

**DEPARTMENT OF PROFESSIONAL
AND OCCUPATIONAL
REGULATION**



Report to the
**House Committee on General Laws,
Senate Committee on General Laws and Technology,
& Joint Commission on Administrative Rules**

*Department Review on the Current State of the Mold Inspection and Mold
Remediation Workforce in the Commonwealth pursuant to House Bill 2195
(2025)*

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Department of Professional and Occupational Regulation

9960 Mayland Drive, Suite 400

Richmond, Virginia 23233

(804) 367-8500

<http://www.dpor.virginia.gov>

PREFACE

House Bill 2195, as originally introduced during the 2025 General Assembly session, proposed to amend provisions in §§ 54.1-300, 54.1-500, 54.1-501, 54.1-516 and 59.1-200 of the Code of Virginia by renaming the Virginia Board for Asbestos, Lead, and Home Inspectors as the Virginia Board for Asbestos, Lead, Mold, and Home Inspectors (the Board) and directed the Board to establish licensing requirements for the practice of mold inspection and mold remediation in the Commonwealth. Additionally, the bill called for the repeal of provisions contained in the Virginia Consumer Protection Act related to selling or offering for sale services as a professional mold remediator, directed the Board to adopt emergency regulations to implement provisions of the bill and added a licensed mold inspector or mold remediator member to the Board.

With amendments by way of substitute, including incorporation of House Bill 2355, the bill passed the House of Delegates. The bill subsequently passed the Senate and was signed by Governor Youngkin on March 21, 2025. The bill amends § 59.1-200 of the Code of Virginia relating to the Virginia Consumer Protection Act. Specifically, the bill prohibits the selling or offering for sale services, to be performed on a residential dwelling, as a professional mold remediator without holding a mold remediation certification issued by a nationally or internationally recognized certifying body for mold remediation. Additionally, the bill directs “...the Department of Professional and Occupational Regulation shall, in consultation with the Virginia Department of Health and mold industry professionals, study the current state of the mold inspection and mold remediation workforce in the Commonwealth utilizing the most up-to-date data available to determine whether there is sufficient evidence that the licensure or certification of mold inspectors and remediators would benefit the public health, safety, and welfare and, if so, recommend educational, experiential, or examination requirements for such licensure or certification.”

The Department of Professional and Occupational Regulation conducted a study with assistance from a workgroup comprised of various individuals involved in the mold inspection and mold remediation industry, a member from the Board for Contractors, a member from the Board for Asbestos, Lead, and Home Inspectors, a representative from New Virginia Majority, a member from the Home Builders Association of Virginia, and a representative from the Virginia Department of Health.

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CONTRIBUTORS TO THIS REPORT:

Workgroup Membership

Robert Bradshaw
Dwight Flammia
Michael Donitzen
Andrew Clark
Chlo'e Edwards
Patrick Studley
Doug Lowe

With participation from:

Rebecca Tomazin
Francis Adams

Staff Acknowledgements

James B. Wilkinson, Jr., Director
Department of Professional and Occupational Regulation

Stephen Kirschner, Director of Licensing & Regulatory Programs
Department of Professional and Occupational Regulation

Joseph C. Haughwout, Jr., Regulatory Affairs Manager
Department of Professional and Occupational Regulation

Jennifer Sayegh, Policy and Legislative Affairs Manager
Department of Professional and Occupational Regulation

Marjorie King, Executive Director
Virginia Board for Asbestos, Lead, and Home Inspectors

Cameron Parris, Regulatory Operations Administrator
Virginia Board for Asbestos, Lead, and Home Inspectors

Kyle Mathews, Regulatory Analyst
Virginia Board for Asbestos, Lead, and Home Inspectors

EXECUTIVE SUMMARY

Chapter 251 of the 2025 Virginia Acts of Assembly (House Bill 2195) amended the Virginia Consumer Protection Act (VCPA) and directed the Department of Professional and Occupational Regulation (DPOR) to study the current state of the mold inspection and mold remediation workforce to determine whether certification or licensure would benefit the health, safety, and welfare of the public, and if so, recommend requirements for such certification or licensure. The 2025 amendment to the VCPA added specific standards for remediation, though it only applies to mold remediation, not mold inspections. DPOR formed a workgroup of various professionals that work in and around the mold industry or that work with populations affected by mold and also consulted the Virginia Department of Health (VDH) in acquiring data relevant to the potential effects mold has on health.

Based on discussion, data, and input from the public, the common opinion of the workgroup is that the population most adversely affected by mold and improper mold remediation is the tenant community. Further, research indicates that certification or licensure are not likely to offer significant benefit to the health, safety, and welfare of the public as neither would govern mold-related issues that arise between a landlord and a tenant.

DPOR has concluded that there does not appear to be sufficient evidence that increasing the level of regulation to certification or licensure of mold inspectors and mold remediators will mitigate the risk mold presents to the public. Recognizing that the highest area of risk involves the tenant population, DPOR has identified five (5) recommendations that are more likely to effectively mitigate risks to the health, safety, and welfare of the public:

1. Incorporate mold inspectors into the VCPA in order to ensure existing inspection services meet the same standards currently required of mold remediation services.
2. Beginning in 2030, the Board for Professional and Occupational Regulation can study the impact of recent changes to the VCPA regarding mold remediation standards to determine whether (i) the VCPA made a measurable impact on public health outcomes and (ii) whether that outcome requires a reassessment of the current level of regulation of the mold industry.
3. Amend the Virginia Residential Landlord and Tenant Act (VRLTA) to require landlords to utilize professional mold remediators certified under the same standards set forth in the VCPA.
4. In conjunction with recommendation #1, amend the VRLTA to require landlords to utilize professional mold inspectors certified under the same standards set forth in the VCPA.

5. The Department of Housing and Community Development can create and publish a bulletin to educate the public on laws, policies, and more general information about the mold inspection and mold remediation industry in Virginia, to include website links to the Environmental Protection Agency's mold resources and national accrediting organizations for the mold industry.

INTRODUCTION

Enabling Legislation

Chapters 2 and 3 of Title 54.1 of the Code of Virginia set forth professions and occupations regulated by DPOR and provide criteria by which to determine whether the regulation of a profession is necessary to protect the public health, safety, and welfare.

The Virginia Board for Asbestos, Lead, and Home Inspectors has undergone notable changes since its establishment in 1993. Initially referred to as the Virginia Board for Asbestos Licensing, Senate Bill 405, introduced during the 1994 General Assembly session, revised the asbestos contractor and worker licensure law to provide for the licensure of asbestos contractors, asbestos workers, and also the certification of lead contractors and lead workers. The bill also established the Joint Subcommittee on Abatement of Lead-Based Paint, which was tasked with studying and recommending a lead abatement regulatory program.¹ In 1997, by enactment of House Bill 2554, the level of regulation for lead contractors and lead workers was enhanced from certification to licensure.² During the 2001 General Assembly session, House Bill 2174 provided for the voluntary certification of residential home inspectors, effectively renaming the board to the Virginia Board for Asbestos, Lead, and Home Inspectors (ALHI Board).³ The requirement for residential home inspectors to obtain certification was later heightened to a licensure requirement during the 2016 General Assembly session, through Senate Bill 453.⁴

Powers and Duties of the ALHI Board

Section 54.1-500.1 of the Code of Virginia establishes the ALHI Board, which consists of 12 members appointed by the Governor, while § 54.1-501 of the Code of Virginia sets forth the specific duties of the Board.

Broadly speaking, the duties of the Board include:

- Promulgating regulations necessary to carry out the requirements of Chapter 5 of Title 54.1 of the Code of Virginia, which includes licensure programs for asbestos, lead-based paint activities, and home inspectors; and
- Approving criteria, training programs, and examinations for accredited asbestos training programs and accredited lead training programs.

¹ Virginia Acts of Assembly, 1994 Session, Chapter 185 ([Bill Tracking - 1994 session > Legislation](#))

² Virginia Acts of Assembly, 1997 Session, Chapter 885 ([Bill Tracking - 1997 session > Legislation](#))

³ Virginia Acts of Assembly, 2001 Session, Chapter 723 ([Bill Tracking - 2001 session > Legislation](#))

⁴ Virginia Acts of Assembly, 2016 Session, Chapter 161 ([Bill Tracking - 2016 session > Legislation](#))

(A comprehensive list of the powers and duties of the ALHI Board are included in Appendix A).

BACKGROUND

History of Mold Regulation in the Commonwealth

During the 2009 General Assembly session, House Bill 2032 was passed, which established a requirement for licensure for individuals practicing the profession of mold inspectors and mold remediators. Additionally, the ALHI Board was renamed to the Virginia Board for Asbestos, Lead, Mold, and Home Inspectors.⁵ The Virginia Board for Asbestos, Lead, Mold, and Home Inspectors spent nearly two (2) years developing the newly required regulatory program, which became effective July 1, 2011. Subsequently, with enactment of Governor McDonnell's Reorganization Plan (Senate Bill 678), mold inspectors and mold remediators became deregulated in April 2012.⁶

Occupational Regulation in Virginia

Chapter 1 of Title 54.1 of the Code of Virginia establishes general provisions for professions and occupations.

Section 54.1-100 of the Code of Virginia provides that:

The right of every person to engage in any lawful profession, trade, or occupation of his choice is clearly protected by both the Constitution of the United States and the Constitution of the Commonwealth of Virginia. The Commonwealth cannot abridge such rights except as a reasonable exercise of its police powers when (i) it is clearly found that such abridgement is necessary for the protection or preservation of the health, safety, and welfare of the public and (ii) any such abridgment is no greater than necessary to protect or preserve the public health, safety, and welfare.

The section further provides that:

No regulation shall be imposed upon any profession or occupation except for the exclusive purpose of protecting the public interest when:

1. The unregulated practice of the profession or occupation can harm or endanger the health, safety, or welfare of the public, and the potential for harm is recognizable and not remote or dependent upon tenuous argument;

⁵ Virginia Acts of Assembly, 2009 Session, Chapter 358 ([Bill Tracking - 2009 session > Legislation](#))

⁶ Virginia Acts of Assembly, 2012 Session, Chapter 835 ([LIS > Bill Tracking > SB678 > 2012 session](#))

2. The practice of the profession or occupation has inherent qualities peculiar to it that distinguish it from ordinary work and labor;
3. The practice of the profession or occupation requires specialized skill or training and the public needs, and will benefit by, assurance of initial and continuing professional and occupational ability; and
4. The public is not effectively protected by other means.

The Board for Professional and Occupational Regulation (BPOR) is an oversight board for DPOR. Chapter Three (3) of Title 54.1 of the Code of Virginia tasks the BPOR board with reviewing currently unregulated professions to determine whether regulation is necessary. Section 54.1-311 (A) of the Code of Virginia provides five (5) degrees of regulation to consider when determining whether regulation of a profession or occupation is necessary for the protection of the public health, safety, and welfare. With number one (1) being the least stringent degree of regulation, the five (5) degrees of regulation are listed below and include examples of items and professions that fall under each degree:

1. Private civil actions and criminal prosecutions – VCPA
2. Inspection and injunction - Restaurants
3. Registration – Athlete Agents
4. Certification – Certified Interior Designers
5. Licensing – Real Estate Brokers

Currently, the mold industry is regulated under the first degree of regulation: private civil actions and criminal prosecutions. Many professions are regulated at this level by the VCPA (Code of Virginia, Title 59, Chapter 17), which safeguards consumers from unfair and deceptive business practices and provides legal recourse for those misled by service providers when otherwise unregulated professions cause consumer harm. The VCPA sets forth a requirement that those selling or offering services as a professional mold remediator must hold a mold remediation certification from a nationally or internationally recognized certifying body and must comply with standards established by the United States Environmental Protection Agency (EPA), American National Standards Institute (ANSI)/IICRC S520, or any other ANSI-accredited standard. Consumers seeking restitution for complaints related to individuals or companies offering mold remediation services must go through a complaint process established by the Office of the Attorney General.

HB 2195 (2025) – Directive to Study Mold Industry and Level of Regulation

During the 2025 General Assembly session, two separate bills were introduced related to governance of the mold industry. Delegate Wilt proposed House Bill 2355 to expand on existing language in the VCPA, which was added in 2024. House Bill 2355 proposed that professional mold remediators selling or offering for sale residential services hold a mold

remediation certification from a nationally or internationally recognized certifying body. The bill also directed DPOR to conduct a study. Simultaneously, Delegate McQuinn introduced House Bill 2195 that proposed to create a licensure program, very similar to House Bill 2032 (2009). Through discussion, the main concerns expressed by stakeholders involved tenants residing in mold infested buildings where landlords neglect to take action to properly address or remediate mold.

House Bill 2195, as originally introduced during the 2025 session, proposed to amend provisions in §§ 54.1-300, 54.1-500, 54.1-501, 54.1-516 and 59.1-200 of the Code of Virginia by renaming the ALHI Board as the Virginia Board for Asbestos, Lead, Mold, and Home Inspectors with directive to establish licensing requirements for the practice of mold inspection and mold remediation in the Commonwealth. Additionally, the bill called for the repeal of provisions contained in the VCPA related to selling or offering for sale services as a professional mold remediator, required the adoption of emergency regulations to implement provisions of the bill, and added a licensed mold inspector or mold remediator member to the newly named board.

With amendments by way of substitute, including incorporation of House Bill 2355, the bill passed the House of Delegates. The bill subsequently passed the Senate and enrolled on February 19, 2025. It was signed by Governor Youngkin on March 21, 2025. The bill, as amended, amends § 59.1-200 of the Code of Virginia relating to the VCPA. Specifically, the bill prohibits the

“...selling or offering for sale services as a professional mold remediator to be performed upon any residential dwelling without holding a mold remediation certification from a nationally or internationally recognized certifying body for mold remediation, and failing to comply with (i) the U.S. Environmental Protection Agency’s publication on Mold Remediation in Schools and Commercial Buildings as revised; (ii) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised; or (iii) any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth.”

Additionally, the bill directs that

“...the Department of Professional and Occupational Regulation shall, in consultation with the Virginia Department of Health and mold industry professionals, study the current state of the mold inspection and mold remediation workforce in the Commonwealth utilizing the most up-to-date data available to determine whether there is sufficient evidence that the licensure or certification of mold inspectors and remediators would benefit the public health, safety, and welfare and, if so, recommend educational, experiential, or examination requirements for such licensure or certification.”

(See Appendix B for a complete copy of House Bill 2195).

Review Methodology

DPOR formed a workgroup with the specific intention of gathering information related to the mold inspection and mold remediation industry and mold-related health data. The workgroup included various individuals involved in the mold inspection and mold remediation industry, a member from the Board for Contractors, a member from the ALHI Board, a representative from New Virginia Majority, a member from the Home Builders Association of Virginia, and a representative from VDH.

To aid the workgroup, DPOR sought public comment by posting two (2) General Notices on the Virginia Regulatory Town Hall. One General Notice was directed toward professionals involved in the mold industry while the other General Notice sought input from consumers that have encountered mold or interacted with professionals in inspecting, assessing, or remediating mold. Comments were accepted from June 20, 2025, through July 31, 2025.

In addition, DPOR conducted research. Research included reviewing applicable laws and regulations in Virginia as well as in other states that have some level of regulation around the mold industry. Mold-related health data available from the Virginia Department of Health and other state's health departments and national databases was also collected. DPOR also compiled public comments received.

RESEARCH

Mold Workgroup

As directed by House Bill 2195, in consultation with VDH and mold industry professionals, the mold workgroup first met on May 14, 2025. This meeting was held to survey the current state of the mold inspection and mold remediation industry within Virginia. At this meeting, the workgroup was presented with questions regarding (i) industry job descriptions; (ii) industry practices; (iii) the industry population; and (iv) the skills, education, and experience requirements necessary to meet industry standards.

The mold workgroup met again on July 16, 2025, to discuss the health effects of mold, relevant data, and regulatory requirements placed on the mold industry in other states. During this meeting, available mold-related data was presented by representatives from VDH. This meeting was held to help determine whether there is sufficient evidence that the licensure or certification of mold inspectors or mold remediators would benefit the public health, safety, and welfare.

(A copy of the Workgroup Discussion Summary is provided in Appendix C)

Current State of the Mold Industry and Existing Certifications

As previously cited, the VCPA requires any individual presenting as a mold remediator, or engaging in mold remediation services, to hold a certificate obtained through a nationally or internationally recognized certifying body for mold remediation.

The three (3) leading national organizations in the mold remediation industry are (i) the American Council for Accredited Certification (ACAC); (ii) the Institute of Inspection Cleaning and Restoration Certification (IICRC); and (iii) the National Organization of Remediators and Microbial Inspectors (NORMI). Current national industry standards for the professions of mold inspection and mold remediation are largely established by these organizations.

ACAC offers vocational certifications for Microbial Investigation & Consulting (Council-certified Structural Mold Investigator) and Microbial Remediation (Council-certified Residential Microbial Remediator) which require current employment in the field. ACAC also offers a certificate for Residential Mold Inspection (Council-certified Residential Mold Inspector), which is classified as a professional certification, and requires two (2) or more years of field experience. All ACAC certifications require an examination. Re-certification is required every two (2) years and 20 hours of professional development activities are required annually.⁷

The IICRC offers an Applied Microbial Remediation Technician (AMRT) certification which requires the applicant to obtain a Water Damage Restoration Technician (WRT) certification and complete 25 hours of AMRT instruction. The IICRC also offers a mold remediation specialist (MRS) certification which requires one (1) year of verifiable mold remediation experience and an examination. The IICRC requires 14 hours of continuing education every two (2) years and annual renewal.⁸

NORMI offers a Certified Mold Assessor (CMA) certification which requires 24 to 32 hours of education in advanced mold assessment techniques. NORMI also offers a Certified Mold Remediator (CMR) certification which requires 24 hours of education in mold remediation techniques. Both certifications require an examination. NORMI requires seven (7) hours of continuing education annually to re-certify.⁹

Of the leading national organizations in mold inspection and mold remediation

⁷ <https://www.acac.org/programs>

⁸ <https://iicrc.org/iicrccertifications/>

⁹ <https://www.normi.org/national-organization-of-remediators-and-mold-inspectors/#certifications>

certification, formal education is not considered.

There are several other organizations that offer certifications or guidance for mold industry professionals. Organizations offering certifications related to mold inspection and mold remediation include the International Association of Certified Home Inspectors (InterNACHI), the Mold Inspection Consulting and Remediation Organization (MICRO), and the American Industrial Hygiene Association (AIHA). Additionally, there are many organizations that do not offer certifications, but do offer some level of standards or guidance for professionals working within the mold industry in various capacities. These industries include the Global Council for Environmental Health and Safety (GCEHS), the Restoration Industry Association (RIA), the Occupational Safety and Health Administration (OSHA), and the EPA.

Practices

Mold inspections are designed to detect the presence of mold and to identify the source and extent of any mold detected. Mold is most likely to grow in areas with poor ventilation, high humidity, and where moisture persists. Due to the nature of mold inspections and areas that most often require inspection, there is an expectation among industry professionals that mold inspectors possess a working knowledge of structural systems, HVAC systems, plumbing systems, roofing systems, and environmental science. Key skills associated with proper mold inspection include mold identification, microbial sampling, and report writing. Industry professionals agree that these skills are best acquired through hands-on, field-based experience.

Mold inspectors may perform limited or full inspections. A limited mold inspection consists of isolated audits, such as a moisture audit or crawlspace audit. A full mold inspection consists of a “property walk-around” that may include examining crawl spaces, exterior openings or entry points, roofs, gutters, plumbing and HVAC systems; thermal scanners are utilized on interior surfaces. National standards for conducting an inspection include attention to the contents of the home, such as furniture, clothing, or other personal effects, as well as the home itself. Inspectors may take surface or air samples, which are sent to laboratories for testing. National standards promote the use of accredited laboratories, which are often ISO / IEC 17025¹⁰ certified. Individuals within the industry may use test kits from home improvement stores such as Lowe’s or Home Depot, though this is largely considered an unacceptable practice by certified industry professionals. Inspectors generally prepare a “mold remediation protocol” (MRP), a document outlining procedures and

¹⁰ “ISO” means International Organization for Standardization. “IEC” means International Electrotechnical Commission. The “ISO / IEC 17025” certification enables laboratories to demonstrate that they operate competently and generate valid results, thereby promoting confidence in their work both nationally and internationally (www.iso.org).

standards for effectively removing mold, for later use by a mold remediator.

Once mold has been identified, remediation compliant with the VCPA should be performed by a certified mold remediator. Industry professionals expect mold remediators to possess strong technical skills, many of which are associated with the contracting profession. Key skills associated with proper mold remediation include containment, demolition, and encapsulation, though techniques vary depending on whether the surface is porous or non-porous. Porous surfaces require the removal of materials, while non-porous surfaces require sanitization. Industry professionals agree that these skills are best acquired through hands-on, field-based experience.

Mold remediators often develop a “mold remediation workplan” (MRW), a documented approach to addressing mold contamination, which is based on the inspector’s MRP or their own assessment. Mold remediators may take their own surface and air samples if the work of the inspector is inadequate. Establishing a containment field is vital to the remediation process. Containment is established to prevent the spread of mold spores and is obtained by securing plastic to ceilings and floors to create an enclosed space with walls and a zippered entry. Filtration devices such as HEPA fans and vacuums are utilized to create negative pressure and capture contaminated air. After remediation, a post-remediation evaluation (PRE) is performed. A third party Indoor Environmental Professional (IEP) might be called upon to perform a final test, or post remediation verification (PRV).

Employers in the mold inspection and mold remediation industry value experience and ability to be trained over educational background. The ability to read and write is necessary for creating and following reports, though a lack of formal education does not negate literacy.

Industry Participation Level

Because there is no required registration or certification in Virginia, the exact number of individuals engaged in the mold inspection and remediation industry cannot be determined. In part, § 54.1-1100 of the Code of Virginia defines contractor as “any person, that for a fixed price, commission, fee, or percentage undertakes to bid upon, or accepts, or offers to accept, orders or contracts for performing, managing, or superintending in whole or in part, the construction, removal, repair, or improvement of any building or structure permanently annexed to real property owned, controlled, or leased by him or another person or any other improvements to such real property.” The section further states, “[f]or purposes of this chapter, “improvement” shall include (i) remediation, cleanup, or containment of premises to remove contaminants or (ii) site work necessary to make certain real property usable for human occupancy.” Due to the nature of the work, most firms engaged in mold remediation in Virginia are undoubtedly required to hold a contractor license, however,

many may be operating without the appropriate license.¹¹

ACAC has issued an estimated 67 Microbial Investigation & Consulting, Microbial Remediation, and Residential Mold Inspection certifications in Virginia. The IICRC has issued at least 500 certifications for Applied Microbial Remediation Technicians and Mold Remediation Specialists in Virginia. NORMI currently has 12 active members in Virginia, many of whom hold multiple certifications.

Concerns Amongst Industry Professionals

Among industry professionals, there are two chief concerns regarding the current state of the mold industry in Virginia. The first concern involves the lack of any statutory or regulatory requirements for mold inspectors. The second revolves around the lack of requirements for landlords to utilize properly accredited mold remediation companies, or to properly remediate mold when reported by a tenant.

As the VCPA does not govern mold inspections, only remediation, there is no requirement that any individual presenting as a mold inspector, or engaging in mold inspection services, hold a certificate obtained through a nationally or internationally recognized certifying body. Certified mold remediators in Virginia are receiving incorrect and insufficient inspection reports from uncertified individuals who present themselves as mold inspectors. As such, a significant portion of certified mold remediators are conducting additional inspections and taking their own samples prior to preparing an MRW to begin remediation. This is resulting in additional time and labor costs to remediators, as well as time and monetary costs for consumers.

