical societies, advocacy groups, community members, licensed or certified inspectors and remediators, builders and developers. Empower members who can lobby for mold-related legislation and encourage education and advocacy efforts among members who are prohibited from lobbying. Coordinate communication among coalition members.
- **Evaluate indoor dampness and mold prevention interventions** for effectiveness; conduct pilot studies; share best practices, model policies, and success stories; replicate and scale to other jurisdictions.

Conclusions

Every major public health issue involves critical challenges on the path to widespread adoption of health-protective policies and practices. Our systems typically kick into action after the body of evidence seems incontrovertible, when in retrospect earlier action would have protected many more lives. We are at a tipping point concerning the harms of indoor dampness and mold. The evidence is clear and sufficient for immediate action: adoption and equitable implementation of health-protective policies can yield substantial health and economic returns, to the tune of billions of dollars annually.

Several states and local jurisdictions have taken protective measures for reducing indoor dampness and mold or are actively pursuing legislative approaches to enhance these protections. These include disclosures on mold and water damage for residential real property, programs related to climate change, energy efficiency, home weatherization, or disaster response, consumer protection laws, awareness campaigns and information programs, and requirements for licensure and/or certification of inspectors and remediators. But many have either not initiated any action or have chosen to establish minimal measures that do not go far enough.

Incremental and disjointed efforts are inadequate in keeping pace with the escalating prevalence of asthma and other preventable illnesses associated with these exposures. To get ahead of the problem, policies must take a systems-based view. The most effective policies will center the root cause of mold infestation—water intrusion—in addition to various approaches for repairing the damage that has already occurred. We are fortunate to have at our disposal the lessons and insights from past campaigns that have successfully tackled complex health and social issues in the past. Now is the time for deeper investment in our future. The imperative for decisive, health-protective policy action is unmistakable and urgent.



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Appendix: Methods

Literature Review: Conducted an extensive review of peer-reviewed literature on health impacts related to mold exposure. Reviewed reports, briefings, and position papers related to major public health campaigns.

Economic analysis: Updated published estimates of economic impacts of asthma in the U.S. attributable to dampness and mold based on newer literature results of health care and productivity costs of asthma; investigated cost estimates of other health effects from published studies. Researched and consulted with experts regarding promising opportunities to improve building practices that both achieve energy efficiency goals and reduce the incidence of indoor dampness and mold.

State Policy Analysis: Researched and analyzed the policies and regulations related to indoor dampness and mold across all 50 states. Key focus areas included disclosure requirements; licensure and certification; programs serving low-income households and those related to energy efficiency, home weatherization, or disaster response; and consumer protection policies. Collected data from Environmental Law Institute Database of State IAQ Laws; database excerpt: Mold Laws. March 2024.

States that require disclosures on mold and water damage for residential real property:

- | | |
|--|--|
| 1. Alaska Statutes §§ 34.70.010--200 | 10. Montana Code 70-16-703 |
| 2. California Civil Code §§ 1102--1102.18 | 11. New Jersey N.J. Admin. Code 13:45A-29.1 |
| 3. Delaware Code, tit. 6, 2570--2578 | 12. New York Real Property Law § 462 |
| 4. District of Columbia Code 8-241.01--.09 | 13. Ohio Revised Code 5302.30 |
| 5. Indiana Code 32-21-5-1-12 | 14. Oklahoma Statutes, tit. 60, 831--839 |
| 6. Kentucky Revised Statutes § 324.360 | 15. Oregon Revised Statutes 105.462--490 |
| 7. Louisiana Revised Statutes 22:1319, 1332; Revised Statutes 37:1478; Revised Statutes 9:3198 | 16. Rhode Island General Laws 5-20.8-1-8 |
| 8. Michigan Compiled Laws §§ 565.951--966 | 17. South Carolina Code 27-50-10-110 |
| 9. Mississippi Code 89-1-501-523 | 18. South Dakota Codified Laws 43-4-37-44 |
| | 19. Virginia Code § 55.1-1215; Code 55.1-703 |

States with accredited licensure or certification programs for mold remediators:

- | | |
|---|---|
| 1. District of Columbia Code 8-241.01--.09 | 4. Louisiana Revised Statutes 37:2150.1, 37:2156-2158 |
| 2. Florida Statutes 468.84--8424 | 5. New York Labor Law 930-948 |
| 3. Illinois SB 1087 (unanimously passed both houses on May 25, 2024, and will soon be signed into law). | 6. Texas Occupations Code §§ 1958.001 et seq |
| | 7. Virginia Code §§ 54.1-201, -1102 |

States addressing indoor dampness and mold through programs serving low-income households:

1. California Government Code 12087.9
2. Connecticut General Statutes 16a-46m
3. Maryland Health Code 13-3804
4. Minnesota Statutes 245D.22
5. Oregon Revised Statutes 431A.400, .402
6. Pennsylvania Statutes, tit. 72, 135-C
7. Texas Government Code §§ 2306.201 et seq

States addressing indoor dampness and mold through programs related to energy efficiency, home weatherization, or disaster response:

1. Colorado Revised Statutes §§ 38-12-503–507
2. Florida Statutes 719.128
3. Maryland Local Government Code 1-1101, et seq
4. Texas Government Code 2306.053
5. Washington Revised Code §§ 70A.35.010–.070

States that have enacted consumer protection policies:

1. Maine Revised Statutes, tit. 10, §1480
2. Florida Statutes §§ 468.84–.8424
3. Texas Occupations Code §§ 1958.001 et seq