Many mold inspectors in Virginia are operating outside of industry standards established by nationally and internationally accredited organizations. As industry standards require inspectors and remediators to work in tandem, accredited industry professionals are concerned that inspectors are not meeting standards to set mold remediators up for success.

According to industry professionals, tenants are disproportionately affected by the presence of mold and by improper mold remediation. Complaints received by the Office of the Attorney General (OAG) and VDH regarding mold are overwhelmingly made by tenants filing against a landlord. A vast majority of the complex, more severe cases seen by mold professionals are at rental properties. While the VRLTA requires landlords to meet certain federal standards for remediation, landlords are not currently required to utilize certified professionals to inspect or remediate mold when reported by a tenant. This is a substantial concern within the industry and amongst the public.

¹¹ Contractors engaged in mold remediation should hold either a Class A, Class B, or Class C license. As of October 1, 2025, there are 54,885 contractors licensed in Virginia. DPOR does not have the ability to identify the number of contractors engaged in work specifically related to mold remediation.

Homeowners have the liberty to seek out services and choose the individuals or companies who perform mold inspection and remediation services on their property, while tenants do not have such freedom and must rely on their landlord. Without the requirement to seek certified individuals, landlords are often opting for cheaper alternatives in the mold remediation process risking improper or incomplete remediation performed by uncertified individuals. Workgroup members shared sentiment that it is not uncommon for mold industry professionals to encounter situations where a landlord or a maintenance team has simply wiped clean or painted over mold growth rather than having it properly remediated. This inevitably leads to further mold growth and tenant exposure. Tenants who wish to hold their landlord accountable for failing to properly remediate mold may file a civil action, however, many are not likely to pursue such a course of action out of fear of retribution in the form of raised rent prices or eviction.

Licensure Requirements Across the Country

Six (6) states, and the District of Columbia, have established laws and regulations around the mold inspection and mold remediation industry. The remaining 44 states do not require certification or licensure in the mold industry. The states, and federal district, that do regulate the industry have each implemented a form of certification, registration, or licensure requirement to offer services as a mold inspector and mold remediator. The requirements for entry into mold professions vary from state to state, as does the stringency of established regulations. Florida, Texas, and New York have the most accessible data for both regulatory aspects and mold-related health statistics. As such, heavier focus in this report is placed on those states. Florida and Texas provide pathways to licensure through a combination of education and experience and, for some licenses, require passing an applicable examination. Licensure requirements for New York focus on the completion of training courses.¹²

Florida requires licensure for both mold assessors and mold remediators. An individual can attain licensure as an assessor or remediator by obtaining a two (2) year degree in a related field (biology, chemistry, environmental earth, or physical science) with an additional year of field experience, or by obtaining a high school diploma with an additional four (4) years of field experience. An examination is required for individuals seeking licensure as a mold assessor.

Texas requires licensure for mold assessors, mold remediators, and for varying individuals and companies providing mold-related services. Assessment licensure is further broken down into a mold assessment technician license and a mold

¹² Refer to the table included in Attachment # 1 for a complete picture of requirements for states that have established some degree of regulation over the mold industry.

assessment consultant license. Mold assessment consultants may perform the duties of a technician and additional duties related to developing plans, interpreting results, preparing reports, creating protocols, and evaluating remediation projects.¹³ An assessment technician can attain licensure by obtaining a high school diploma or equivalent and passing an approved training course. To obtain licensure as an assessment consultant, a combination of education and experience is required. Both technicians and consultants are required to pass an examination. Entry requirements for remediation contractors include a combination of education and experience or certification and experience, as well as passing an examination.

New York also requires licensure for mold assessors, mold remediators, and for varying individuals offering mold-related services. Both assessors and remediators must pass an approved training course specific to the license to obtain licensure. There is not an examination requirement for either assessors or remediators.

Each of the six (6) states, and the District of Columbia, require a form of certification, registration, or licensure for individuals and entities working in the mold industry. These certifications, registrations, and licenses encompass mold assessors, mold remediators, mold remediation contractors, mold remediations companies, mold abatement worker supervisors, mold abatement workers, mold assessment technicians, mold assessment consultants, and mold analysis laboratories. Three (3) of these states require a combination of education and experience to obtain certification, registration, or licensure, while the other three (3) states require proof of having completed approved training. Additionally, three (3) localities require an applicant to pass an examination to obtain certain licenses.

(A comprehensive comparison of the degrees of regulation and entry requirements for these states and federal district is provided in Appendix D).

Mold and Public Health

Mold is a category of commonly occurring fungus that develops in moisture containing environments. Damp, wet, and humid environments are particularly conducive to mold growth and exist both indoors and outdoors. Mold may grow in visible or hidden areas of a building or home and may also be introduced from outside sources.¹⁴

Mold spreads through the release of spores which are visually undetectable. Spores can attach to nearly any surface such as clothing, bags, shoes, or pets, and be carried from one area to another. The spores are potential irritants and allergens, which may be impactful to

¹³ [Texas Mold Assessment and Remediation Rules](#)

¹⁴ <https://www.cdc.gov/mold-health/about/index.html>

an individual's health upon contact, inhalation, or ingestion. Mold spores can be found in the air in almost any environment. Certain mold, often referred to as "toxic mold," produces mycotoxins.¹⁵

The health effects of continuous mold exposure vary by individual. Some may experience no adverse effects when exposed to mold, while particularly vulnerable groups might face a greater burden of health effects. Individuals continuously exposed to mold that do not have underlying or pre-existing health conditions, may experience no symptoms or symptoms such as irritation to the eyes, skin, nose, throat, or lungs, headaches, memory problems, mood changes, or aches and pains.¹⁶ Adverse health effects are more prevalent in those with a mold allergy, asthma or other respiratory illness, immune-compromised individuals, young children, or the elderly.¹⁷

According to the Centers for Disease Control and Prevention (CDC), the three most common indoor molds are *Cladosporium*, *Penicillium*, and *Aspergillus*.¹⁸ Exposure to *Aspergillus* may cause complications for immune-compromised individuals and those with chronic respiratory conditions. The CDC states, "most people do not get sick from *Aspergillus*," however it may cause a "mild to severe" illness for susceptible individuals.¹⁹

While there are ongoing studies regarding the effect that mold exposure has on health, available information indicates that mold exposure impacts individuals differently. It is also evident that an individual's health-related pre-dispositions play a significant role in the health effects experienced due to mold exposure.

Standardized data are not available for instances of mold-specific hospitalizations or illness rates in Virginia or the United States. As symptoms vary by individual, and fungal infections such as Aspergillosis are not routinely reportable conditions throughout the United States, it is challenging to determine the frequency of these conditions in Virginia or elsewhere. Since mold is known to trigger individuals with asthma and other respiratory illnesses, data obtained for this report focused on asthma and COPD (chronic obstructive pulmonary disease) hospitalization rates across localities in Virginia and areas that are most affected. Asthma and COPD exist without the presence of mold and the data do not indicate causation; however, it may highlight communities that might be vulnerable to complications due to mold exposure.

Data available through the VDH Environmental Public Health Tracking on asthma and

¹⁵ According to the Environmental Protection Agency, mycotoxins are byproducts produced by certain molds. These byproducts are considered toxic; however, limited information is available from government sources concerning their potential health effects from home exposure. Government focus regarding mycotoxins is predominately associated with exposure through food, rather than mold growth in residences, schools, or workplaces.

¹⁶ List derived from multiple sources, see references.

¹⁷ List derived from multiple sources, see references.

¹⁸ <https://www.cdc.gov/mold-health/about/index.html>

¹⁹ <https://www.cdc.gov/aspergillosis/about/index.html>

COPD hospitalization rates, by locality, in Virginia from 2019 through 2023, were explored;²⁰ these are the most relevant, up-to-date data available and are described as rates per 100,000 people. For each of the five years examined, the top ten highest rates of asthma and COPD hospitalizations were noted. Of those five years, the frequency of each locality within the top ten highest rates was also noted. The three localities appearing in the top ten highest asthma hospitalization rates for all five years were Hopewell City with an average rate of 138.7, Petersburg City with an average rate of 111.9, and Richmond City with an average rate of 105.96.²¹ For COPD, the only locality appearing in the top ten highest rates for all five years was Martinsville City with an average rate of 688.34.²²

The data for asthma and COPD hospitalization rates were available by age range, statewide. From 2019 through 2023, children 0-4 years of age experienced the highest average asthma hospitalization rate, with an average rate of 62.5, followed by children 5-14 years of age with an average rate of 42. For COPD, the highest hospitalization rate was for individuals 85 years and older, with an average of 394.6, followed by those who were 65 to 84 years of age with an average of 339.1.

(Available asthma and COPD hospitalization rates in Virginia can be found in Appendix E).

Additional data were considered to highlight the individuals and communities most affected by mold exposure in Virginia. This includes data specific to age groups and data related to the percentage of rental properties located in the areas with the highest rates of asthma and COPD-related hospitalizations. Analysis of the data collected shows that individuals 0-4 years of age experience the highest rate of asthma-related hospitalizations across all states and individuals over the age of 65, respectively, experience the highest rate of COPD-related hospitalizations across all states.²³

During the workgroup meeting on July 16, 2025, VDH staff presented mold-related, syndromic surveillance data that had been reported by emergency departments²⁴ and urgent care centers in Virginia²⁵ from January 2022 to May 2025. The data consisted of visits to emergency departments and urgent care centers where the chief complaint mentioned

²⁰ A five-year window was chosen to maintain relevancy.

²¹ Rate calculated per 100,000 population: Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking Program. Asthma Hospitalizations.

<https://www.vdh.virginia.gov/environmental-public-health-tracking/asthma/asthma-hospitalizations/>

²² Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking Program. COPD Hospitalizations. <https://www.vdh.virginia.gov/environmental-public-health-tracking/copd/copd-hospitalizations-dashboard/>

²³ Data derived from multiple sources, see References.

²⁴ Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology, Virginia Department of Health. [Syndromic Surveillance – Surveillance and Investigation](#)

²⁵ The data included Virginia and non-Virginia residents that were seen at reporting facilities in Virginia. The geographic location was assigned by patients' residential zip codes.

“mold,” or where the discharge diagnosis code represented “contact with and (suspected) exposure to mold (toxic).” The data presented two (2) possible trends: (i) on an annual basis, peaks in visits occurred between June and October; and (ii) the regions with the highest rate of visits were Virginia’s Central Region and Eastern Region. These data are not public and were compiled specifically for this study.

In Virginia, the areas with some of the highest percentages of properties that are rental properties are located in the greater Richmond area, to include the Cities of Richmond, Hopewell, and Petersburg.²⁶ These data were obtained to establish whether there may be a correlation between the percentage of individuals likely residing in rental properties and incidence rates of asthma and COPD related hospitalizations, which may indicate a higher likelihood of exposure to mold.

Data similar to that collected from VDH were also obtained from Florida, Texas, and New York. This was done to compare Virginia data to data from states that regulate mold professionals. Analysis of the data collected shows that overall, Virginia had similar or lower asthma and COPD hospitalization rates than Florida, Texas, and New York.

(A comparison of asthma and COPD hospitalization rates between Virginia, Florida, Texas, and New York from 2021 to 2023 can be found in Appendices F, G, and H, respectively.)

Using available data, it is not possible to identify when mold may have caused or contributed to asthma and COPD-related hospitalizations. The public health effects of mold exposure remain unclear. While certain data about asthma and COPD-related hospitalization rates are available, it cannot be determined with any certainty how often mold contributed to these instances. It is difficult to determine the extent to which mold licensure may impact public health, as mold-related illnesses are hard to track. Further, there is no analysis of asthma or COPD hospitalization rates prior to the implementation of mold professional certification, registration, or licensure requirements in the given states. Without such data, no correlation can be drawn regarding the impact of mold professional certification, registration, or licensure on public health.

Regarding mold-related complaints in Virginia, DPOR staff reached out to the OAG for applicable data. Between 2018 and 2025, the OAG received 100 official complaints²⁷ containing the keyword “mold.” Of these complaints 67% were from tenants concerning a landlord’s failure to address mold in rental properties or units, and five (5) percent of complaints were against licensed contractors. The OAG had also received seven (7) unofficial complaints containing the keyword “mold,” of which 71% were landlord tenant related.

²⁶ [Virginia Housing Data | BestNeighborhood.org](https://www.bestneighborhood.org/virginia-housing-data/)

²⁷ Official complaints must be submitted on an OAG provided form.

Public Comments

Two (2) General Notices were posted on Town Hall: one seeking comments from individuals working in the mold industry and the other seeking comments from consumers that have had experience with mold or mold-related services such as remediation. DPOR accepted public comments from June 20, 2025, through July 31, 2025. Across both General Notices, a total of three (3) comments were received. Additionally, two (2) individuals offered comments during the public comment period of the workgroup meeting held on July 16, 2025.

The main focus of the comments received was related to the issues tenants face when attempting to have mold in rental properties properly remediated. Commenters suggested that landlords are largely indifferent to a tenant's mold concerns, rely on unqualified and uncertified individuals, such as a maintenance team, to address mold complaints, and fail to adequately rectify the legitimate concerns that may impact the health and quality of life of tenants around the Commonwealth.

Rachel Hefner, a community organizer working with New Virginia Majority states,

“Renters are at the mercy of their housing providers and mold inspectors who may not be trained or equipped to remove mold appropriately. Renters don't have as much consumer choice as homeowners and enforcement is key to ensure healthy housing, remove renter burden, and hold housing providers and mold inspectors accountable.”

Kashish Pillai, a Housing Policy Analyst with New Virginia Majority states,

“It is important to recognize that the people most impacted by mold regulation are the ones who have less choice in the professionals entering their home, oftentimes who are renters and at-risk populations...”

Bailey Scarff, a renter residing in Ashburn, Virginia commented,

“...I alerted the apartment community manager that there had been significant mold growth covering my furniture, décor, stairs, railings, and on the walls...they have now hired a team to essentially surface clean the entire apartment which does not at all comply with the extensive remediation this unit needs.”

Remmie Arnold, an industry professional, states,

“...there is a definite need for consumer protection...from: uncertified, unqualified inspectors; uncertified, unqualified remediators; landlords who ignore mold problems, landlords who threaten eviction or raising rent for complainers, landlords who send uncertified, unqualified maintenance staff...”

The commenters also raised other concerns, such as the necessity that mold remediation services only be provided by qualified individuals and the thought that establishing regulations may cause unintentional, negative consequences for contractors.

Robert McCarty, owner of Patriot Crawl Space Repairs, states,

“Anyone doing residential mold remediation or cleanup should already be an RBC or HIC contractor class B or higher...[meaning] they have already proven their qualifications in conducting residential repair, demo, cleaning, rebuilding etc. Mold is pretty much always part of this process...The proper remedy would be some type of disclosure that requires contractors doing mold cleaning to disclose to homeowners that it is not a comprehensive “mold remediation” project...Everything doesn't need to be regulated into a box with the idea that citizens can't determine the difference, or companies can't use the free market to convey differences. But creating mold regulations that handcuff home improvement and building contractors into strict mold protocols violates a slew of laws already on the books, mainly the Virginia [e]xisting Building Code.”

(Copies of the full comments received are provided in Appendix H).

FINDINGS AND RECOMMENDATIONS

Analysis

Legal Basis for Licensure

Chapter 1 of Title 54.1 of the Code of Virginia establishes general provisions for professions and occupations. Specifically, § 54.1-100 sets forth the protections offered by both the Constitution of the United States and the Constitution of the Commonwealth of Virginia in regard to every person's right to engage in practicing any lawful profession, trade, or occupation. Further, the Commonwealth cannot abridge such rights except when it is clear that such abridgement is necessary to protect the public health, safety, and welfare.

The section further provides that:

No regulation shall be imposed upon any profession or occupation except for the exclusive purpose of protecting the public interest when:

1. The unregulated practice of the profession or occupation can harm or endanger the health, safety, or welfare of the public, and the potential for harm is recognizable and not remote or dependent upon tenuous argument;

2. The practice of the profession or occupation has inherent qualities peculiar to it that distinguish it from ordinary work and labor;
3. The practice of the profession or occupation requires specialized skill or training and the public needs, and will benefit by, assurance of initial and continuing professional and occupational ability; and
4. The public is not effectively protected by other means.

Applying § 54.1-100 in Considering the Regulation of Mold Professionals

To justify regulating a profession, § 54.1-100 of the code of Virginia requires looking at the risks to the public and the least restrictive way to mitigate those risks. This report has identified risks to the public presented by mold, the populations most affected by mold exposure, and how those risks are properly mitigated.

When analyzing the current state of the mold industry in Virginia, including the research performed and data collected, the area perceivably at the highest risk of experiencing adverse health-related effects due to mold exposure is the tenant population; specifically, the tenant population residing in the cities of Hopewell, Petersburg, and Richmond. Individuals that own their homes are able to freely decide how to address a mold issue that may arise, including which industry professionals are hired, while tenants are at the mercy of a landlord as to how a reported mold issue is addressed.

Neither the Mold Workgroup nor DPOR intend to suggest that tenants are the only community adversely affected by mold exposure and acknowledgement is given to the health-related effects any given individual might experience as a result of being exposed to mold. However, as the purpose of this study is to determine whether there is **sufficient evidence** that the **licensure or certification** of mold inspectors and remediators would benefit the public health, safety, and welfare, the recommendations offered are based on a broader focus, which is placed on the communities most affected by mold exposure.

In reviewing the four (4) criteria listed above, the following conclusions are offered:

The unregulated practice of mold inspection and mold remediation may harm or endanger the health, safety, or welfare of the public, and the potential for harm is recognizable. Harm from mold exposure varies from one individual to the next and is likely to be affected by pre-existing, health-related conditions. However, the current mold industry is not entirely unregulated and there are avenues by which consumers are able to report mold-related complaints.

The practice of mold inspection and mold remediation may have inherent qualities peculiar to it that distinguish it from ordinary work and labor and the practice of mold inspection and mold remediation requires a certain level of competency, skill, and training, and the

public will benefit by assurance of initial occupational ability. National accrediting organizations such as ACAC, IICRC, and NORMI all have established programs, which include training and examination requirements, by which individuals can gain competency through training while developing skills necessary to obtain certification as a mold inspector and mold remediator.

While there are gaps in statutory requirements governing the mold industry, there is no indication that the current level of regulation does not provide adequate protection to the public. Identified gaps or areas of risk may be mitigated by revising existing statute without establishing a more stringent level of regulation on the mold industry.

DPOR Recommendations and Methods of Mitigating Risk to the Public

Placing more stringent regulation on the mold industry is not likely to have an appreciable impact on mold related issues for consumers or tenants. Specifically, regulation imposed by DPOR will not apply to landlords. As indicated by public comments, OAG complaints, and inferred by other data collected, tenants are at the greatest risk for prolonged mold exposure. Individual homeowners already have the liberty to choose who performs mold-related work, whether inspection or remediation, and also have avenues by which to remedy mold-related complaints.

DPOR concludes that there does not appear to be sufficient evidence that increasing the level of regulation to certification or licensure of mold inspectors and mold remediators will mitigate risks to the health, safety, and welfare of the public. In turn, DPOR has several recommendations, some of which include amendments to existing statute, that do not require the formation of a regulatory program or heighten the level of regulation placed on the mold industry but are likely to mitigate risk to the public, especially the tenant community.

Amendment to the Virginia Consumer Protection Act

Recommendation #1: Incorporate mold inspectors into the VCPA in order to ensure existing inspection services meet the same standards currently required of mold remediation services.

As described previously in this report, the current level of regulation imposed upon the mold industry is the first degree of regulation, which is established by the VCPA, and includes private civil actions and criminal prosecutions. The current version of the VCPA prohibits the:

“...selling or offering for sale services as a professional mold remediator to be performed upon any residential dwelling without holding a mold remediation certification from *a nationally or internationally recognized certifying body for mold remediation, and failing to comply with (i) the U.S. Environmental Protection Agency’s*

publication on Mold Remediation in Schools and Commercial Buildings as revised; (ii) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised,; or (iii) any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth.”

Industry professionals agree that, similarly to the requirements for those selling or offering for sale services as a professional mold remediator, those selling or offering for sale services as a professional mold inspector should be required to hold a certification from a nationally or internationally recognized certifying body. Doing so will not only add an additional layer of protection for consumers but can be reasonably accomplished by mold professionals through already established certification programs. This requirement can be achieved through further amendment to the VCPA.

(See Appendix J for model legislation).

Recommendation #2: Beginning in 2030, the BPOR can study the impact of recent changes to the VCPA regarding mold remediation standards to determine whether (i) the VCPA made a measurable impact on public health outcomes and (ii) whether that outcome requires a reassessment of the current level of regulation of the mold industry. This report can be provided to the House Committee on General Laws, the Senate Committee on General Laws and Technology, and the Joint Commission on Administrative Rules no later than December 1, 2030.

Of notable importance, amendments to the VCPA just recently became effective on July 1, 2025, with the passing of House Bill 2195. While the previous version of the VCPA still regulated the mold industry by the first degree, there were no requirements that mold remediators comply with standards established by the EPA, ANSI/IICRC S520, or any other ANSI-accredited mold remediation standards. Due to the recentness of amendments to the VCPA, there is no way to determine at this time how the amendments have impacted the mold industry or the public health, safety, and welfare, or whether there is any gradation of mitigation to the existing risk consumers face related to mold.

While there are benefits associated with further expansion, amending the VCPA alone will not address all existing statutory gaps. Stakeholders have suggested that, from a restitution standpoint, the VCPA is more likely to benefit those willing to engage in litigation. Some populations may be unwilling to seek recompense through a civil route, while others may not have the means to do so. Amending the VCPA is something that can be considered in addition to other alternative methods outlined below.

Amendment to the Virginia Residential Landlord and Tenant Act

Recommendation #3: Amend the VRLTA to require landlords to utilize professional mold remediators certified under the same standards set forth in the VCPA.

The VRLTA establishes the rights, remedies, and responsibilities of landlords and tenants in Virginia. Overall, the VRLTA lacks inclusion of adequate mold-related policies and practices, leaving landlords tremendous discretion in how mold-related complaints are handled and putting tenants at risk of prolonged mold exposure.

Section 55.1-1200 of the Code of Virginia defines “mold remediation in accordance with professional standards” as mold remediation “...performed consistent with guidance documents published by the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, or the American Conference of Governmental Industrial Hygienists; Standard and Reference Guides of the Institute of Inspection, Cleaning and Restoration (IICRC) for Professional Water Damage Restoration and Professional Mold Remediation; or any protocol for mold remediation prepared by an industrial hygienist consistent with such guidance documents.” While it does establish standards by which mold must be remediated, the current definition does not set forth a requirement that a landlord hire a properly certified mold remediator to perform remediation work.

Requiring landlords to hire certified mold remediators will help ensure remediation is done correctly. The current practice often involves landlords sending unqualified maintenance teams to perform surface cleanings or performing surface cleanings themselves. This practice does not eradicate mold that forms on porous surfaces. By amending the definition of “mold remediation in accordance with industry standards” from its current form to mirror language included in the VCPA, landlords will have a responsibility to ensure that only properly credentialed individuals are performing mold remediation work in accordance with industry standards.

(See Appendix K for model legislation).

Another section of the VRLTA, § 55.1-1215, requires that, as part of the written report of the move-in inspection, “the landlord shall disclose whether there is any visible evidence of mold in areas readily accessible within the interior of the dwelling unit.” The section further requires that, if, within five (5) days of receiving the inspection report, the tenant identifies the presence of mold, notifies the landlord in writing, and still wishes to occupy the property, the landlord must remediate the existing mold condition. Subsequently, the landlord must conduct a new inspection and prepare a new inspection report stating there is no visible presence of mold.

Requiring the disclosure of the existence of mold only in instances where there is “visible evidence of mold” provides little actual protection for tenants. As identified in this report, mold can easily be cleaned from a surface with a cleaning agent and a wipe or simply painted over. This does not constitute mold remediation and almost always, the mold will return. Further, landlords may not possess the skills and knowledge necessary to properly inspect for and make a determination as to the existence of mold. Greater protections would

be offered by requiring that mold inspections performed subsequent to a remediation done as a stipulation of a move-in or a tenant complaint, are done so by a properly credentialed individual.

Recommendation #4 – In conjunction with recommendation #1, amend the VRLTA to require landlords to utilize professional mold inspectors certified under the same standards set forth in the VCPA.

The VRLTA also requires that landlords maintain fit premises. Similarly to § 55.1-1215, number five (5) under § 55.1-1220 of the VRLTA requires that, in the event a tenant has reported the existence of mold, a landlord remediate the mold condition and reinspect the dwelling to confirm that there is no longer visible evidence of mold. This provision does not afford notable protection to the tenant as there is no requirement that remediation or inspection be performed by a credentialed individual.

Requiring landlords to hire individuals that are skilled, trained, and credentialed to perform work related to mold inspection and mold remediation will ensure that tenants are afforded a layer of protection that is in addition to the current requirements established in the VRLTA. Amending the VRLTA to strengthen mold-related policies, ensuring that mold is being properly identified and eradicated, is a viable alternative method that will mitigate risks associated with mold exposure without imposing more stringent regulation.

(See Appendix K for model legislation).

Educating the Community

Accredited mold inspectors and remediators also feel as though more education within their communities, to include the implementation of programs or methods by which information and resources related to mold remediation can be distributed to the public, is another method that may mitigate risks associated with mold exposure. Providing tenants, landlords, and consumers with the resources they need to seek proper remediation or remedy the improper handling of mold conditions may return a positive impact for any individual experiencing mold issues.

Recommendation #5: The DHCD can create and publish a bulletin to educate the public on laws, policies, and more general information about the mold inspection and mold remediation industry in Virginia, to include website links to the EPA and national accrediting organizations for the mold industry.

While the EPA provides resources related to mold for consumers and homeowners, there are no resources offered that are explicitly directed towards tenants. Currently, the DHCD provides resources regarding the VRLTA, including the Statement of Tenant Rights and Responsibilities. As tenants in Virginia are likely accustomed to utilizing resources offered by DHCD, it may be helpful to expand these on the DHCD website.

To aid in the assistance of mold resource distribution, DHCD staff can share links on the agency's website directing consumers to the EPA, as well as national accrediting organizations. ACAC, IICRC, and NORMI are three (3) prominent standard-setting organizations in the mold inspection and remediation industry. Their websites contain an abundance of information related to certifications offered, training, and the certification process for inspectors and remediators. These websites also provide information as to how to locate properly certified individuals.

(See Appendix L for links to ACAC, IICRC, and NORMI, and Appendix M for a sample bulletin).

Amendments to the Virginia Uniform Statewide Building Code

Industry professionals and workgroup members agree on several other possible routes that may alleviate the burden mold has on tenants and homeowners alike. While not a formal recommendation from DPOR, one route offered includes making amendments to the building code. By amending the building code, it is possible to grant building officials more authority in making determinations as to whether work performed, whether it be new construction, remodeling, or renovation, is more susceptible to mold growth. This may address issues present in rental properties and require landlords and building contractors to address violations that contribute to conditions in which mold may grow.

DPOR CONCLUSION

DPOR Conclusion

Existing evidence does not show harm to the general public that cannot be effectively mitigated by less restrictive means than occupational licensure or certification in the mold industry. Through the discussions held with the Mold Workgroup, public comments received, and analysis of all research performed and data collected, it appears the community most adversely affected by the lack of or improper mold remediation is the tenant community. The duties and responsibilities of landlords and tenants are governed by the VRLTA, and disputes between these parties must be addressed through civil process. Moreover, licensure or certification requirements will not, by themselves, mitigate the existing landlord/tenant problems, as bad actor landlords would not be impacted by occupational regulation. Currently, landlords have access to qualified mold remediators through existing industry certification. As such, establishing a higher level of regulation to be enforced by DPOR, such as a licensure or certification program aimed at regulating the mold industry, will not effectively mitigate risks to those most susceptible to harm associated with mold exposure.

Further, and with attention to the criteria established in §§ 54.1-100 and 54.1-311 of the Code of Virginia, there is insufficient evidence to support a level of regulation significantly more stringent than what is currently in place. As suggested in this report's previous section, there are alternative methods by which the risk to the public may be more effectively mitigated.

APPENDICES

Appendix A: Powers and Duties of the ALHI Board

Appendix B: House Bill 2195

Appendix C: Workgroup Discussion Summary

Appendix D: Degrees of Regulation and Entry Requirements

Appendix E: Asthma and COPD Hospitalization Rates in Virginia

Appendix F: Comparison – Virginia and Florida

Appendix G: Comparison – Virginia and Texas

Appendix H: Comparison – Virginia and New York

Appendix I: Public Comments

Appendix J: Model Legislation – VCPA

Appendix K: Model Legislation – VRLTA

Appendix L: Mold Professional Certifying Organizations

Appendix M: Sample Mold Bulletin

Appendix A

Code of Virginia

Title 54.1, Chapter 5, § 54.1-501

Powers and Duties of the Board

The duties of the Board are to:

- Promulgate regulations necessary to carry out the requirements of Chapter 5 of Title 54.1 of the Code of Virginia in accordance with the provisions of the Administrative Process Act to include, but not be limited to, the prescription of fees, procedures, and qualifications for the issuance and renewal of asbestos and lead licenses, and governing conflicts of interest among various categories of asbestos and lead licenses;
- Approve the criteria for accredited asbestos training programs, accredited lead training programs, training managers, and principal instructors;
- Approve accredited asbestos training programs, accredited lead training programs, examinations and the grading system for testing applicants for asbestos and lead licensure;
- Promulgate regulations governing the licensing of and establishing performance criteria applicable to asbestos analytical laboratories;
- Promulgate regulations governing the functions and duties of project monitors on asbestos projects, circumstances in which project monitors shall be required for asbestos projects, and training requirements for project monitors;
- Promulgate, in accordance with the Administrative Process Act, regulations necessary to establish procedures and requirements for the: (i) approval of accredited lead training programs, (ii) licensure of individuals and firms to engage in lead-based paint activities, and (iii) establishment of standards for performing lead-based paint activities consistent with the Residential Lead-based Paint Hazard Reduction Act and United States Environmental Protection Agency regulations. If the United States Environmental Protection Agency (EPA) has adopted, prior to the promulgation of any related regulations by the Board, any final regulations relating to lead-based paint activities, then the related regulations of the Board shall not be more stringent than the EPA regulations in effect as of the date of such promulgation. In addition, if the EPA shall have outstanding any proposed regulations relating to lead-based paint activities (other than as amendments to existing EPA regulations), as of the date of promulgation of any related regulations by the Board, then the related regulations of the Board shall not be more stringent than the proposed EPA regulations. In the event that the EPA shall adopt any final regulations subsequent to the promulgation by the Board of related regulations, then the Board shall, as soon as practicable, amend its existing regulations so as to be not more stringent than such EPA regulations; and
- Promulgate regulations for the licensing of home inspectors not inconsistent with this chapter regarding the professional qualifications of home inspectors applicants, the requirements necessary for passing home inspectors examinations, the proper

conduct of its examinations, the proper conduct of the home inspectors licensed by the Board, and the proper discharge of its duties.

Appendix B
House Bill 2195

VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 251

An Act to amend and reenact § 59.1-200, as it is currently effective and as it shall become effective, of the Code of Virginia, relating to Virginia Consumer Protection Act; mold remediation; emergency.

[H 2195]

Approved March 21, 2025

Be it enacted by the General Assembly of Virginia:

1. That § 59.1-200, as it is currently effective and as it shall become effective, of the Code of Virginia is amended and reenacted as follows:

§ 59.1-200. (Effective until July 1, 2025) Prohibited practices.

A. The following fraudulent acts or practices committed by a supplier in connection with a consumer transaction are hereby declared unlawful:

1. Misrepresenting goods or services as those of another;
2. Misrepresenting the source, sponsorship, approval, or certification of goods or services;
3. Misrepresenting the affiliation, connection, or association of the supplier, or of the goods or services, with another;
4. Misrepresenting geographic origin in connection with goods or services;
5. Misrepresenting that goods or services have certain quantities, characteristics, ingredients, uses, or benefits;
6. Misrepresenting that goods or services are of a particular standard, quality, grade, style, or model;
7. Advertising or offering for sale goods that are used, secondhand, repossessed, defective, blemished, deteriorated, or reconditioned, or that are "seconds," irregulars, imperfections, or "not first class," without clearly and unequivocally indicating in the advertisement or offer for sale that the goods are used, secondhand, repossessed, defective, blemished, deteriorated, reconditioned, or are "seconds," irregulars, imperfections, or "not first class";
8. Advertising goods or services with intent not to sell them as advertised, or with intent not to sell at the price or upon the terms advertised.
In any action brought under this subdivision, the refusal by any person, or any employee, agent, or servant thereof, to sell any goods or services advertised or offered for sale at the price or upon the terms advertised or offered, shall be prima facie evidence of a violation of this subdivision. This paragraph shall not apply when it is clearly and conspicuously stated in the advertisement or offer by which such goods or services are advertised or offered for sale, that the supplier or offeror has a limited quantity or amount of such goods or services for sale, and the supplier or offeror at the time of such advertisement or offer did in fact have or reasonably expected to have at least such quantity or amount for sale;
9. Making false or misleading statements of fact concerning the reasons for, existence of, or amounts of price reductions;
10. Misrepresenting that repairs, alterations, modifications, or services have been performed or parts installed;
11. Misrepresenting by the use of any written or documentary material that appears to be an invoice or bill for merchandise or services previously ordered;
12. Notwithstanding any other provision of law, using in any manner the words "wholesale," "wholesaler," "factory," or "manufacturer" in the supplier's name, or to describe the nature of the supplier's business, unless the supplier is actually engaged primarily in selling at wholesale or in manufacturing the goods or services advertised or offered for sale;
13. Using in any contract or lease any liquidated damage clause, penalty clause, or waiver of defense, or attempting to collect any liquidated damages or penalties under any clause, waiver, damages, or penalties that are void or unenforceable under any otherwise applicable laws of the Commonwealth, or under federal statutes or regulations;
- 13a. Failing to provide to a consumer, or failing to use or include in any written document or material provided to or executed by a consumer, in connection with a consumer transaction any statement, disclosure, notice, or other information however characterized when the supplier is required by 16 C.F.R. Part 433 to provide, use, or include the statement, disclosure, notice, or other information in connection with the consumer transaction;
14. Using any other deception, fraud, false pretense, false promise, or misrepresentation in connection with a consumer transaction;
15. Violating any provision of § 3.2-6509, 3.2-6512, 3.2-6513, 3.2-6513.1, 3.2-6514, 3.2-6515, 3.2-6516, or 3.2-6519 is a violation of this chapter;
16. Failing to disclose all conditions, charges, or fees relating to:

a. The return of goods for refund, exchange, or credit. Such disclosure shall be by means of a sign attached to the goods, or placed in a conspicuous public area of the premises of the supplier, so as to be readily noticeable and readable by the person obtaining the goods from the supplier. If the supplier does not permit a refund, exchange, or credit for return, he shall so state on a similar sign. The provisions of this subdivision shall not apply to any retail merchant who has a policy of providing, for a period of not less than 20 days after date of purchase, a cash refund or credit to the purchaser's credit card account for the return of defective, unused, or undamaged merchandise upon presentation of proof of purchase. In the case of merchandise paid for by check, the purchase shall be treated as a cash purchase and any refund may be delayed for a period of 10 banking days to allow for the check to clear. This subdivision does not apply to sale merchandise that is obviously distressed, out of date, post season, or otherwise reduced for clearance; nor does this subdivision apply to special order purchases where the purchaser has requested the supplier to order merchandise of a specific or unusual size, color, or brand not ordinarily carried in the store or the store's catalog; nor shall this subdivision apply in connection with a transaction for the sale or lease of motor vehicles, farm tractors, or motorcycles as defined in § 46.2-100;

b. A layaway agreement. Such disclosure shall be furnished to the consumer (i) in writing at the time of the layaway agreement, or (ii) by means of a sign placed in a conspicuous public area of the premises of the supplier, so as to be readily noticeable and readable by the consumer, or (iii) on the bill of sale. Disclosure shall include the conditions, charges, or fees in the event that a consumer breaches the agreement;

16a. Failing to provide written notice to a consumer of an existing open-end credit balance in excess of \$5 (i) on an account maintained by the supplier and (ii) resulting from such consumer's overpayment on such account. Suppliers shall give consumers written notice of such credit balances within 60 days of receiving overpayments. If the credit balance information is incorporated into statements of account furnished consumers by suppliers within such 60-day period, no separate or additional notice is required;

17. If a supplier enters into a written agreement with a consumer to resolve a dispute that arises in connection with a consumer transaction, failing to adhere to the terms and conditions of such an agreement;

18. Violating any provision of the Virginia Health Club Act, Chapter 24 (§ 59.1-294 et seq.);

19. Violating any provision of the Virginia Home Solicitation Sales Act, Chapter 2.1 (§ 59.1-21.1 et seq.);

20. Violating any provision of the Automobile Repair Facilities Act, Chapter 17.1 (§ 59.1-207.1 et seq.);

21. Violating any provision of the Virginia Lease-Purchase Agreement Act, Chapter 17.4 (§ 59.1-207.17 et seq.);

22. Violating any provision of the Prizes and Gifts Act, Chapter 31 (§ 59.1-415 et seq.);

23. Violating any provision of the Virginia Public Telephone Information Act, Chapter 32 (§ 59.1-424 et seq.);

24. Violating any provision of § 54.1-1505;

25. Violating any provision of the Motor Vehicle Manufacturers' Warranty Adjustment Act, Chapter 17.6 (§ 59.1-207.34 et seq.);

26. Violating any provision of § 3.2-5627, relating to the pricing of merchandise;

27. Violating any provision of the Pay-Per-Call Services Act, Chapter 33 (§ 59.1-429 et seq.);

28. Violating any provision of the Extended Service Contract Act, Chapter 34 (§ 59.1-435 et seq.);

29. Violating any provision of the Virginia Membership Camping Act, Chapter 25 (§ 59.1-311 et seq.);

30. Violating any provision of the Comparison Price Advertising Act, Chapter 17.7 (§ 59.1-207.40 et seq.);

31. Violating any provision of the Virginia Travel Club Act, Chapter 36 (§ 59.1-445 et seq.);

32. Violating any provision of §§ 46.2-1231 and 46.2-1233.1;

33. Violating any provision of Chapter 40 (§ 54.1-4000 et seq.) of Title 54.1;

34. Violating any provision of Chapter 10.1 (§ 58.1-1031 et seq.) of Title 58.1;

35. Using the consumer's social security number as the consumer's account number with the supplier, if the consumer has requested in writing that the supplier use an alternate number not associated with the consumer's social security number;

36. Violating any provision of Chapter 18 (§ 6.2-1800 et seq.) of Title 6.2;

37. Violating any provision of § 8.01-40.2;

38. Violating any provision of Article 7 (§ 32.1-212 et seq.) of Chapter 6 of Title 32.1;

39. Violating any provision of Chapter 34.1 (§ 59.1-441.1 et seq.);

40. Violating any provision of Chapter 20 (§ 6.2-2000 et seq.) of Title 6.2;

41. Violating any provision of the Virginia Post-Disaster Anti-Price Gouging Act, Chapter 46 (§ 59.1-525 et seq.). For the purposes of this subdivision, "consumer transaction" has the same meaning as provided in § 59.1-526;

42. Violating any provision of Chapter 47 (§ 59.1-530 et seq.);

43. Violating any provision of § 59.1-443.2;

44. Violating any provision of Chapter 48 (§ 59.1-533 et seq.);

45. Violating any provision of Chapter 25 (§ 6.2-2500 et seq.) of Title 6.2;

46. Violating the provisions of clause (i) of subsection B of § 54.1-1115;

47. Violating any provision of § 18.2-239;
48. Violating any provision of Chapter 26 (§ 59.1-336 et seq.);
49. Selling, offering for sale, or manufacturing for sale a children's product the supplier knows or has reason to know was recalled by the U.S. Consumer Product Safety Commission. There is a rebuttable presumption that a supplier has reason to know a children's product was recalled if notice of the recall has been posted continuously at least 30 days before the sale, offer for sale, or manufacturing for sale on the website of the U.S. Consumer Product Safety Commission. This prohibition does not apply to children's products that are used, secondhand or "seconds";
50. Violating any provision of Chapter 44.1 (§ 59.1-518.1 et seq.);
51. Violating any provision of Chapter 22 (§ 6.2-2200 et seq.) of Title 6.2;
52. Violating any provision of § 8.2-317.1;
53. Violating subsection A of § 9.1-149.1;
54. Selling, offering for sale, or using in the construction, remodeling, or repair of any residential dwelling in the Commonwealth, any drywall that the supplier knows or has reason to know is defective drywall. This subdivision shall not apply to the sale or offering for sale of any building or structure in which defective drywall has been permanently installed or affixed;
55. Engaging in fraudulent or improper or dishonest conduct as defined in § 54.1-1118 while engaged in a transaction that was initiated (i) during a declared state of emergency as defined in § 44-146.16 or (ii) to repair damage resulting from the event that prompted the declaration of a state of emergency, regardless of whether the supplier is licensed as a contractor in the Commonwealth pursuant to Chapter 11 (§ 54.1-1100 et seq.) of Title 54.1;
56. Violating any provision of Chapter 33.1 (§ 59.1-434.1 et seq.);
57. Violating any provision of § 18.2-178, 18.2-178.1, or 18.2-200.1;
58. Violating any provision of Chapter 17.8 (§ 59.1-207.45 et seq.). For the purposes of this subdivision, "consumer transaction" also includes transactions involving an automatic renewal or continuous service offer by a supplier to a small business, as those terms are defined in § 59.1-207.45;
59. Violating any provision of subsection E of § 32.1-126;
60. Violating any provision of § 54.1-111 relating to the unlicensed practice of a profession licensed under Chapter 11 (§ 54.1-1100 et seq.) or Chapter 21 (§ 54.1-2100 et seq.) of Title 54.1;
61. Violating any provision of § 2.2-2001.5;
62. Violating any provision of Chapter 5.2 (§ 54.1-526 et seq.) of Title 54.1;
63. Violating any provision of § 6.2-312;
64. Violating any provision of Chapter 20.1 (§ 6.2-2026 et seq.) of Title 6.2;
65. Violating any provision of Chapter 26 (§ 6.2-2600 et seq.) of Title 6.2;
66. Violating any provision of Chapter 54 (§ 59.1-586 et seq.);
67. Knowingly violating any provision of § 8.01-27.5;
68. Failing to, in accordance with § 59.1-207.46, (i) make available a conspicuous online option to cancel a recurring purchase of a good or service or (ii) with respect to a free trial lasting more than 30 days, notify a consumer of his option to cancel such free trial within 30 days of the end of the trial period to avoid an obligation to pay for the goods or services;
69. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains a synthetic derivative of tetrahydrocannabinol. As used in this subdivision, "synthetic derivative" means a chemical compound produced by man through a chemical transformation to turn a compound into a different compound by adding or subtracting molecules to or from the original compound. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;
70. Selling or offering for sale to a person younger than 21 years of age any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;
71. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol, unless such substance is (i) contained in child-resistant packaging, as defined in § 4.1-600; (ii) equipped with a label that states, in English and in a font no less than 1/16 of an inch, (a) that the substance contains tetrahydrocannabinol and may not be sold to persons younger than 21 years of age, (b) all ingredients contained in the substance, (c) the amount of such substance that constitutes a single serving, and (d) the total percentage and milligrams of tetrahydrocannabinol included in the substance and the number of milligrams of tetrahydrocannabinol that are contained in each serving; and (iii) accompanied by a certificate of analysis, produced by an independent laboratory that is accredited pursuant to standard ISO/IEC 17025 of the International Organization of Standardization by a third-party accrediting body, that states the tetrahydrocannabinol concentration of the substance or the tetrahydrocannabinol

concentration of the batch from which the substance originates. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;

72. Manufacturing, offering for sale at retail, or selling at retail an industrial hemp extract, as defined in § 3.2-5145.1, a food containing an industrial hemp extract, or a substance containing tetrahydrocannabinol that depicts or is in the shape of a human, animal, vehicle, or fruit;

73. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol and, without authorization, bears, is packaged in a container or wrapper that bears, or is otherwise labeled to bear the trademark, trade name, famous mark as defined in 15 U.S.C. § 1125, or other identifying mark, imprint, or device, or any likeness thereof, of a manufacturer, processor, packer, or distributor of a product intended for human consumption other than the manufacturer, processor, packer, or distributor that did in fact so manufacture, process, pack, or distribute such substance;

74. Selling or offering for sale a topical hemp product, as defined in § 3.2-4112, that does not include a label stating that the product is not intended for human consumption. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.), (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1, or (iii) apply to topical hemp products that were manufactured prior to July 1, 2023, provided that the person provides documentation of the date of manufacture if requested;

75. Violating any provision of § 59.1-466.8;

76. Violating subsection F of § 36-96.3:1;

77. Selling or offering for sale (i) any kratom product to a person younger than 21 years of age or (ii) any kratom product that does not include a label listing all ingredients and with the following guidance: "This product may be harmful to your health, has not been evaluated by the FDA, and is not intended to diagnose, treat, cure, or prevent any disease." As used in this subdivision, "kratom" means any part of the leaf of the plant *Mitragyna speciosa* or any extract thereof;

78. Advertising of any ignition interlock system in Virginia by an ignition interlock vendor not approved by the Commission on the Virginia Alcohol Safety Action Program to operate in Virginia; targeted advertising of any ignition interlock system to a person before determination of guilt; and any advertising, whether before or after determination of guilt, without a conspicuous statement that such advertisement is not affiliated with any government agency. For purposes of this subdivision, "ignition interlock system" has the same meaning as ascribed to that term in § 18.2-270.1 and "targeted advertising" has the same meaning ascribed to that term in § 59.1-575 and includes direct mailings to an individual. This provision shall not apply to ignition interlock service vendor ads, pamphlets, or kiosk advertisements approved by the Commission on the Virginia Alcohol Safety Action Program and provided at a Commission-approved location;

79. Failing to disclose the total cost of a good or continuous service, as defined in § 59.1-207.45, to a consumer, including any mandatory fees or charges, prior to entering into an agreement for the sale of any such good or provision of any such continuous service;

80. Violating any provision of the Unfair Real Estate Service Agreement Act (§ 55.1-3200 et seq.);

81. Selling or offering for sale services as a professional mold remediator to be performed upon any residential dwelling without holding a mold remediation certification from ~~the Institute of Inspection, Cleaning and Restoration Certification (IICRC)~~ *a nationally or internationally recognized certifying body for mold remediation, and failing to comply with (i) the U.S. Environmental Protection Agency's publication on Mold Remediation in Schools and Commercial Buildings, as revised; (ii) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised; or (iii) any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth; and*

82. Willfully violating any provision of § 59.1-444.4.

B. Nothing in this section shall be construed to invalidate or make unenforceable any contract or lease solely by reason of the failure of such contract or lease to comply with any other law of the Commonwealth or any federal statute or regulation, to the extent such other law, statute, or regulation provides that a violation of such law, statute, or regulation shall not invalidate or make unenforceable such contract or lease.

§ 59.1-200. (Effective July 1, 2025) Prohibited practices.

A. The following fraudulent acts or practices committed by a supplier in connection with a consumer transaction are hereby declared unlawful:

1. Misrepresenting goods or services as those of another;

2. Misrepresenting the source, sponsorship, approval, or certification of goods or services;

3. Misrepresenting the affiliation, connection, or association of the supplier, or of the goods or services, with another;

4. Misrepresenting geographic origin in connection with goods or services;

5. Misrepresenting that goods or services have certain quantities, characteristics, ingredients, uses, or benefits;

6. Misrepresenting that goods or services are of a particular standard, quality, grade, style, or model;
7. Advertising or offering for sale goods that are used, secondhand, repossessed, defective, blemished, deteriorated, or reconditioned, or that are "seconds," irregulars, imperfects, or "not first class," without clearly and unequivocally indicating in the advertisement or offer for sale that the goods are used, secondhand, repossessed, defective, blemished, deteriorated, reconditioned, or are "seconds," irregulars, imperfects, or "not first class";
8. Advertising goods or services with intent not to sell them as advertised, or with intent not to sell at the price or upon the terms advertised.

In any action brought under this subdivision, the refusal by any person, or any employee, agent, or servant thereof, to sell any goods or services advertised or offered for sale at the price or upon the terms advertised or offered, shall be prima facie evidence of a violation of this subdivision. This paragraph shall not apply when it is clearly and conspicuously stated in the advertisement or offer by which such goods or services are advertised or offered for sale, that the supplier or offeror has a limited quantity or amount of such goods or services for sale, and the supplier or offeror at the time of such advertisement or offer did in fact have or reasonably expected to have at least such quantity or amount for sale;
9. Making false or misleading statements of fact concerning the reasons for, existence of, or amounts of price reductions;
10. Misrepresenting that repairs, alterations, modifications, or services have been performed or parts installed;
11. Misrepresenting by the use of any written or documentary material that appears to be an invoice or bill for merchandise or services previously ordered;
12. Notwithstanding any other provision of law, using in any manner the words "wholesale," "wholesaler," "factory," or "manufacturer" in the supplier's name, or to describe the nature of the supplier's business, unless the supplier is actually engaged primarily in selling at wholesale or in manufacturing the goods or services advertised or offered for sale;
13. Using in any contract or lease any liquidated damage clause, penalty clause, or waiver of defense, or attempting to collect any liquidated damages or penalties under any clause, waiver, damages, or penalties that are void or unenforceable under any otherwise applicable laws of the Commonwealth, or under federal statutes or regulations;
- 13a. Failing to provide to a consumer, or failing to use or include in any written document or material provided to or executed by a consumer, in connection with a consumer transaction any statement, disclosure, notice, or other information however characterized when the supplier is required by 16 C.F.R. Part 433 to so provide, use, or include the statement, disclosure, notice, or other information in connection with the consumer transaction;
14. Using any other deception, fraud, false pretense, false promise, or misrepresentation in connection with a consumer transaction;
15. Violating any provision of § 3.2-6509, 3.2-6512, 3.2-6513, 3.2-6513.1, 3.2-6514, 3.2-6515, 3.2-6516, or 3.2-6519 is a violation of this chapter;
16. Failing to disclose all conditions, charges, or fees relating to:
 - a. The return of goods for refund, exchange, or credit. Such disclosure shall be by means of a sign attached to the goods, or placed in a conspicuous public area of the premises of the supplier, so as to be readily noticeable and readable by the person obtaining the goods from the supplier. If the supplier does not permit a refund, exchange, or credit for return, he shall so state on a similar sign. The provisions of this subdivision shall not apply to any retail merchant who has a policy of providing, for a period of not less than 20 days after date of purchase, a cash refund or credit to the purchaser's credit card account for the return of defective, unused, or undamaged merchandise upon presentation of proof of purchase. In the case of merchandise paid for by check, the purchase shall be treated as a cash purchase and any refund may be delayed for a period of 10 banking days to allow for the check to clear. This subdivision does not apply to sale merchandise that is obviously distressed, out of date, post season, or otherwise reduced for clearance; nor does this subdivision apply to special order purchases where the purchaser has requested the supplier to order merchandise of a specific or unusual size, color, or brand not ordinarily carried in the store or the store's catalog; nor shall this subdivision apply in connection with a transaction for the sale or lease of motor vehicles, farm tractors, or motorcycles as defined in § 46.2-100;
 - b. A layaway agreement. Such disclosure shall be furnished to the consumer (i) in writing at the time of the layaway agreement, or (ii) by means of a sign placed in a conspicuous public area of the premises of the supplier, so as to be readily noticeable and readable by the consumer, or (iii) on the bill of sale. Disclosure shall include the conditions, charges, or fees in the event that a consumer breaches the agreement;
- 16a. Failing to provide written notice to a consumer of an existing open-end credit balance in excess of \$5 (i) on an account maintained by the supplier and (ii) resulting from such consumer's overpayment on such account. Suppliers shall give consumers written notice of such credit balances within 60 days of receiving overpayments. If the credit balance information is incorporated into statements of account furnished consumers by suppliers within such 60-day period, no separate or additional notice is required;

17. If a supplier enters into a written agreement with a consumer to resolve a dispute that arises in connection with a consumer transaction, failing to adhere to the terms and conditions of such an agreement;
18. Violating any provision of the Virginia Health Club Act, Chapter 24 (§ 59.1-294 et seq.);
19. Violating any provision of the Virginia Home Solicitation Sales Act, Chapter 2.1 (§ 59.1-21.1 et seq.);
20. Violating any provision of the Automobile Repair Facilities Act, Chapter 17.1 (§ 59.1-207.1 et seq.);
21. Violating any provision of the Virginia Lease-Purchase Agreement Act, Chapter 17.4 (§ 59.1-207.17 et seq.);
22. Violating any provision of the Prizes and Gifts Act, Chapter 31 (§ 59.1-415 et seq.);
23. Violating any provision of the Virginia Public Telephone Information Act, Chapter 32 (§ 59.1-424 et seq.);
24. Violating any provision of § 54.1-1505;
25. Violating any provision of the Motor Vehicle Manufacturers' Warranty Adjustment Act, Chapter 17.6 (§ 59.1-207.34 et seq.);
26. Violating any provision of § 3.2-5627, relating to the pricing of merchandise;
27. Violating any provision of the Pay-Per-Call Services Act, Chapter 33 (§ 59.1-429 et seq.);
28. Violating any provision of the Extended Service Contract Act, Chapter 34 (§ 59.1-435 et seq.);
29. Violating any provision of the Virginia Membership Camping Act, Chapter 25 (§ 59.1-311 et seq.);
30. Violating any provision of the Comparison Price Advertising Act, Chapter 17.7 (§ 59.1-207.40 et seq.);
31. Violating any provision of the Virginia Travel Club Act, Chapter 36 (§ 59.1-445 et seq.);
32. Violating any provision of §§ 46.2-1231 and 46.2-1233.1;
33. Violating any provision of Chapter 40 (§ 54.1-4000 et seq.) of Title 54.1;
34. Violating any provision of Chapter 10.1 (§ 58.1-1031 et seq.) of Title 58.1;
35. Using the consumer's social security number as the consumer's account number with the supplier, if the consumer has requested in writing that the supplier use an alternate number not associated with the consumer's social security number;
36. Violating any provision of Chapter 18 (§ 6.2-1800 et seq.) of Title 6.2;
37. Violating any provision of § 8.01-40.2;
38. Violating any provision of Article 7 (§ 32.1-212 et seq.) of Chapter 6 of Title 32.1;
39. Violating any provision of Chapter 34.1 (§ 59.1-441.1 et seq.);
40. Violating any provision of Chapter 20 (§ 6.2-2000 et seq.) of Title 6.2;
41. Violating any provision of the Virginia Post-Disaster Anti-Price Gouging Act, Chapter 46 (§ 59.1-525 et seq.). For the purposes of this subdivision, "consumer transaction" has the same meaning as provided in § 59.1-526;
42. Violating any provision of Chapter 47 (§ 59.1-530 et seq.);
43. Violating any provision of § 59.1-443.2;
44. Violating any provision of Chapter 48 (§ 59.1-533 et seq.);
45. Violating any provision of Chapter 25 (§ 6.2-2500 et seq.) of Title 6.2;
46. Violating the provisions of clause (i) of subsection B of § 54.1-1115;
47. Violating any provision of § 18.2-239;
48. Violating any provision of Chapter 26 (§ 59.1-336 et seq.);
49. Selling, offering for sale, or manufacturing for sale a children's product the supplier knows or has reason to know was recalled by the U.S. Consumer Product Safety Commission. There is a rebuttable presumption that a supplier has reason to know a children's product was recalled if notice of the recall has been posted continuously at least 30 days before the sale, offer for sale, or manufacturing for sale on the website of the U.S. Consumer Product Safety Commission. This prohibition does not apply to children's products that are used, secondhand or "seconds";
50. Violating any provision of Chapter 44.1 (§ 59.1-518.1 et seq.);
51. Violating any provision of Chapter 22 (§ 6.2-2200 et seq.) of Title 6.2;
52. Violating any provision of § 8.2-317.1;
53. Violating subsection A of § 9.1-149.1;
54. Selling, offering for sale, or using in the construction, remodeling, or repair of any residential dwelling in the Commonwealth, any drywall that the supplier knows or has reason to know is defective drywall. This subdivision shall not apply to the sale or offering for sale of any building or structure in which defective drywall has been permanently installed or affixed;
55. Engaging in fraudulent or improper or dishonest conduct as defined in § 54.1-1118 while engaged in a transaction that was initiated (i) during a declared state of emergency as defined in § 44-146.16 or (ii) to repair damage resulting from the event that prompted the declaration of a state of emergency, regardless of whether the supplier is licensed as a contractor in the Commonwealth pursuant to Chapter 11 (§ 54.1-1100 et seq.) of Title 54.1;
56. Violating any provision of Chapter 33.1 (§ 59.1-434.1 et seq.);
57. Violating any provision of § 18.2-178, 18.2-178.1, or 18.2-200.1;

58. Violating any provision of Chapter 17.8 (§ 59.1-207.45 et seq.). For the purposes of this subdivision, "consumer transaction" also includes transactions involving an automatic renewal or continuous service offer by a supplier to a small business, as those terms are defined in § 59.1-207.45;

59. Violating any provision of subsection E of § 32.1-126;

60. Violating any provision of § 54.1-111 relating to the unlicensed practice of a profession licensed under Chapter 11 (§ 54.1-1100 et seq.) or Chapter 21 (§ 54.1-2100 et seq.) of Title 54.1;

61. Violating any provision of § 2.2-2001.5;

62. Violating any provision of Chapter 5.2 (§ 54.1-526 et seq.) of Title 54.1;

63. Violating any provision of § 6.2-312;

64. Violating any provision of Chapter 20.1 (§ 6.2-2026 et seq.) of Title 6.2;

65. Violating any provision of Chapter 26 (§ 6.2-2600 et seq.) of Title 6.2;

66. Violating any provision of Chapter 54 (§ 59.1-586 et seq.);

67. Knowingly violating any provision of § 8.01-27.5;

68. Failing to, in accordance with § 59.1-207.46, (i) make available a conspicuous online option to cancel a recurring purchase of a good or service or (ii) with respect to a free trial lasting more than 30 days, notify a consumer of his option to cancel such free trial within 30 days of the end of the trial period to avoid an obligation to pay for the goods or services;

69. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains a synthetic derivative of tetrahydrocannabinol. As used in this subdivision, "synthetic derivative" means a chemical compound produced by man through a chemical transformation to turn a compound into a different compound by adding or subtracting molecules to or from the original compound. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;

70. Selling or offering for sale to a person younger than 21 years of age any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;

71. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol, unless such substance is (i) contained in child-resistant packaging, as defined in § 4.1-600; (ii) equipped with a label that states, in English and in a font no less than 1/16 of an inch, (a) that the substance contains tetrahydrocannabinol and may not be sold to persons younger than 21 years of age, (b) all ingredients contained in the substance, (c) the amount of such substance that constitutes a single serving, and (d) the total percentage and milligrams of tetrahydrocannabinol included in the substance and the number of milligrams of tetrahydrocannabinol that are contained in each serving; and (iii) accompanied by a certificate of analysis, produced by an independent laboratory that is accredited pursuant to standard ISO/IEC 17025 of the International Organization of Standardization by a third-party accrediting body, that states the tetrahydrocannabinol concentration of the substance or the tetrahydrocannabinol concentration of the batch from which the substance originates. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.) or (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1;

72. Manufacturing, offering for sale at retail, or selling at retail an industrial hemp extract, as defined in § 3.2-5145.1, a food containing an industrial hemp extract, or a substance containing tetrahydrocannabinol that depicts or is in the shape of a human, animal, vehicle, or fruit;

73. Selling or offering for sale any substance intended for human consumption, orally or by inhalation, that contains tetrahydrocannabinol and, without authorization, bears, is packaged in a container or wrapper that bears, or is otherwise labeled to bear the trademark, trade name, famous mark as defined in 15 U.S.C. § 1125, or other identifying mark, imprint, or device, or any likeness thereof, of a manufacturer, processor, packer, or distributor of a product intended for human consumption other than the manufacturer, processor, packer, or distributor that did in fact so manufacture, process, pack, or distribute such substance;

74. Selling or offering for sale a topical hemp product, as defined in § 3.2-4112, that does not include a label stating that the product is not intended for human consumption. This subdivision shall not (i) apply to products that are approved for marketing by the U.S. Food and Drug Administration and scheduled in the Drug Control Act (§ 54.1-3400 et seq.), (ii) be construed to prohibit any conduct permitted under Chapter 16 (§ 4.1-1600 et seq.) of Title 4.1, or (iii) apply to topical hemp products that were manufactured prior to July 1, 2023, provided that the person provides documentation of the date of manufacture if requested;

75. Violating any provision of § 59.1-466.8;

76. Violating subsection F of § 36-96.3:1;

77. Selling or offering for sale (i) any kratom product to a person younger than 21 years of age or (ii) any kratom product that does not include a label listing all ingredients and with the following guidance: "This

product may be harmful to your health, has not been evaluated by the FDA, and is not intended to diagnose, treat, cure, or prevent any disease." As used in this subdivision, "kratom" means any part of the leaf of the plant *Mitragyna speciosa* or any extract thereof;

78. Advertising of any ignition interlock system in Virginia by an ignition interlock vendor not approved by the Commission on the Virginia Alcohol Safety Action Program to operate in Virginia; targeted advertising of any ignition interlock system to a person before determination of guilt; and any advertising, whether before or after determination of guilt, without a conspicuous statement that such advertisement is not affiliated with any government agency. For purposes of this subdivision, "ignition interlock system" has the same meaning as ascribed to that term in § 18.2-270.1 and "targeted advertising" has the same meaning ascribed to that term in § 59.1-575 and includes direct mailings to an individual. This provision shall not apply to ignition interlock service vendor ads, pamphlets, or kiosk advertisements approved by the Commission on the Virginia Alcohol Safety Action Program and provided at a Commission-approved location;

79. Failing to disclose the total cost of a good or continuous service, as defined in § 59.1-207.45, to a consumer, including any mandatory fees or charges, prior to entering into an agreement for the sale of any such good or provision of any such continuous service;

80. Violating any provision of the Unfair Real Estate Service Agreement Act (§ 55.1-3200 et seq.);

81. Selling or offering for sale services as a professional mold remediator to be performed upon any residential dwelling without holding a mold remediation certification from ~~the Institute of Inspection, Cleaning and Restoration Certification (IICRC)~~ *a nationally or internationally recognized certifying body for mold remediation, and failing to comply with (i) the U.S. Environmental Protection Agency's publication on Mold Remediation in Schools and Commercial Buildings, as revised; (ii) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised; or (iii) any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth;*

82. Willfully violating any provision of § 59.1-444.4; and

83. Violating any provision of Chapter 23.2 (§ 59.1-293.10 et seq.).

B. Nothing in this section shall be construed to invalidate or make unenforceable any contract or lease solely by reason of the failure of such contract or lease to comply with any other law of the Commonwealth or any federal statute or regulation, to the extent such other law, statute, or regulation provides that a violation of such law, statute, or regulation shall not invalidate or make unenforceable such contract or lease.

2. That an emergency exists and the provisions of the first enactment of this act are in force from its passage.

3. That the Department of Professional and Occupational Regulation (the Department) shall, in consultation with the Virginia Department of Health and mold industry professionals, study the current state of the mold inspection and mold remediation workforce in the Commonwealth utilizing the most up-to-date data available to determine whether there is sufficient evidence that the licensure or certification of mold inspectors and mold remediators would benefit the public health, safety, or welfare and, if so, recommend educational, experiential, or examination requirements for such licensure or certification. The Department shall submit a report on the state of the mold inspection and mold remediation workforce in the Commonwealth to the House Committee on General Laws, the Senate Committee on General Laws and Technology, and the Joint Commission on Administrative Rules by January 1, 2026.

Appendix C

Workgroup Discussion Summary

Workgroup Discussion

House Bill 2195 directed DPOR to work with VDH and mold industry professionals to study the current state of the mold inspection and mold remediation workforce. A workgroup was formed that included various individuals involved in the mold inspection and mold remediation industry, a member from the Board for Contractors, a member from the Virginia Board for Asbestos, Lead, and Home Inspectors, a representative from New Virginia Majority, a member from the Home Builders Association of Virginia, and a representative from VDH. In addition to workgroup members, guest speakers from the Division of Population Health Data with VDH contributed to the study.

The first meeting of the workgroup was held on May 14, 2025. Workgroup members were presented with six (6) questions specific to the mold industry centered around job descriptions, current practices, the population of the mold industry workforce, and skills, education, and experience requirements needed to perform in accordance with industry standards. Discussion was focused on these topics and provided valuable insight into the mold industry.

There are three (3) leading national organizations in the mold remediation industry: the American Council for Accredited Certification (ACAC), the Institute of Inspection Cleaning and Restoration Certification (IICRC), and the National Organization of Remediators and Microbial Inspectors (NORMI). These organizations offer training and certifications to individuals working within the industry. Currently, the Virginia Consumer Protection Act requires any individual presenting as a mold remediator or engaging in mold remediation services to hold a certificate obtained through a nationally or internationally recognized certifying body for mold remediation. There are no statutory requirements related to mold inspection or mold assessment.

In discussing definitions and industry specific terms, it was expressed that some professionals avoid using the word “mold” and may refer to such substances as “microbial growth” until such a time that testing has been complete and the presence of “mold” is confirmed. Contemplation was given to terms such as “moisture audit,” “water intrusion site,” and “presence of mold” and it was stated that such terms may be limiting or misleading. Consideration was also given to utilizing terms such as “source of causation,” and “testing for an environment that is conducive to mold growth” instead, since mold spore is always present, meaning there will never be an “absence of mold.”. Within the industry, terms such as “mold management plan” are replaced with “mold remediation protocol” (MRP) and “mold remediation workplan” (MRW) by national standards. Lastly, national standards for conducting an inspection include attention to ‘contents of the home’ as well as the home itself.

Workgroup members shared the thought that the lack of any statutory or regulatory requirements for mold inspectors presents issues within the industry. While the consensus is

that an inspection report¹ is necessary in the mold remediation process, the reports that mold remediators receive are lacking, often containing improper or insufficient information. More times than not, remediators are having to conduct additional inspections prior to preparing an MRW or conducting any remediation, at an added expense to consumers. Guidelines as to what an inspection report must contain would be beneficial to the industry.

To perform their job, mold inspectors are likely to need the following equipment and tools: personal protective equipment (PPE), infrared cameras, borescopes, moisture meters, thermo-hydrometers, and flashlights. Limited inspections, such as a moisture audit or crawlspace audit, may be performed in certain situations. A full inspection generally involves walking a property to examine crawl spaces, openings in the exterior, roofs, gutters, plumbing and HVAC systems, and using thermal scanners on interior surfaces. Inspectors may take samples from surfaces or the air, which are sent to laboratories for testing. National standards promote the use of accredited labs, which usually means the lab is ISO / IEC 17025 certified. Though it does occur within the industry, it is frowned upon to utilize mold test kits from home improvement stores such as Lowe's or Home Depot. Inspectors will often prepare an MRP for use by remediators.

To perform their job, mold remediators are likely to need the following equipment and tools: PPE, saws, drills, demolition tools, utility blades, pry bars, air filtration devices, drying devices, containment materials, micro misters, foggers, and HEPA vacuums. Remediators develop an MRW to follow based on an MRP or the remediators own assessment. It is not uncommon for a remediator to take surface and air samples depending upon the initial inspection performed and the thoroughness of the report. A major component of remediation is establishing a containment field to seal the affected area and prevent the spread of mold spores. Containment is established by securing plastic to ceilings and floors to create an enclosed space with walls and a zippered entry. Filtration devices such as HEPA fans and vacuums are utilized to create negative pressure and capture contaminated air. After remediation, a post-remediation evaluation (PRE) is performed. A third party Indoor Environmental Professional (IEP) might be called upon to perform a final test, or post remediation verification (PRV).

It is difficult to pinpoint the number of individuals engaged in mold inspection and mold remediation in Virginia. ACAC, IICRC, and NORMI, among other nationally recognized organizations, offer different certifications for mold professionals. ACAC offers certification for Microbial Investigation & Consulting, Microbial Remediation, and Residential Mold Inspection with roughly 67 certifications issued in Virginia. The IICRC offers certification for Applied Microbial Remediation Technicians (AMRT) and Mold Remediation Specialists

¹ For purposes of this report, the term "inspection report" assumes the lay meaning of a written report that is created after an examination or inspection occurs and which clearly and objectively describes the findings of said examination or inspection.

(MRS) with at least 500 certifications held in Virginia. NORMI offers certification for Remediators and Microbial Inspectors and currently has 12 active members in Virginia, many of whom hold numerous certifications. Other organizations offering certifications related to mold inspection and mold remediation include the International Association of Certified Home Inspectors (InterNACHI), the Mold Inspection Consulting and Remediation Organization (MICRO), and the American Industrial Hygiene Association (AIHA). Though certification may not be offered, the Global Council for Environmental Health and Safety (GCEHS), the Restoration Industry Association (RIA), the Occupational Safety and Health Administration (OSHA), and the Environmental Protection Agency (EPA) offer some level of standards or guidance for professionals working within the mold industry in various capacities.

To be an effective mold inspector, one must possess a working knowledge of structural systems, HVAC, plumbing, roofing, and environmental science. Key skills include mold identification, sampling techniques, and report writing. Much of these necessary skills are acquired through hands-on, field-based experience. Remediators need strong technical skills, similar to contractors, particularly in containment, demolition, and encapsulation. Remediation techniques vary depending on whether the affected surfaces are porous, requiring removal of materials, or non-porous, requiring sanitization. Similar to an inspector, skills necessary to properly remediate mold are best acquired through hands-on, field-based experience.

Current industry standards for entry into the profession of mold inspection and mold remediation are largely established by national and international organizations such as ACAC, IICRC, and NORMI, as few states require licensure or certification for mold inspectors and mold remediators. There was consensus that a high school diploma (or equivalent) is beneficial to those required to write reports and manage projects, but the workgroup agreed that overall, training and experience outweigh formal education in preparing individuals for the field.

In discussing the potential for licensing, there was discussion as to whether or not individual workers or just firms should be licensed. Licensing on the individual level may promote accountability, but licensing firms may negate concerns related to turnover and temporary labor of individuals. It appears most likely that firms engaging in remediation activities in Virginia are required to hold a contractor license based on the nature of work performed. There was not a consensus that this is industry practice, suggesting many firms engaged in remediation services are also engaged in unlicensed contracting.

The workgroup also discussed the potential conflict of interest in performing both the inspection and remediation on a single project, with supporters of separation pointing to ethical risks and financial exploitation and opponents of separation pointing to practicality,

particularly in underserved communities, and the lack of regulation for inspectors. Most organizations currently promote or even mandate conflict-of-interest disclosure.

In closing, the workgroup touched on the health implications of mold exposure, noting that the main focus of the next meeting will be on the effect mold exposure has on health with a smaller focus being on licensing and certification requirements of other states.

The workgroup met again on July 16, 2025. During this meeting, discussion was focused on the effects mold has on health, specifically, whether mold poses a significant risk to the health and wellbeing of the public. The workgroup was shown a collection of data obtained by DPOR staff as well as a presentation offered by representatives from the Virginia Department of Health (VDH).² In addition to health-related data, the workgroup was provided with information regarding regulatory requirements placed on the mold industry in several other states and Washington, D.C. After the data was presented, the workgroup was given four (4) questions specific to health risks related to mold including the innate dangers of mold, the significance of dangers associated with mold exposure, communities most susceptible to mold exposure and improper remediation, and the likelihood that more stringent regulation will significantly impact the number of individuals affected by mold exposure. Additionally, two (2) individuals shared comments during the public comment period at the beginning of the meeting.³

Drawing a conclusion as to the extent of those affected by mold or the true effects mold has on health is difficult. There is no health-related data available, on a national, state, or local level, that is specific to mold related illness. As such, the data presented centered around asthma and chronic obstructive pulmonary disease (COPD) rates since mold exposure may be a trigger for these conditions.

The innate dangers of mold affect both person and property. While mold and mold dangers are the same everywhere, some areas will experience greater mold risks due to climate and weather. The costs associated with remedying mold vary. In a situation where mold has infested both building components and personal household items such as furniture, the costs for remediation are likely to be high.

The significance of the dangers associated with mold appear to be situational and largely impacted by underlying health issues and other outlying factors. While exposure to mold may cause severe illness in an immunocompromised individual, the same exposure may not trigger any reaction whatsoever in an otherwise healthy individual. While it is not fair to say that the dangers of mold exposure are entirely insignificant, it appears fair to conclude that the dangers are more significant to a sensitive portion of the population.

² The full collection of data, as well as a summary and analysis of data presented by VDH is contained in various attachments included with this report.

³ The full comments received are contained in Attachment #2.

It does appear that the community most affected by mold and improper mold remediation are tenants. There is no requirement for landlords to utilize properly accredited mold remediation companies or to properly remediate mold when reported by a tenant. In looking at the channels through which individuals are able to file complaints related to mold and mold remediation services, the overwhelming majority are made by tenants filing against a landlord. Calls to VDH regarding mold related complaints are also largely from tenants seeking remedy against a landlord.

Additional Workgroup Observations

- There is no standard for what level of mold is considered acceptable or unacceptable which may pose challenges in effectively regulating the mold industry.
- Mold is naturally occurring and exists everywhere; there can never be a guarantee, despite any level of remediation, that mold will not return.
- There is a need to ensure that individuals offering services related to mold inspections are held to a similar standard as those offering mold remediation services.
- There is no health-related data that specifically identifies the actual danger that mold presents; while asthma and COPD rates can be considered, there are many other environmental factors, as well as an individual's lifestyle, that contribute to these conditions.
- The way buildings are constructed has a direct impact on conditions in which mold exists; without proper ventilation and routine care such as HVAC maintenance, the likelihood of the existence of mold is not only greater, but likely.
- Making amendments to the building code might enable building officials to play a bigger role in preventing the construction of buildings that are more susceptible to mold growth and also addressing issues present in rental properties, requiring landlords and residential building contractors to address violations that may contribute to mold existence.
- Tenants, rather than homeowners, appear to be the population most affected by improper mold remediation; homeowners have the ability to seek services and choose an individual or company to perform inspection and remediation services while tenants are at the mercy of a landlord.
- The only remedy tenants have when seeking to hold a landlord accountable for failing to properly remediate mold is to file a civil action; many tenants are not likely to pursue this for fear of retribution in the form of raised rent prices or eviction.
- More education, to include the implementation of programs or methods by which information and resources related to mold remediation can be distributed to the

public, specifically for tenants and landlords, may return a positive impact for tenants experiencing mold issues.

- Requiring landlords to hire certified mold remediators may help ensure remediation is done correctly; often times landlords are sending maintenance teams to perform surface cleanings that do not eradicate mold.
- Placing more stringent regulation on the mold industry will not have any impact on mold related issues for tenants since such regulation will not apply to landlords.

Health Effects of Mold

Mold is a commonly occurring fungus that develops in moisture containing environments. Damp, wet, and humid environments are particularly conducive to mold growth and exist both indoors and outdoors. Mold may grow in visible or hidden areas of a building or home and may also be introduced from outside sources.⁴

Mold spreads through the release of spores which are visually undetectable. Spores can attach to nearly any surface such as clothing, bags, shoes, or pets, and be carried from one area to another. The spores are potential irritants and allergens produced by mold, which may be impactful to an individual's health upon contact, inhalation, or ingestion. Mold spores can be found in the air in almost any environment.

Mycotoxins are byproducts produced by certain molds. These byproducts are considered toxic; however, limited information is available from government sources concerning their potential health effects from home exposure.⁵ Government focus regarding mycotoxins is predominately associated with exposure through food, rather than mold growth in residences, schools, or workplaces.

The health effects of continuous mold exposure vary by individual. Some may experience no adverse effects when exposed to mold, while particularly vulnerable groups might face a greater burden of health effects. Individuals continuously exposed to mold, who have no comorbidities, may experience no symptoms, or symptoms such as irritation to the eyes, skin, nose, throat, or lungs, headaches, memory problems, mood changes, or aches and pains.⁶ Though it is possible for individuals with no comorbidities to present with the listed symptoms, adverse health effects are more prevalent in those with a mold allergy, asthma or other respiratory illness, immune-compromised individuals, young children, or the elderly.⁷

⁴ <https://www.cdc.gov/mold-health/about/index.html>

⁵ <https://www.epa.gov/mold/mold-course-chapter-1>

⁶ List derived from multiple sources, see references.

⁷ List derived from multiple sources, see references.

According to the Center for Disease Control (CDC), the three most common indoor molds are Cladosporium, Penicillium, and Aspergillus.⁸ Exposure to Aspergillus may cause complications for immune-compromised individuals and those with chronic respiratory conditions. The CDC states, “most people do not get sick from Aspergillus,” however it may cause a “mild to severe” illness for susceptible individuals.⁹

While there are ongoing studies regarding the impact mold exposure has on health, available information indicates that mold exposure impacts individuals very differently. It is also evident that an individual’s pre-dispositions play a significant role in the health effects experienced due to mold exposure.

Relevant Data

Data are not available for instances of mold-specific hospitalizations or illness rates in Virginia or the United States. As symptoms vary by individual, and infections such as Aspergillosis are not reportable conditions in the United States, it is extremely challenging to determine the frequency of these conditions in Virginia or elsewhere. Since mold is known to trigger individuals with asthma and other respiratory illnesses, data obtained focuses on asthma and COPD hospitalization rates across localities in Virginia and what areas are most affected. Asthma and COPD exist without the presence of mold, and the data does not indicate causation, however, it may highlight areas containing more at-risk individuals for complications due to mold exposure.

Utilizing data available through the Virginia Department of Health (VDH) Environmental Public Health Tracking, research was conducted on the frequency of asthma and COPD hospitalization rates, by locality, in Virginia from 2019 through 2023;¹⁰ this is the most relevant, up-to-date data available. For each of the five years examined, the top ten highest rates of asthma and COPD hospitalizations were noted. Of those five years, the frequency of each locality within the top ten highest rates was also noted. The three localities appearing in the top ten highest asthma hospitalization rates for all five years were Hopewell City with an average rate of 138.7, Petersburg City with an average rate of 111.9, and Richmond City with an average rate of 105.96.¹¹ For COPD, the only locality

⁸ <https://www.cdc.gov/mold-health/about/index.html>

⁹ <https://www.cdc.gov/aspergillosis/about/index.html>

¹⁰ A five-year window was chosen to maintain relevancy.

¹¹ Rate calculated per 100,000 population: Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking Program. Asthma Hospitalizations.

<https://www.vdh.virginia.gov/environmental-public-health-tracking/asthma/asthma-hospitalizations/>

appearing in the top ten highest rates for all five years was Martinsville City with an average rate of 688.34.¹²

The data for asthma and COPD hospitalization rates were available by age range, statewide. From 2019 through 2023, the range with the highest average asthma hospitalization rate was 0-4 years of age with an average rate of 62.5, followed by 5-14 years of age with an average rate of 42. For COPD the highest hospitalization rate was for those who are 85 years and older, with an average of 394.6, followed by those who are 65 to 84 years of age with an average of 339.1.

Data similar to that collected from VDH was also obtained from Florida, Texas, and New York. This was done in an effort to establish a potential correlation between regulation of the mold industry and lower incidence rates of illnesses known to be exacerbated by mold exposure. Analysis of the data collected shows that overall, Virginia had similar or lower incidence rates of asthma and COPD than Florida, Texas, and New York.¹³

In addition to determining the areas most affected and incidence rates of asthma and COPD in Virginia, Florida, Texas, and New York, additional data was considered in an effort to get a more specific picture of individuals and communities most affected by mold exposure. This includes data specific to age groups as well as data related to the percentage of rental properties located in the areas with the highest rates of asthma and COPD-related hospitalizations. Analysis of the data collected shows that individuals aged 0-4 years experience the highest rate of asthma-related hospitalizations across all states and individuals over the age of 65, respectively, experience the highest rate of COPD-related hospitalizations across all states.¹⁴

During the workgroup meeting on July 16, 2025, VDH staff presented mold-related, syndromic surveillance data that had been reported by emergency departments¹⁵ and urgent care centers in Virginia¹⁶ from January 2022 to May 2025. The data consisted of visits to emergency departments and urgent care centers where the chief complaint mentioned “mold,” or where the discharge diagnosis code represented “contact with and (suspected) exposure to mold (toxic).” The data presented two (2) possible trends: (i) on an annual basis, peaks in visits occurred between June and October; and (ii) the regions with the

¹² Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking Program. COPD Hospitalizations. <https://www.vdh.virginia.gov/environmental-public-health-tracking/copd/copd-hospitalizations-dashboard/>

¹³ Attachment #3 includes asthma and COPD hospitalization rates for the states referenced.

¹⁴ Data derived from multiple sources, see References, to include Attachment #3.

¹⁵ Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology, Virginia Department of Health. [Syndromic Surveillance – Surveillance and Investigation](#)

¹⁶ The data included Virginia and non-Virginia residents that were seen at reporting facilities in Virginia. The geographic location was assigned by patients’ residential zip codes.

highest rate of visits were Virginia's Central Region and Eastern Region. This data is not public and was compiled for this study.

In Virginia, the areas with some of the highest percentages of properties that are rental properties are located in the greater Richmond area, to include the Cities of Richmond, Hopewell, and Petersburg.¹⁷ This data was obtained to establish whether there may be a correlation between the percentage of individuals likely residing in rental properties and incidence rates of asthma and COPD related hospitalizations, which may indicate a higher likelihood of exposure to mold.

There is no way to accurately identify when mold may have caused or contributed to asthma and COPD-related hospitalizations. This makes the actual public health effects of mold exposure unclear. While certain data about asthma and COPD-related hospitalization rates are available, it cannot be determined with any certainty how often mold contributed to these instances. Further, data collected for asthma and COPD-related hospitalization rates from states that regulate the mold industry does not suggest that those states have notably lower hospitalization rates than Virginia. As such, it cannot be concluded that establishing a certification, registration, or licensure requirement will cause improvement to public health.

¹⁷ [Virginia Housing Data | BestNeighborhood.org](https://www.bestneighborhood.org/virginia-housing-data/)

Appendix D

Degrees of Regulation and Entry Requirements: A Comprehensive Comparison

STATE	DEGREE of REGULATION	REQUIREMENTS FOR ENTRY	EXAM REQUIRED
Florida	Licensure; Mold Assessor & Mold Remediator	<p><u>Assessor</u>: 2-year degree in related field of science (biology, chemistry, environmental, earth, or physical science) + 1 year field experience or HS diploma + 4 years of demonstrated experience.</p> <p><u>Remediator</u>: 2-year degree in a related field of science (biology, chemistry, environmental, earth, or physical science) + 1 year field experience or HS diploma + 4 years of demonstrated experience.</p>	Yes (Assessor)
Illinois	Registration: Mold Remediators	Submit proof of financial responsibility + proof of certification by a nationally recognized, non-profit organization.	No
Louisiana	Licensure; Mold Remediation Contractors	24 hours of training in mold remediation & basic mold assessment; workers' comp coverage (statutory) + \$50k liability insurance *Also approve training providers	No
New Hampshire	Certification; Mold Assessors	Certification issued by national nonprofit organization accredited by ANSI, CESB, NCCA or others operating in compliance with ISO	No
New York	Licensure; Mold Assessor, Mold Remediation Contractor, Mold	<u>Assessor</u> : Pass an approved mold assessor training course & submitted evidence of worker's comp coverage + \$50k liability insurance.	No

	Abatement Worker Supervisor, and Mold Abatement Worker	<p><u>Remediator</u>: Pass an approved mold remediation training course & submitted evidence of worker's comp coverage + \$50k liability insurance.</p> <p><u>Abatement Worker Supervisor</u>: Pass an approved mold remediation training course.</p> <p><u>Abatement Worker</u>: Pass an approved mold abatement worker training course.</p>	
Texas	<p>Registration: Mold Remediation Worker</p> <p>Licensure: Mold Assessment Technician, Mold Remediation Contractor, Mold Assessment Consultant, Mold Assessment Company, Mold Remediation Company, Mold Analysis Laboratory</p>	<p><u>Remediation Worker</u>: complete approved training course applicable to mold remediation.</p> <p><u>Assessment Technician</u>: HS Diploma or GED, pass approved training course, + comply with insurance requirements.</p> <p><u>Assessment Consultant</u>: Bachelor's or graduate degree w/major in natural or physical science, engineering, architecture, building construction, or building sciences + 1 year of experience in related field; or no less than 60 college credit hours in natural sciences, physical sciences, environmental sciences, building sciences, or a related field + 3 years of experience in related field; or a HS diploma or GED + 5years of experience in related field; or certification as an industrial hygienist, professional engineer, professional registered sanitarian, certified safety</p>	Yes (technicians, consultants, and remediation contractors)

		<p>professional, or a registered architect + 1 year of related experience.</p> <p><u>Remediation Contractor:</u> Bachelor's or graduate degree w/major in natural or physical science, engineering, architecture, building construction, or building sciences + 1 year of experience in related field or as a contractor in building construction; or no less than 60 college credit hours in natural sciences, physical sciences, environmental sciences, building sciences, or a related field + 3 years of experience in related field or as a contractor in building construction; or HS diploma or GED + 5 years of experience in related field or as a contractor in building construction; or certification as an industrial hygienist, professional engineer, professional registered sanitarian, certified safety professional, or a registered architect + 1 year of experience in related field or as contractor in building construction.</p>	
Washington D.C.	Licensure: Mold Assessors & Mold Remediators	<u>Assessors & Remediators:</u> 2-year associate's degree or equivalent with at least 30 semester hours in microbiology, engineering, architecture, industrial hygiene, occupational safety, or a related field of science + 1 year relevant field	Yes

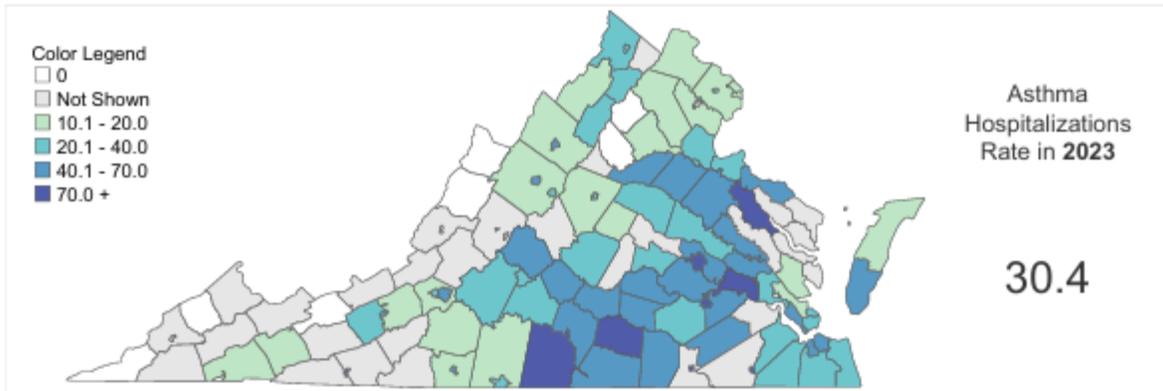
		experience; or hold certification as an industrial hygienist, professional engineer, professional registered sanitarian, safety professional, or registered architect + 6 months of relevant field experience; or a high school diploma or equivalent + 3 years relevant field experience.	
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Appendix E

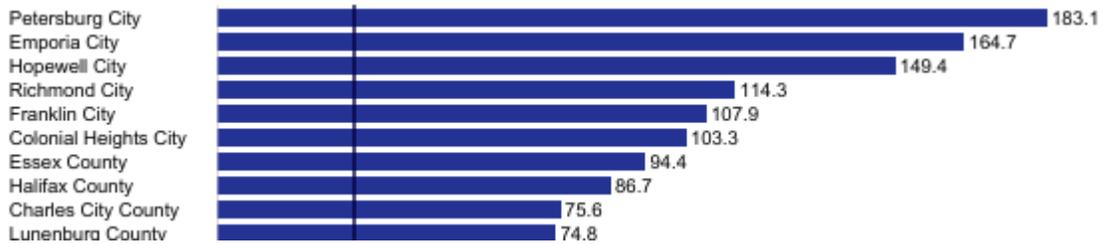
Asthma and COPD Hospitalization Rates in Virginia, 2019-2023

Map of Asthma Hospitalizations Rate by Locality (City/County) in 2023 for All Age Groups

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



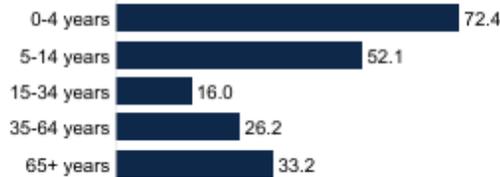
Other and unknown race/ethnicity is unavailable for selection due to no matching population data. Refer to Data Details for additional information.



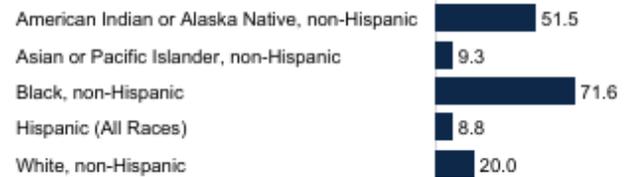
2023 Virginia Snapshot for Asthma Hospitalizations

Note: Virginia Snapshot, Asthma Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

Asthma Hospitalizations Rate by Age Group



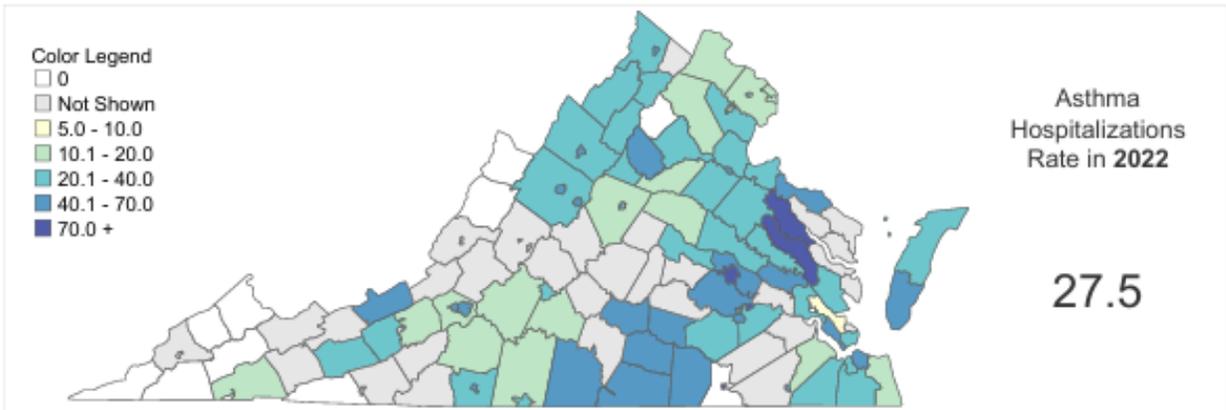
Asthma Hospitalizations Rate by Race/Ethnicity



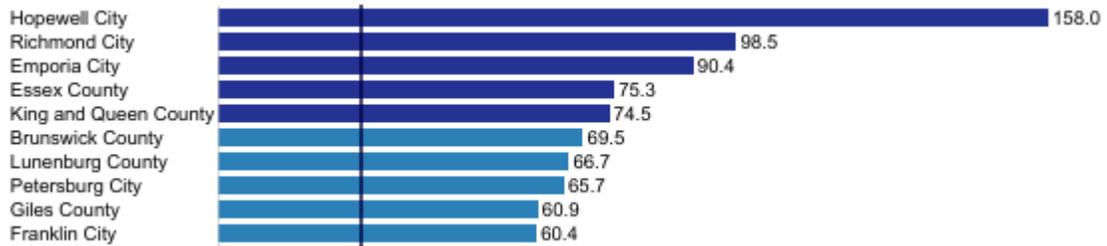
Other and unknown race/ethnicity is unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of Asthma Hospitalizations Rate by Locality (City/County) in 2022 for All Age Groups

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



Other and unknown race/ethnicity is unavailable for selection due to no matching population data. Refer to Data Details for additional information.



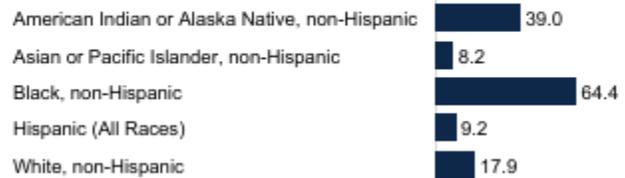
2022 Virginia Snapshot for Asthma Hospitalizations

Note: Virginia Snapshot, Asthma Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

Asthma Hospitalizations Rate by Age Group



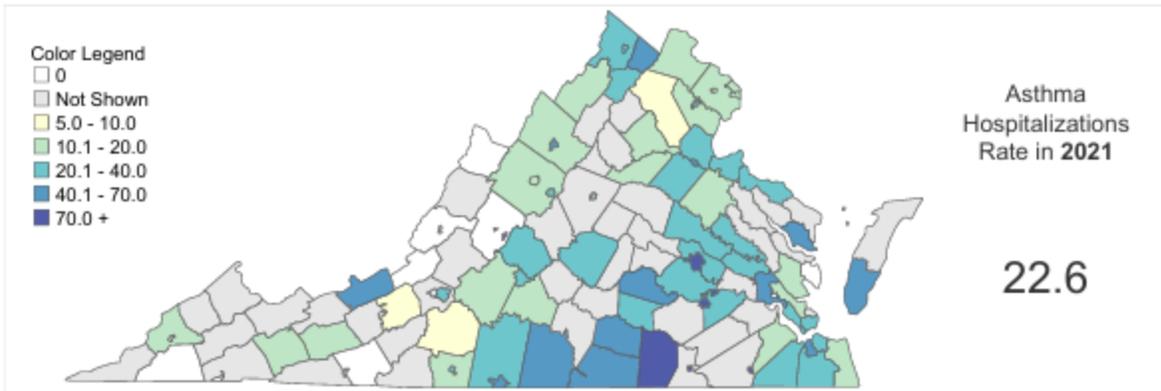
Asthma Hospitalizations Rate by Race/Ethnicity



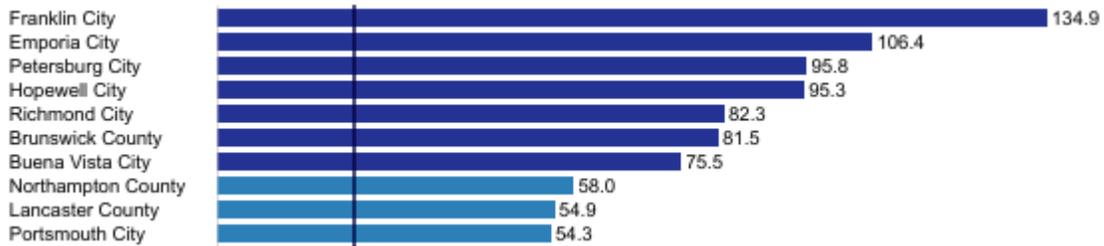
Other and unknown race/ethnicity is unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of Asthma Hospitalizations Rate by Locality (City/County) in 2021 for All Age Groups

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



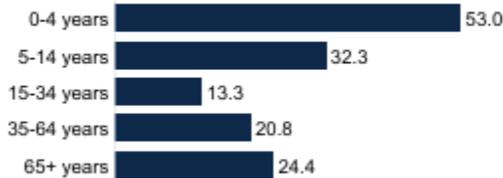
Other and unknown race/ethnicity is unavailable for selection due to no matching population data. Refer to Data Details for additional information.



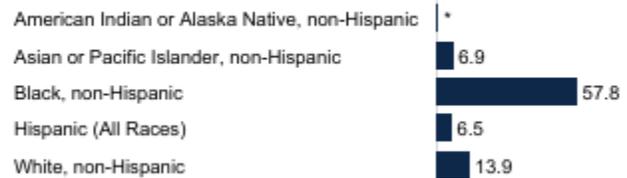
2021 Virginia Snapshot for Asthma Hospitalizations

Note: Virginia Snapshot, Asthma Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

Asthma Hospitalizations Rate by Age Group



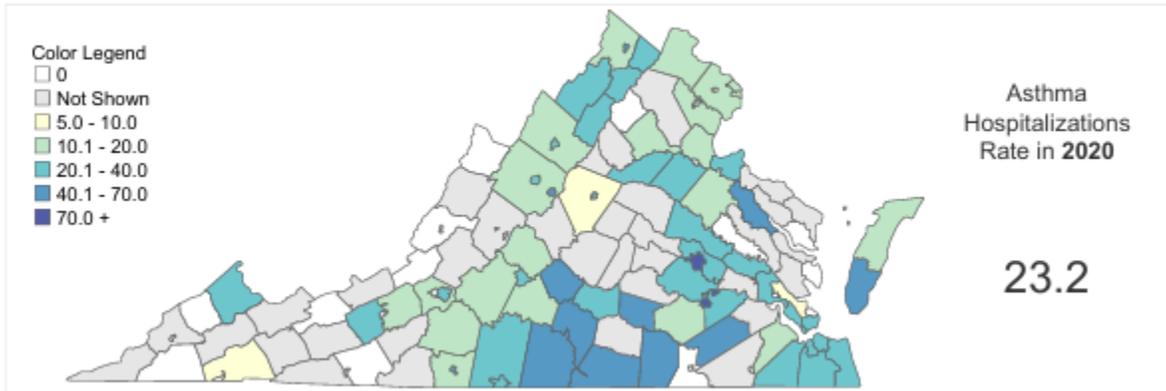
Asthma Hospitalizations Rate by Race/Ethnicity



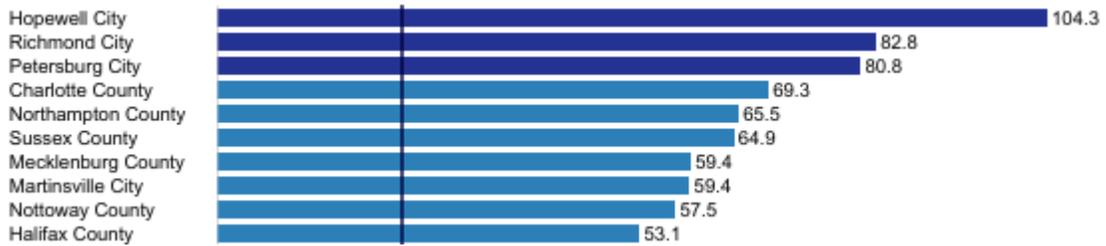
Other and unknown race/ethnicity is unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of Asthma Hospitalizations Rate by Locality (City/County) in 2020 for All Age Groups

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



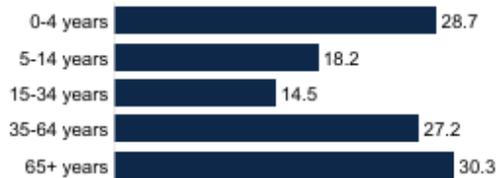
Other and unknown race/ethnicity is unavailable for selection due to no matching population data. Refer to Data Details for additional information.



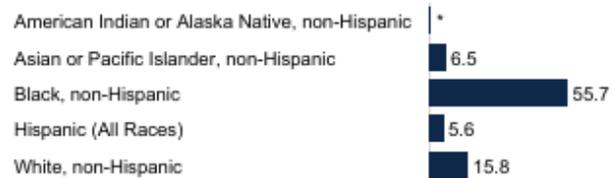
2020 Virginia Snapshot for Asthma Hospitalizations

Note: Virginia Snapshot, Asthma Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

Asthma Hospitalizations Rate by Age Group



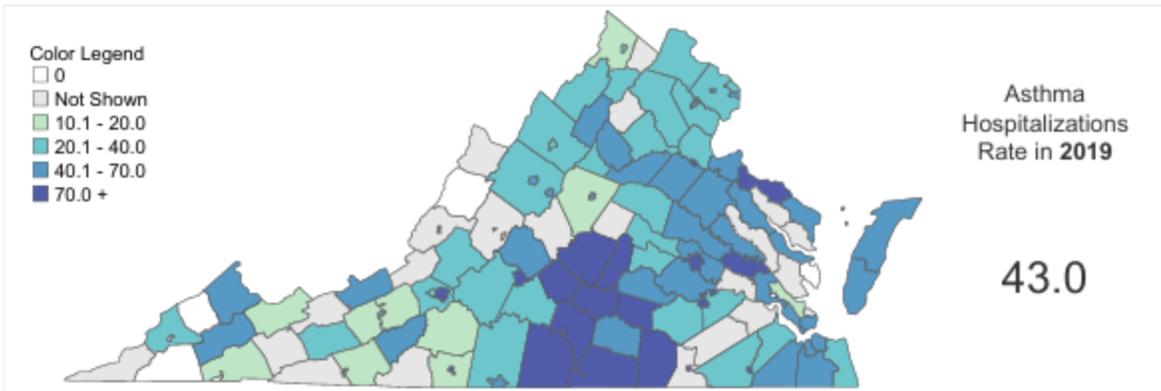
Asthma Hospitalizations Rate by Race/Ethnicity



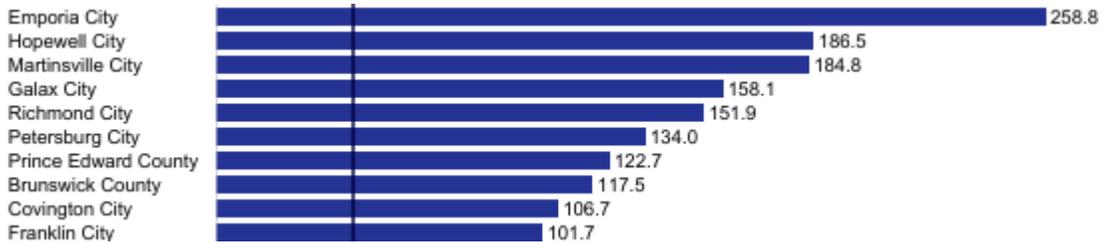
Other and unknown race/ethnicity is unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of Asthma Hospitalizations Rate by Locality (City/County) in 2019 for All Age Groups

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



Other and unknown race/ethnicity is unavailable for selection due to no matching population data. Refer to Data Details for additional information.



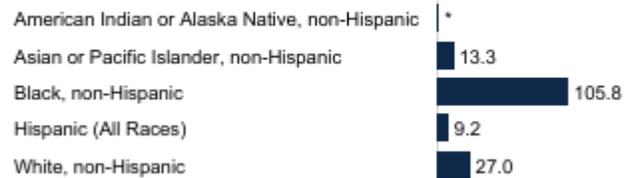
2019 Virginia Snapshot for Asthma Hospitalizations

Note: Virginia Snapshot, Asthma Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

Asthma Hospitalizations Rate by Age Group



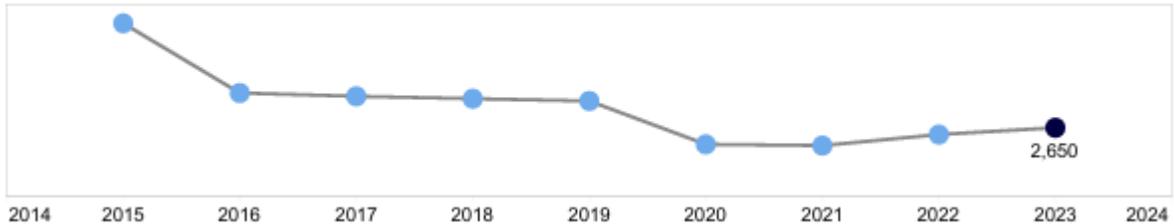
Asthma Hospitalizations Rate by Race/Ethnicity



Other and unknown race/ethnicity is unavailable for display due to no matching population data. Refer to Data Details for additional information.

Asthma Hospitalizations Count by Admission Year for All Age Groups

(Selected Year shows with an Asthma Hospitalizations Count label and in dark blue.)



ASTHMA HOSPITALIZATION RATES DATA INFORMATION

How Data Was Created

Numerator: Hospitalizations or “counts” for asthma, ICD-9-CM 493 or ICD-10-CM J45 as the primary diagnosis

Denominator: Resident population (provided by U.S. Census Bureau)

For rate display, rates are multiplied by a factor of 100,000 to allow for comparison across localities.

Data Details:

1. The hospital admission data displayed are provided by Virginia Health Information to the Virginia Department of Health. The data are analyzed by the Division of Population Health Data, Environmental Public Health Tracking Program, and displayed by the VDH Center for Public Health Informatics.
2. Hospital admission records are selected using primary diagnosis codes only and are based on admission year rather than discharge year. This methodology may differ from other VDH hospitalization data dashboards.
3. Admissions of residents to out-of-state hospitals are excluded. Admissions for border counties may be underestimated.
4. Rates were calculated based on [U.S. Census Bureau Single Race Population Estimates](#).
5. Differences in counts and rates in 2015 compared with subsequent years could be a result of ICD coding changes.
6. Non-zero counts of 1-4 are suppressed for display to protect privacy.

7. Non-zero rates based on a numerator counts of 1-4 are suppressed for display due to rate instability.
8. Other and unknown race/ethnicity categories have been excluded from display due to no matching population data for the denominator.
9. Color legend for counts/rates shown in map was created from calculated cut-offs. Color legend does not change when choosing different filters.

Data Limitations:

- Asthma hospitalizations will include some transfers between hospitals for the same individual for the same asthma event. Variations in the percentage of transfers or readmissions for the same asthma event may vary by geographic area.
- Data are based on the date of admission rather than the date of discharge. Admission date is a better indicator of the time the patient first presented with severe enough symptoms to result in a hospital admission and may be more closely related to a potential environmental exposure or trigger. This methodology may differ from other VDH hospitalization data dashboards.
- Counts are the number of inpatient hospitalizations. A patient could have stayed in the hospital more than once for asthma. These would count as separate hospitalizations.
- Data on race and ethnicity are limited for several reasons. These data are not consistently recorded on medical records and when available are complicated further by non-standard definitions of race and ethnicity, the use of combined race/ethnicity, reporting of multiple race categories, and differences in self-report versus registrar reporting. Cases where race was classified as 'other' or 'unknown' have not been displayed due to the inability to calculate rates. These cases are included in the overall counts.
- These data usually include only cases of state residents who were treated within the state. Measures for geographic areas (e.g., counties) bordering other states may be underestimated because of health care utilization patterns.
- Excluded from the data are federal institutions such as Veterans Affairs, Indian Health Services, and prison facilities.
- Practice patterns and payment mechanisms may affect diagnostic coding and decisions by health care providers to hospitalize patients.
- Sometimes the mailing address of a patient is listed as the residence address of the patient. Patients may be exposed to environmental triggers in multiple locations, but geographic information is limited to residence.

- On October 1, 2015, in the United States, the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) replaced the ninth revision (ICD-9-CM) for coding of medical terminology and disease classification. As a direct result of this change, there are nearly five times as many diagnosis codes in ICD-10-CM than in ICD-9-CM, allowing further expansion than was possible with ICD-9-CM. This coding change impacts information classifications for hospital discharge, emergency department, and outpatient records for administrative and financial transactions in all healthcare settings. Differences in counts and rates in years prior to 2015 (ICD-9-CM) compared with 2015 (ICD-9-CM and ICD-10-CM) and subsequent years (ICD-10-CM) could be a result of this coding change and not an actual difference in the number of events.
- Hospitalization data, by definition, does not include asthma among individuals who do not receive medical care or who are not hospitalized, including those who die in emergency rooms, in nursing homes, or at home without being admitted to a hospital, and those treated in outpatient settings.
- All-age locality rate is based on a crude, non-adjusted rate calculation. Comparing the all-age locality rate to the Virginia rate should be interpreted with caution due to variation in age distribution from locality to locality.
- Rates may differ from those available from CDC's National Environmental Public Health Data Explorer due to differences in the multiplier used to display rates (per 100,000 vs 10,000). Rates may also vary from CDC due to differences in population estimates used to calculate the rate.
- Rates calculated with numerator counts between 5-20 are displayed but should be interpreted with caution.
- Reporting rates at the state and/or county level will not show the true asthma burden at a more local level (i.e. neighborhood).
- Differences in rates by area may be due to different socio-demographic characteristics and associated behaviors.
- When comparing rates across geographic areas, a variety of non-environmental factors, such as access to medical care and diet, can impact the likelihood of persons being hospitalized for asthma.
- Reporting rates at the state and/or county level may not be geographically resolved enough to be linked with many types of environmental data.

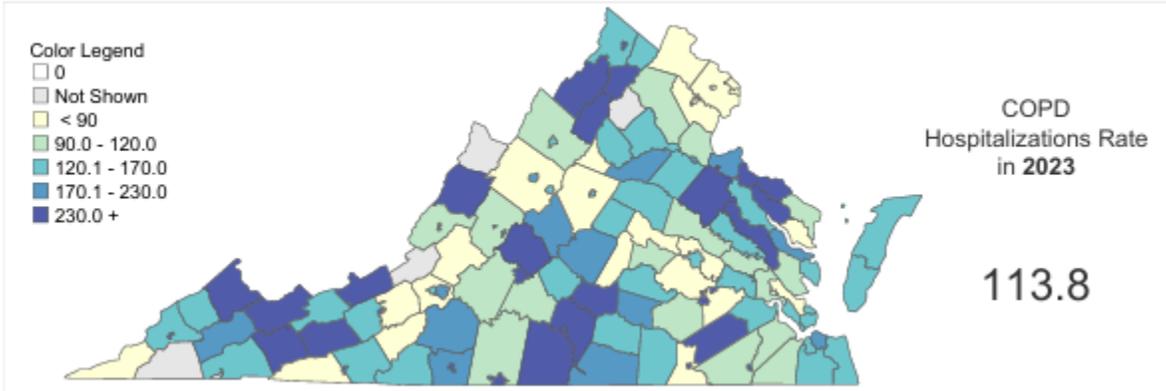
Citation:

Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking

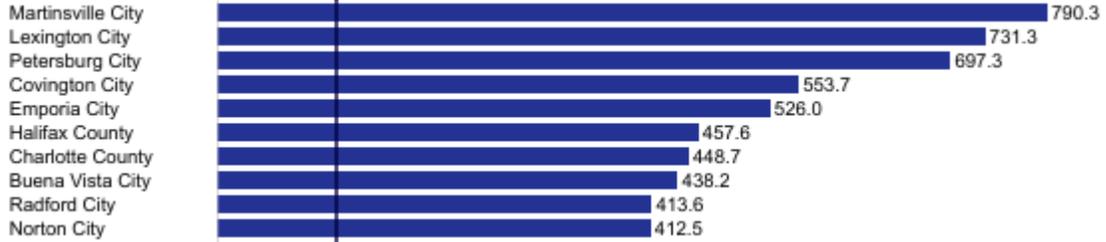
Program. Asthma Hospitalizations. <https://www.vdh.virginia.gov/environmental-public-health-tracking/asthma/asthma-hospitalizations/>

Map of COPD Hospitalizations Rate by Locality (City/County) in 2023 for Ages 25 or Older

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



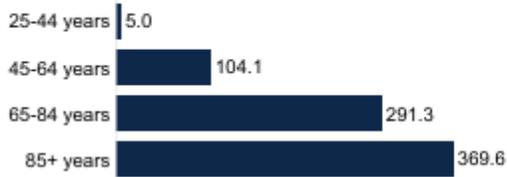
Other and unknown race/ethnicity are unavailable for selection due to no matching population data. Refer to Data Details for additional information.



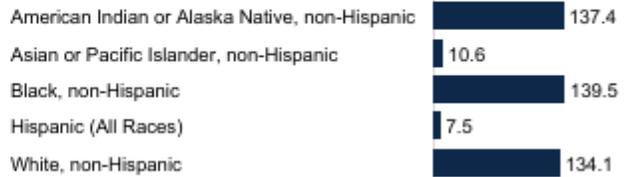
2023 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



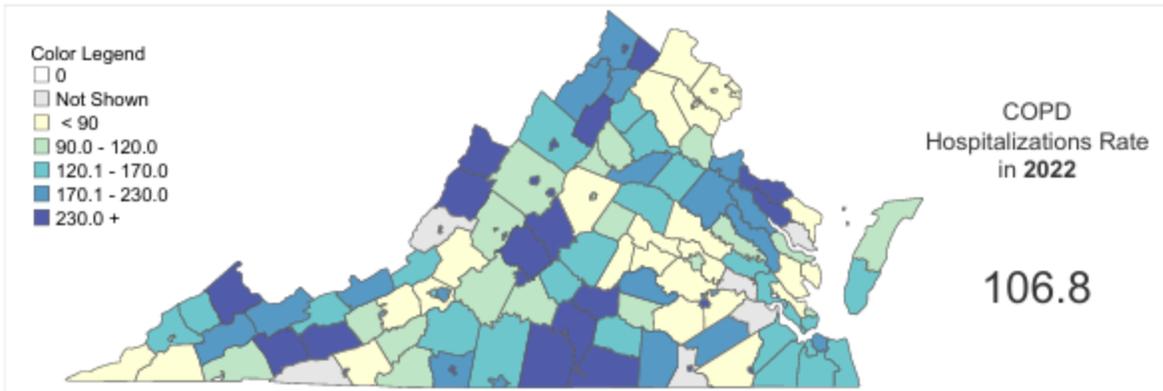
COPD Hospitalizations Rate by Race/Ethnicity



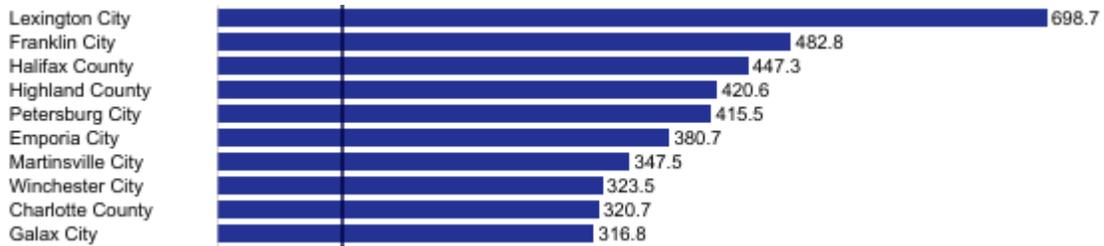
Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of COPD Hospitalizations Rate by Locality (City/County) in 2022 for Ages 25 or Older

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



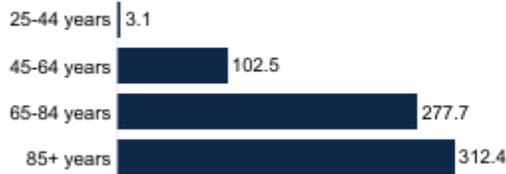
Other and unknown race/ethnicity are unavailable for selection due to no matching population data. Refer to Data Details for additional information.



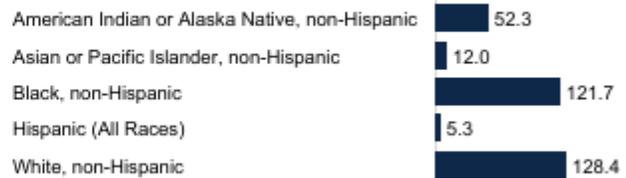
2022 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



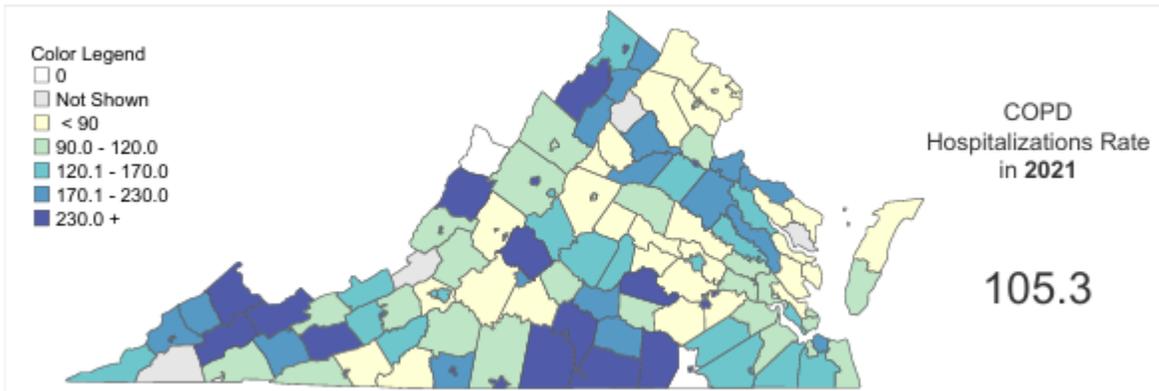
COPD Hospitalizations Rate by Race/Ethnicity



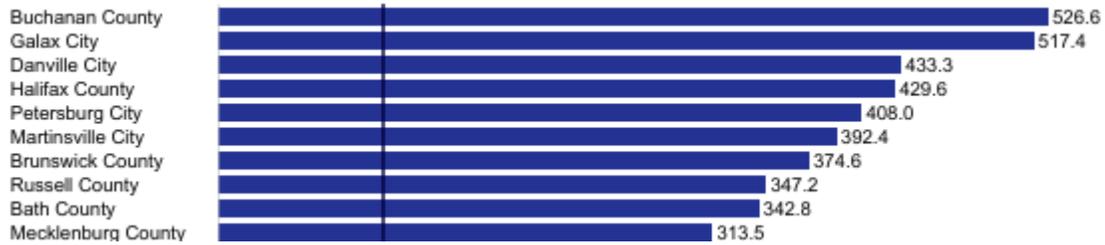
Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of COPD Hospitalizations Rate by Locality (City/County) in 2021 for Ages 25 or Older

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



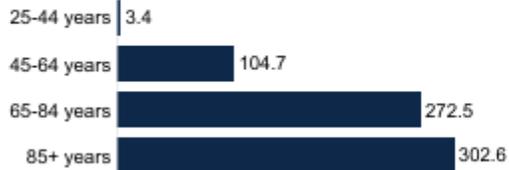
Other and unknown race/ethnicity are unavailable for selection due to no matching population data. Refer to Data Details for additional information.



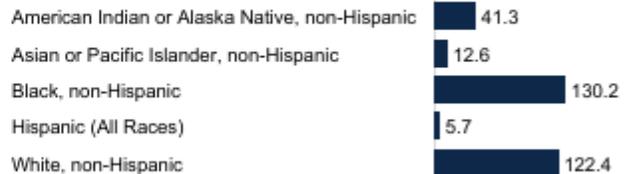
2021 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



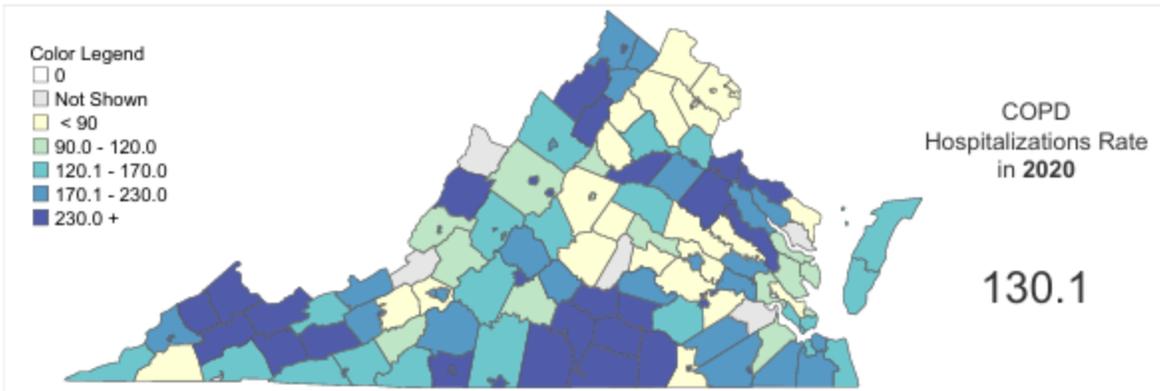
COPD Hospitalizations Rate by Race/Ethnicity



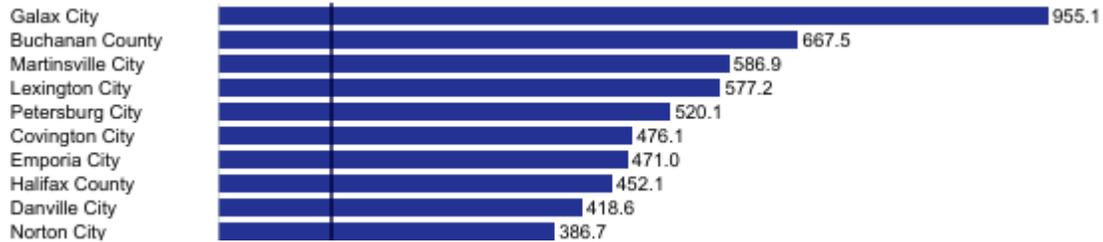
Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of COPD Hospitalizations Rate by Locality (City/County) in 2020 for Ages 25 or Older

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



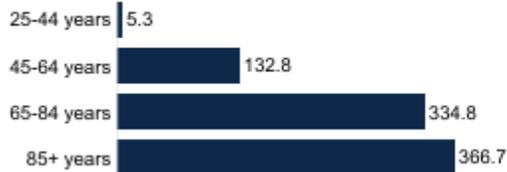
Other and unknown race/ethnicity are unavailable for selection due to no matching population data. Refer to Data Details for additional information.



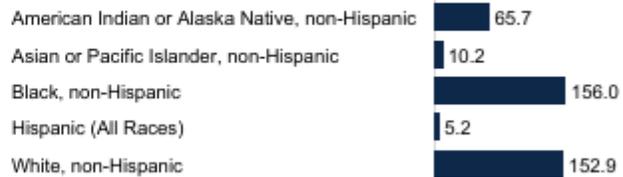
2020 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



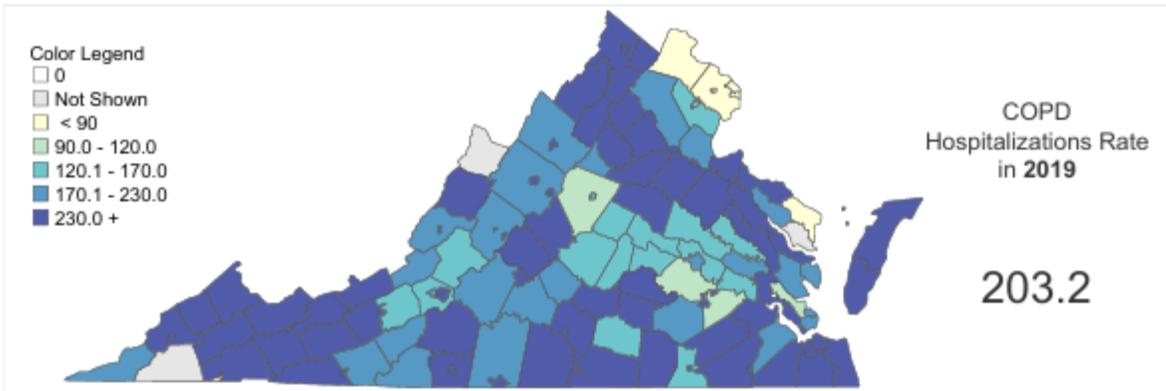
COPD Hospitalizations Rate by Race/Ethnicity



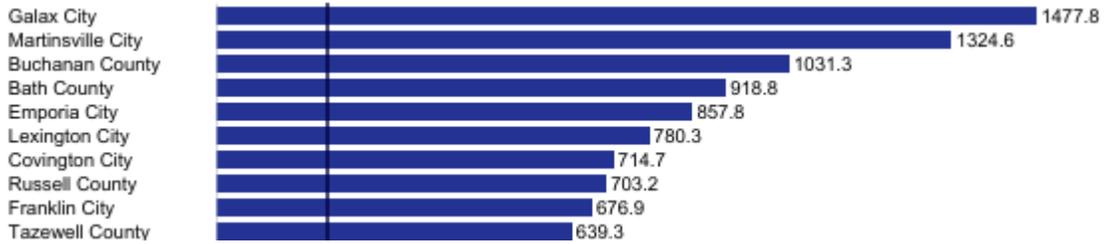
Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

Map of COPD Hospitalizations Rate by Locality (City/County) in 2019 for Ages 25 or Older

(Select a Locality to filter the dashboard. Deselect to restore to all Virginia Localities.)
 (Selected Locality will get moved to the top on the bar chart below.)



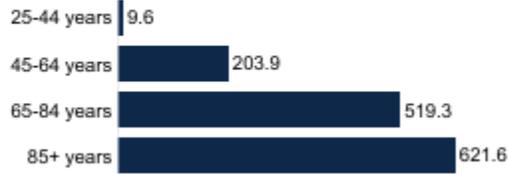
Other and unknown race/ethnicity are unavailable for selection due to no matching population data. Refer to Data Details for additional information.



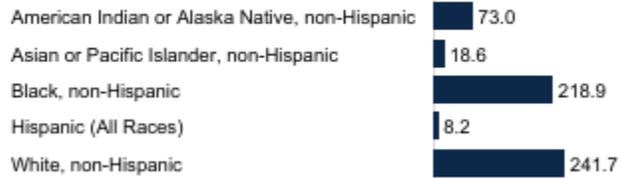
2019 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



COPD Hospitalizations Rate by Race/Ethnicity

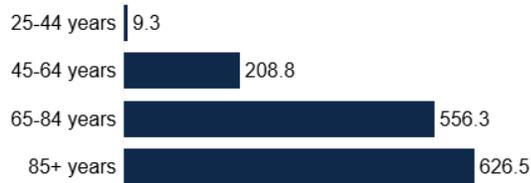


Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

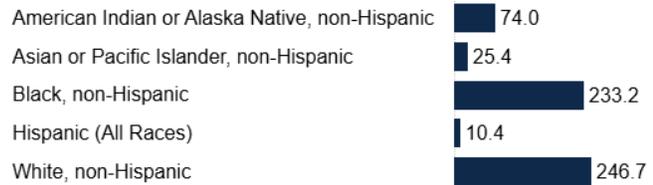
2018 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



COPD Hospitalizations Rate by Race/Ethnicity

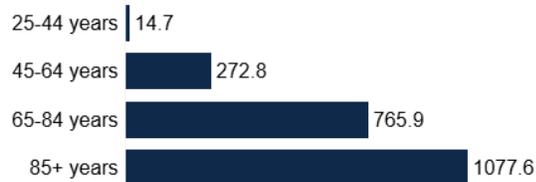


Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

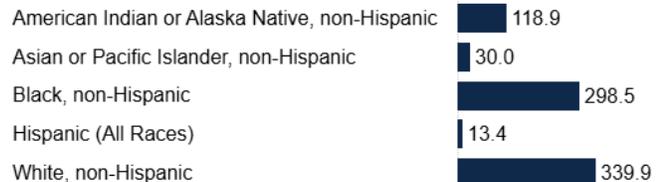
2017 Virginia Snapshot for COPD Hospitalizations

Note: Virginia Snapshot, COPD Hospitalizations Rate by Age and Race/Ethnicity charts are not affected by Demographic filters above.

COPD Hospitalizations Rate by Age Group



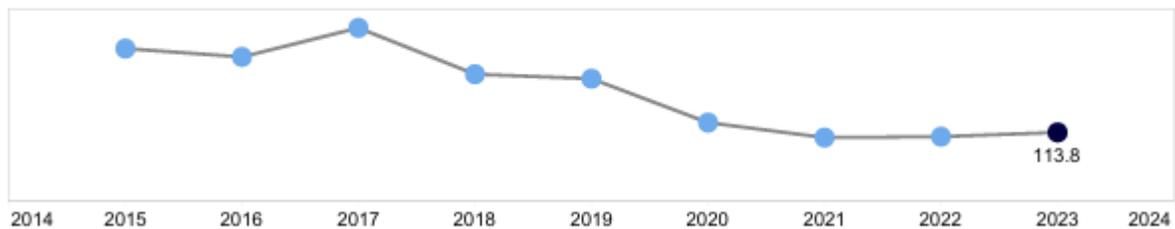
COPD Hospitalizations Rate by Race/Ethnicity



Other and unknown race/ethnicity are unavailable for display due to no matching population data. Refer to Data Details for additional information.

COPD Hospitalizations Rate by Admission Year for Ages 25 or Older

(Selected Year shows with a COPD Hospitalizations Rate label and in dark blue.)



COPD HOSPITALIZATION RATES DATA INFORMATION

How Data Was Created:

Numerator: Hospitalizations or “counts” for COPD, ICD-9-CM 490-492, 496 as the primary diagnosis or 493.2 as a primary diagnosis when 490-492, 496 is present in any other diagnosis codes; ICD-10-CM codes J40-J44 as the primary diagnosis

Denominator: Resident population (provided by U.S. Census Bureau)

For rate display, rates are multiplied by a factor of 100,000 to allow for comparison across localities.

Data Details:

1. The hospital admission data displayed are provided by Virginia Health Information to the Virginia Department of Health. The data are analyzed by the Division of Population Health Data, Environmental Public Health Tracking Program, and displayed by the VDH Center for Public Health Informatics.
2. Data are based on the date of admission rather than the date of discharge. This methodology may differ from other VDH hospitalization data dashboards.
3. Data for transfers of a single episode between hospitals have not been excluded.
4. Rates were calculated based on [Census Bureau Single Race Population Estimates](#).
5. Differences in counts and rates in 2015 compared with subsequent years could be a result of ICD coding changes.
6. Non-zero counts of 1-4 are suppressed for display to protect privacy.
7. Non-zero rates based on a numerator counts of 1-4 are suppressed for display due to rate instability.
8. Other and unknown race/ethnicity categories have been excluded from display due to no matching population data for the denominator.
9. Color legend for counts/rates shown in map was created from calculated cut-offs. Color legend does not change when choosing different filters.

Data Limitations:

- COPD hospitalizations will include some transfers between hospitals for the same individual for the same COPD event. Variations in the percentage of transfers or readmissions for the same COPD event may vary by geographic area.
- Data are based on the date of admission rather than the date of discharge. Admission date is a better indicator of the time the patient first presented with severe enough symptoms to result in a hospital admission and may be more closely related to a potential environmental exposure or trigger. This methodology may differ from other VDH hospitalization data dashboards.

- Hospital admission records are selected using primary diagnosis codes for ICD-10-CM codes. This methodology may differ from other VDH hospitalization data dashboards.
- Counts are the number of inpatient hospitalizations. This means that a patient could have stayed in the hospital more than once for COPD. These would count as separate hospitalizations.
- Data on race and ethnicity are limited for several reasons. These data are not consistently recorded on medical records and when available are complicated further by non-standard definitions of race and ethnicity, the use of combined race/ethnicity, reporting of multiple race categories, and differences in self-report versus registrar reporting. Cases where race was classified as 'other' or 'unknown' have not been displayed due to the inability to calculate rates. These cases are included in the overall counts.
- These data usually include only cases of state residents who were treated within the state. Measures for geographic areas (e.g., counties) bordering other states may be underestimated because of health care utilization patterns.
- Excluded from the data are federal institutions such as Veterans Affairs, Indian Health Services, and prison facilities.
- Practice patterns and payment mechanisms may affect diagnostic coding and decisions by health care providers to hospitalize patients.
- Sometimes the mailing address of a patient is listed as the residence address of the patient. Patients may be exposed to environmental triggers in multiple locations, but geographic information is limited to residence.
- On October 1, 2015, in the United States, the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) replaced the ninth revision (ICD-9-CM) for coding of medical terminology and disease classification. As a direct result of this change, there are nearly five times as many diagnosis codes in ICD-10-CM than in ICD-9-CM, allowing further expansion than was possible with ICD-9-CM. This coding change impacts information classifications for hospital discharge, emergency department, and outpatient records for administrative and financial transactions in all healthcare settings. Differences in counts and rates in years prior to 2015 (ICD-9-CM) compared with 2015 (ICD-9-CM and ICD-10-CM) and subsequent years (ICD-10-CM) could be a result of this coding change and not an actual difference in the number of events.
- Hospitalization data, by definition, does not include COPD among individuals who do not receive medical care or who are not hospitalized, including those who die in emergency rooms, in nursing homes, or at home without being admitted to a hospital, and those treated in outpatient settings.

- Locality rates for all ages are based on a crude, non-adjusted rate calculation. Comparing the locality rate for all ages to the Virginia rate for all ages should be interpreted with caution. There is variation in age distribution from locality to locality.
- Rates may differ from those available from CDC's National Environmental Public Health Data Explorer due to differences in the multiplier used to display rates (per 100,000 vs 10,000). Rates may also vary from CDC due to differences in population estimates used to calculate the rate.
- Rates calculated with numerator counts between 5-20 are displayed but should be interpreted with caution.
- Reporting rates at the state and/or county level will not show the true COPD burden at a more local level (i.e. neighborhood).
- Differences in rates by area may be due to different socio-demographic characteristics and associated behaviors.
- When comparing rates across geographic areas, a variety of non-environmental factors, such as access to medical care, can impact the likelihood of persons being hospitalized for COPD.
- Reporting rates at the state and/or county level may not be geographically resolved enough to be linked with many types of environmental data.

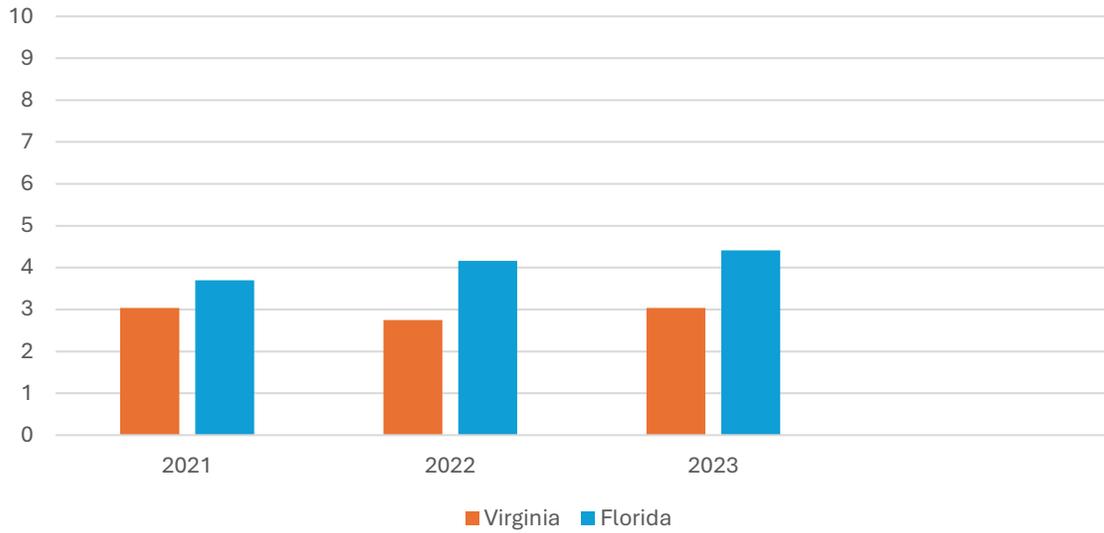
Citation:

Virginia Department of Health. Division of Population Health Data. Environmental Public Health Tracking Program. COPD Hospitalizations. <https://www.vdh.virginia.gov/environmental-public-health-tracking/copd/copd-hospitalizations-dashboard/>

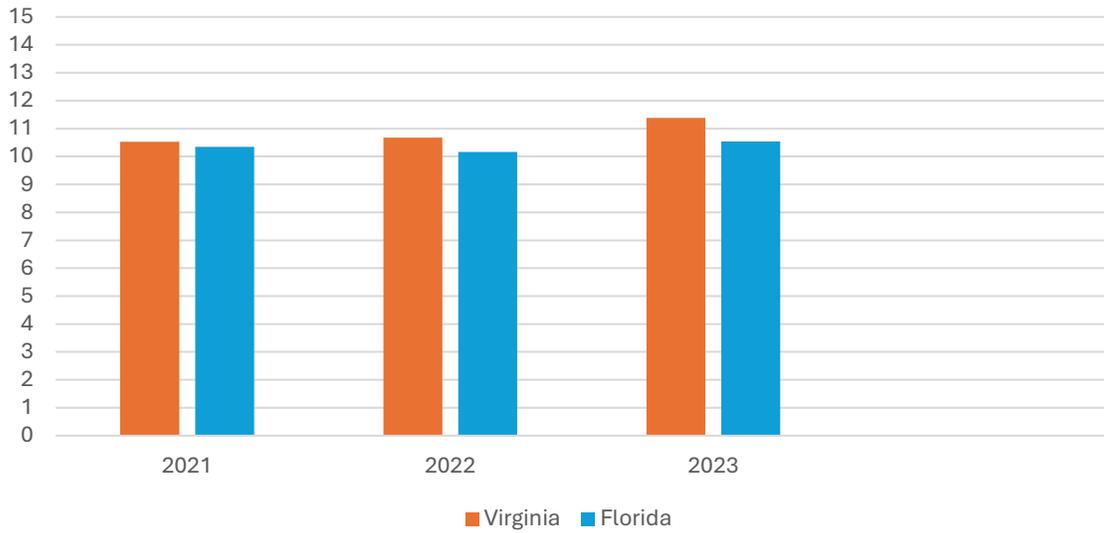
Appendix F

A Comparison: Asthma and COPD Hospitalization Rates Between Virginia and Florida 2021-2023

Asthma Related Hospitalization Rates per 10,000



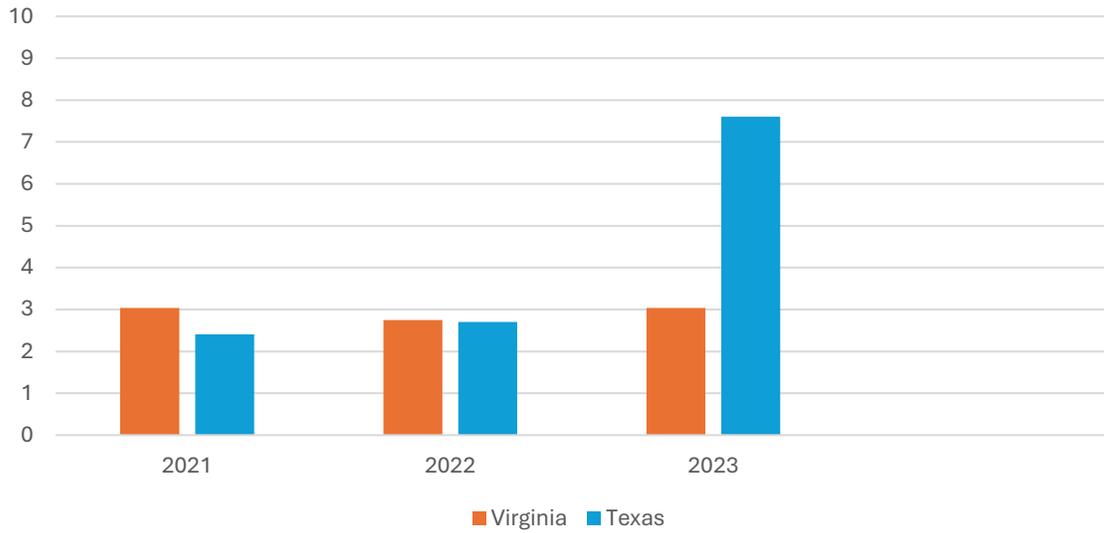
COPD Related Hospitalization Rates per 10,000



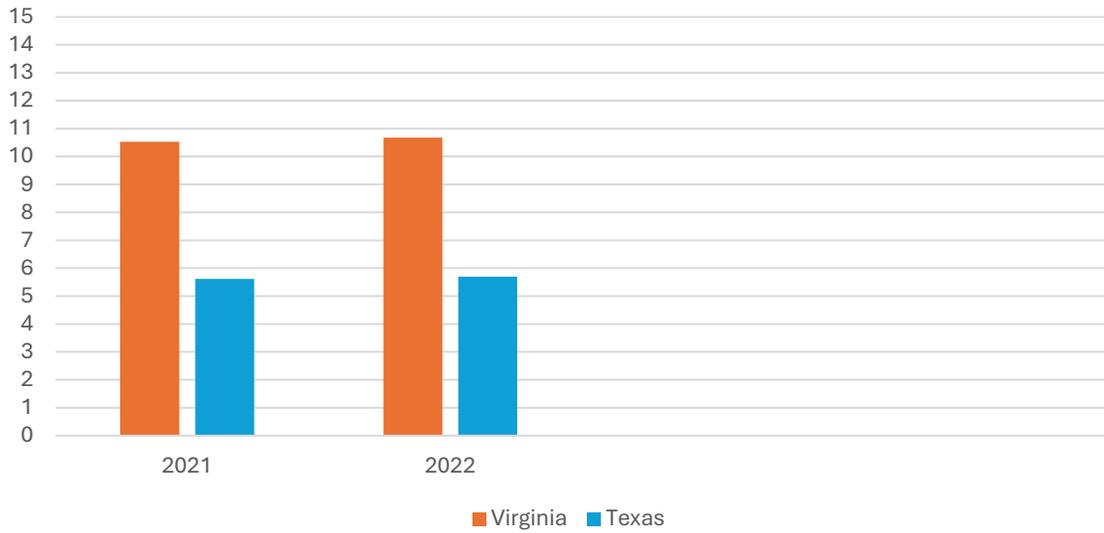
Appendix G

A Comparison: Asthma and COPD Hospitalization Rates Between Virginia and Texas 2021-2023

Asthma Related Hospitalization Rates per 10,000



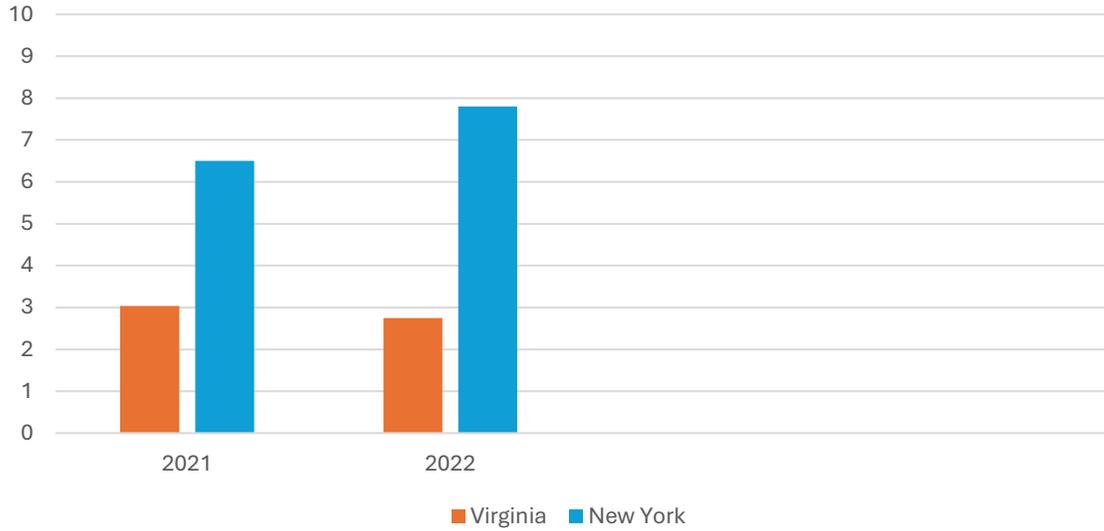
COPD Related Hospitalization Rates per 10,000



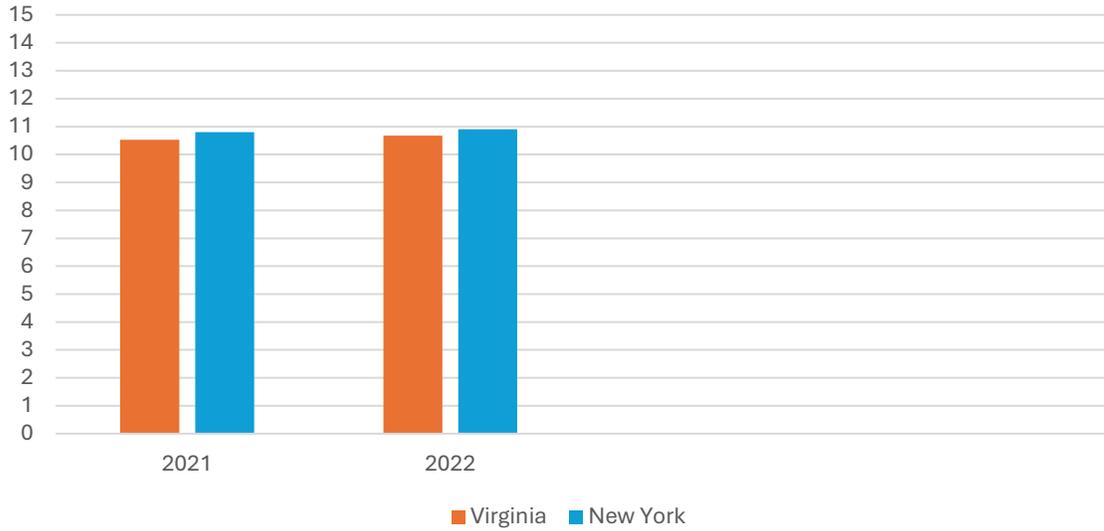
Appendix H

A Comparison: Asthma and COPD Hospitalization Rates Between Virginia and New York 2021-2023

Asthma Related Hospitalization Rates per 10,000



COPD Related Hospitalization Rates per 10,000



Appendix I
Public Comments

General Notice: For Professionals Involved with the Mold Industry [3155]

Committer	Title	Comment	Date/ID
Remie Arnold	Regulatory Review of Mold Inspections	Based on what I see conducting mold inspections in the field weekly, there is a definite need for consumer protection for clients from: uncertified, unqualified inspectors; uncertified, unqualified remediators; landlords who ignore mold problems, landlords who threaten eviction or raising rent for complainers, landlords who send in uncertified, unqualified maintenance staff to improperly remediate problems. Renters need a safe place to complain about the unhealthy conditions they are forced to live in without retribution and the safe knowledge that the inspectors and remediators not only know what they are doing but the results of the work show an independent clean bill of health.	7/1/25 6:14 pm CommentID:236943
Robert McCarty - Patriot Crawl Space Repairs (RWMcCarty LLC)	Mold Remediation Form Comment	<p>Our company conducts crawl space waterproofing, cleaning, and duct repair on a weekly basis, and we obviously encounter a lot of mold in the process.</p> <p>There are good and bad things about overlaying additional mold remediation requirements on contractors. I will list some of those below, as well as provide my overall opinion.</p> <p>Anyone doing residential mold remediation or cleanup should already be an RBC or HIC contractor class B or higher. That means they have already proven their qualifications in conducting residential repair, demo, cleaning, rebuilding etc. Mold is pretty much always part of this process. Any part of a home that is 50 years old and being remodeled likely has mold and fungus to some extent.</p> <p>The questions is where do you draw the line, and turn something into a mold remediation project, not general home improvement? I don't think that question has been close to answered by any governing body and especially not the general assembly. There is a large difference between someone who has old insulation and duct-work, and needs their crawl space cleaned up, to someone who has a chronic autoimmune issues that are being severely impacted by mold in the home obviously.</p> <p>Requiring every home cleanup or deferred maintenance project to be a "mold remediation" project, just because mold cleaning is mentioned violates the spirit of the Virginia Existing Building Code, by putting an undue burden on homeowners to turn a basic crawl space or remodeling project into a "mold remediation" project. This is why the residential mold and asbestos rules were eased in 2012.</p> <p>We also want to protect people that need comprehensive "mold remediation". My proposal would be to differentiate between "mold cleaning" and "mold remediation". The idea that an RBC or HIC can't use the word mold is asinine and insulting. The proper remedy would be some type of disclosure that requires contractors doing mold cleaning to disclose to homeowners that it is not a comprehensive "mold remediation" project if it isn't. Homeowners are smart enough to know the difference.</p>	7/20/25 2:14 pm CommentID:236980

Certified mold remediators can also market their expertise to the public, informing them of the difference between certified mold remediators, and contractors who clean surfaces of mold, such as a crawl space encapsulation contractor. Everything doesn't need to be regulated into a box with the idea that citizens can't determine the difference, or companies can't use the free market to convey differences. But creating mold regulations that handcuff home improvement and building contractors into strict mold protocols violates a slew of laws already on the books, mainly the Virginia Existing Building Code.

Final Answer: Find a way to differentiate between basic mold cleaning as part of general renovations, or maintenance, and mold remediation. The idea that some contractors do a bad job isn't a very good argument for creating more legislation and licensing. People who do a bad job will still do a bad job. Let the free market work that out.

Bailey Scarff<baileyscarff14@gmail.com>

Good Evening,

I hope that you have had a lovely week. I just came across the call for general public regarding HB2195, and it comes at the most interesting time. I am currently renting an apartment at the VYNE in One Loudoun. On Tuesday, July 29th I alerted the apartment community manager that there had been significant mold growth covering my furniture, decor, stairs, railings, and on the wall. I swiftly took my bag I had packed from an overnight trip and left the apartment due to being concerned about my health.

Since then, the apartment complex has allowed their maintenance team and other vendors into the apartment to assess without informing me. They now have hired a team to essentially surface clean the apartment which does not at all comply with the extensive remediation this unit needs. This has truly been incredibly stressful considering it is a result of them leaving an outside vent open in the maintenance closet. I have expressed repeatedly that they are being completely negligent with my health, belongings, and apartment as a whole.

I would deeply appreciate your advice and assistance on what should be done and what falls under the proper guidelines regarding this.

Thank you,
Bailey Scarff

Hello! My name is Rachel Hefner and I am a community organizer, currently working with New Virginia Majority. I previously worked on this bill at another organization, Virginia Organizing, alongside a host of affected tenants and Delegate McQuinn the past two GA sessions.

I am here to share the "why" behind this piece of legislation and why we need to think critically about regulating the mold profession. There are many sides to making sure that mold is eradicated from the homes of our families. This legislation was particularly aimed at the consumer protection side of the issue. I can share countless stories of tenants FINALLY getting mold remediation after persistently asking their landlord to address mold in their home. When they DO finally get usually a third contracted party to come remediate the mold, **MANY** times the person contracted is not properly trained in removing such a harmful substance. Then the mold comes back and begins its havoc of deeply impacting the family and their health. Just like we make sure the person who is putting chemicals on our head to dye it is licensed, we should consider the very risky chemicals and substances that mold professionals are dealing with and the associated risk to our communities health.

One question I have seen raised in this discussion is who is being impacted by mold. The answer is simply that mold does not discriminate. Whether it's the public housing resident who is begging for relief, or the bill patron homeowner who sought services for her home, mold is everywhere. Where we will see a large impact on regulation is with the tenant population. Renters are at the mercy of their housing providers and mold inspectors who may not be trained or equipped to remove mold appropriately. Renters don't have as much consumer choice as homeowners and enforcement is key to ensure healthy housing, remove renter burden, and hold housing providers and mold inspectors accountable.

Now let's ask ourselves. How does mold grow? The answer is moisture with a combination of poor air circulation. With the increasing extreme weather events, there is a pressing need to consider how mold will continue to wreak havoc on our families and their health. Consider just these last several days and the flooding in the Richmond and Tri-Cities area. Or the previous fall with catastrophic flooding to Southwest. This is a timely and

I want to end with a story of one community leader:

She is a mother of three boys, a career and trained chef, and a tenant in subsidized housing who I have known for almost three years. While the mold was not visible when she first moved in, within just a few short weeks, each of her kids were sick with cold-like symptoms, headaches, and were having trouble sleeping. They missed school and work due to their symptoms and could not figure out why. When I heard their symptoms during my tenant organizing efforts in their complex, I suspected mold and contacted the health department for RELIABLE mold testing on her behalf.

The testing confirmed the presence of mold and so as an advocate for her kids, she fought for remediation for two years from her landlord. During this time one of her sons developed chronic bronchitis and another asthma. Finally her landlord gives in to her relentless advocacy. This time last year she finally was packing up her boxes which was presumably for quality remediation. Unfortunately, the contractors the landlord had were the cheapest option and did not hold any internationally or nationally recognized training in their field. That meant not only

the structural damage from the mold wasn't addressed, but also the furniture they were tasked with appropriately removing the mold spores from was not done to standard. Within a month of returning to her apartment after the remediation the symptoms started again and the mold spores became visible on every fabric surface. This is the story of many of the families in the Commonwealth.

I urge you to take this study seriously and make sure that you consider the serious health impacts mold has on our families. We should ensure that the profession tasked with remediating such a dangerous substance is properly trained so that our families get the services they need for their health and safety.

Thank you!

Hello! My name is Kashish Pillai and I am a Housing Policy Analyst with New Virginia Majority. As my colleague stated, mold is a serious public health issue that is increasingly becoming a public threat to community safety and health. Second to housing affordability, healthy and clean housing is a top concern widely felt by homeowners, manufactured homeowners, and renters alike - majority of community members' concerns are about poor maintenance conditions and uninhabitable standards, typically pertaining to bug infestations and mold. No property is immune from a mold outbreak, as one can occur following faulty plumbing, an unattended spill, poor insulation, and infrastructure. Indoor exposure to mold is linked to upper respiratory tract symptoms such as asthma, skin irritation, headache, dizziness, and is most susceptible to those already at-risk, children, elderly, and immune-compromised people. It is important to recognize that the people most impacted by mold regulation are the ones who have less choice in the professionals entering their home, oftentimes who are renters and at-risk populations, who are already negatively impacted by social determinants of health such as urban heat island effect, floods, poor weatherization infrastructure, and a lack of access to proper healthcare.

Mold doesn't stop at infrastructure damage. It spreads beyond the health quality of the household's environment, devastates the family's well-being, and bleeds into the community it is a part of.

This is especially a concern for Virginia as our aging housing, 55% of which was built between 1960 and 1999, is prone to conducive-mold conditions due to infrastructure deterioration and the lack of effective mold removal. As a top environmental hazard, mold thrives in warm, damp places, and is most prone in buildings with poor ventilation. This deeply affects our southern counties in Virginia that are naturally in humid climates and are in flood-prone areas, increasing the likelihood of mold threat. This urges the severity of taking action proactively and effectively to ensure mold is properly remediated to minimize the possibility of mold growing again. Recent rises in environmental disasters inflame the ever-growing mold issue. From the recent sewage damage, flooding, and water crisis in Richmond and Hurricane Helene's flooding inland effects in Buchanan, Dickenson, and Tazewell earlier this year to the consecutive flooding, swollen creeks, and backed up storm drains in Virginia Beach, Petersburg, Prince George, and Chesterfield - mold does not discriminate - it is a widely and deeply felt issue across the Commonwealth that necessitates state regulations to combat risks and improve infrastructure conditions.

Although we are here to speak on the effect of mold in housing, please note that this is also an alarming issue experienced by our Richmond schools who have been combatting poor ventilation and growing mold affecting student performance and well-being for years. This stresses the importance of improved regulations, appropriate certification, proper remediation, and inspection for all types of infrastructure to ensure we are addressing public health safety as a whole.

Mold is a leading issue across the nation and Virginia can be the leading state to protect their communities' health by providing adequate and efficient mold remediation and inspection standards. Strengthening certification to effectively alleviate mold

contamination will greatly reduce health risks, improve quality housing, and ensure our Commonwealth retains safe and habitable housing. This study is the first step of many and we urge the Committee to center Virginian families to safeguard our public health, community well-being, and safety.

Thank you!

Appendix J

Model Legislation

Virginia Consumer Protection Act

Be it enacted by the General Assembly of Virginia:

1. That § 59.1-200, as it is currently effective and as it shall become effective, of the code of Virginia is amended and reenacted as follows:

§ 59.1-200. Prohibited Practices.

A. The following fraudulent acts or practices committed by a supplier in connection with a consumer transaction are hereby declared unlawful:

81. Selling or offering for sale services as a *professional mold inspector or a professional mold remediator* to be performed upon any residential dwelling without holding a *mold inspection or mold remediation certification* from a nationally or internationally recognized certifying body for mold remediation, and failing to comply with (i) the U.S. Environmental Protection Agency's publication on Mold Remediation in Schools and Commercial Buildings as revised; (ii) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised;; or (iii) any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth;"

Appendix K

Model Legislation

Virginia Residential Landlord and Tenant Act

§ 55.1-1200. Definitions.

"Mold remediation in accordance with professional standards" means mold remediation of that portion of the dwelling unit or premises affected by mold, or any personal property of the tenant affected by mold, performed by a professional that holds a mold remediation certification from a nationally or internationally recognized certifying body for mold remediation and complies with consistent with guidance documents published by the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, or the American Conference of Governmental Industrial Hygienists (Bioaerosols: Assessment and Control); Standard and Reference Guides of the Institute of Inspection, Cleaning and Restoration Certification (IICRC) for Professional Water Damage Restoration and Professional Mold Remediation; or any protocol for mold remediation prepared by an industrial hygienist consistent with such guidance documents (i) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised,; or any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth.

§ 55.1-1215. Disclosure of mold in dwelling units.

As part of the written report of the move-in inspection required by § 55.1-1214, the landlord shall disclose whether there is any visible evidence of mold in areas readily accessible within the interior of the dwelling unit. If the landlord's written disclosure states that there is no visible evidence of mold in the dwelling unit, this written statement shall be deemed correct unless the tenant objects to it in writing within five days after receiving the report. If the landlord's written disclosure states that there is visible evidence of mold in the dwelling unit, the tenant shall have the option to terminate the tenancy and not take possession or remain in possession of the dwelling unit. If the tenant requests to take possession, or remain in possession, of the dwelling unit, notwithstanding the presence of visible evidence of mold, the landlord shall promptly engage the services of a professional mold remediator to remediate the mold condition in accordance with professional standards as provided for in § 55.1-1200 but in no event later than five business days after the tenant's request to take possession or decision to remain in possession, reinspect the dwelling unit to confirm that there is no visible evidence of mold in the dwelling unit, and prepare a new report stating that there is no visible evidence of mold in the dwelling unit upon reinspection.

§ 55.1-1220. Landlord to maintain fit premises.

5. Maintain the premises in such a condition as to prevent the accumulation of moisture and the growth of mold and promptly respond to any notices from a tenant as provided in

subdivision A 10 of § [55.1-1227](#). Where there is visible evidence of mold, the landlord shall promptly *engage the services of a professional remediator* to remediate the mold conditions in accordance with the requirements of subsection E of § [8.01-226.12](#) and *engage the services of a certified mold inspector* to reinspect the dwelling unit to confirm that there is no longer visible evidence of mold in the dwelling unit. The landlord shall provide a tenant with a copy of a summary of information related to mold remediation occurring during that tenancy and, upon request of the tenant, make available the full package of such information and reports not protected by attorney-client privilege. Once the mold has been remediated in accordance with professional standards, the landlord shall not be required to make disclosures of a past incidence of mold to subsequent tenants.

Model legislation offered for § 55.1-1200 above does affect Chapter 3 of Title 8.01, Civil Remedies and Penalties, of the Code of Virginia. As such, additional model legislation, which mirrors proposed changes to § 55.1-1200, is offered below.

§ 8.01-226.12. Duty of landlord and managing agent with respect to visible mold.

"Mold remediation in accordance with professional standards" means mold remediation of that portion of the dwelling unit or premises affected by mold, or any personal property of the tenant affected by mold, performed *by a professional that holds a mold remediation certification from a nationally or internationally recognized certifying body for mold remediation and complies with* ~~consistent with guidance documents published by the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, or the American Conference of Governmental Industrial Hygienists (Bioaerosols: Assessment and Control); Standard and Reference Guides of the Institute of Inspection, Cleaning and Restoration Certification (IICRC) for Professional Water Damage Restoration and Professional Mold Remediation; or any protocol for mold remediation prepared by an industrial hygienist consistent with such guidance documents~~ *(i) the ANSI/IICRC S520 Standard for Professional Mold Remediation, as revised,; or any other equivalent ANSI-accredited mold remediation standard, when conducting or offering to conduct mold remediation in the Commonwealth.*

Appendix L

Mold Professional Certifying Organizations

Educating the Community

Nationally Recognized Mold Professional Certifying Organizations



American Council for Accredited Certification

<https://www.acac.org/>

The ACAC offers certifications for Microbial Investigation & Consulting, Microbial Remediation, and Residential Mold Inspection.



Institute of Inspection Cleaning and Restoration Certification

<https://iicrc.org/>

The IICRC offers certifications for an Applied Microbial Remediation Technician and a Mold Remediation Specialist.



National Organization of Remediators and Microbial Inspectors

<https://www.normi.org/>

The NORMI offers certifications for a Certified Mold Assessor and a Certified Mold Remediator.

Appendix M

Sample Mold Bulletin

Educating the Community



Mold Complaints

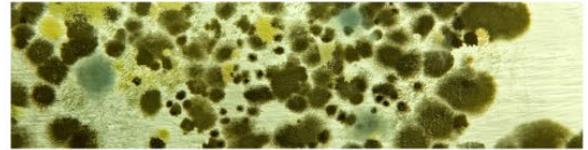
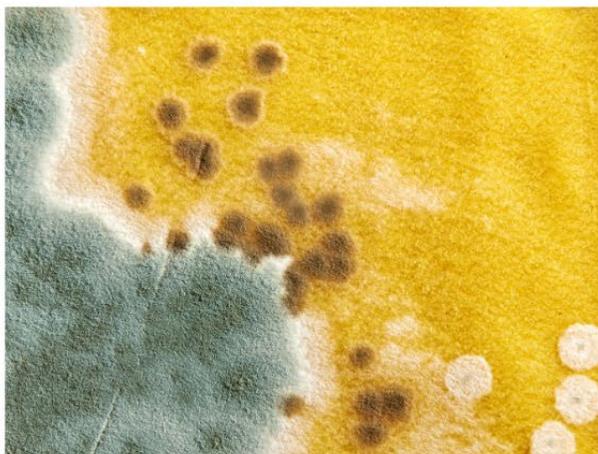
Contact the *Office of Attorney General of Virginia* to file an official complaint or search their complaint database for mold inspection or remediation businesses.

<https://www.oag.state.va.us/consumer-protection/>

Mold and Health

For more information regarding mold, health, and mold complaints, please visit or contact the *Virginia Department of Health*.

<https://www.vdh.virginia.gov/environmental-health/public-health-toxicology/mold/>



Mold Legislation

Visit the *Virginia State Legislative Information System* for information regarding mold legislation. See the *Virginia Consumer Protection Act* and the *Virginia Residential Landlord and Tenant Act* for mold professional and landlord policies.

Code of Virginia

<https://law.lis.virginia.gov/vacode/>

Virginia Consumer Protection Act

<https://law.lis.virginia.gov/vacodefull/title59.1/chapter17/>

Virginia Residential Landlord and Tenant Act

<https://law.lis.virginia.gov/vacodefull/title55.1/chapter12/>

Housing Resources

See the *Virginia Department of Housing and Community Development* for additional housing resources.

<https://www.dhcd.virginia.gov/housing>