



Washington State Board of Health

Rules Hearing: Chapter 246-101 WAC, Notifiable Conditions

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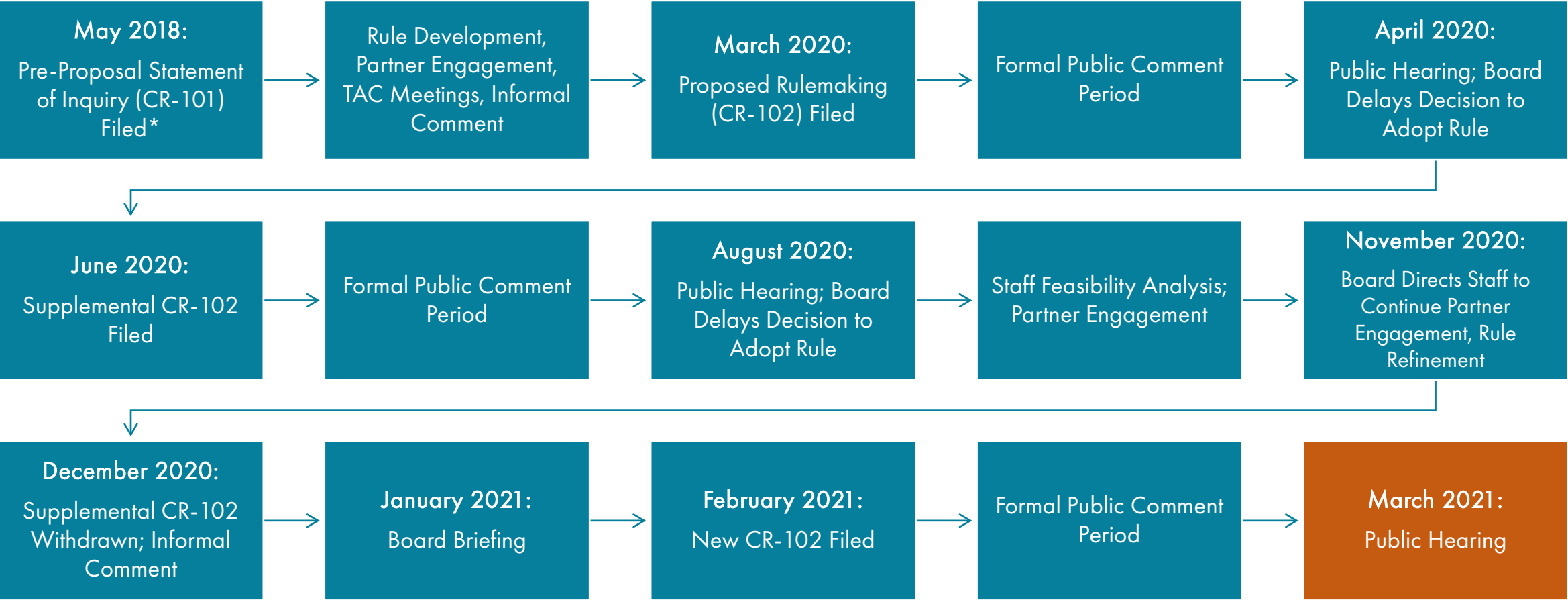
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Overview

- Rule Development Timeline
- Collaboration
- Proposed Rule
- Comments Received
- Staff Recommendations
- Next Steps

Chapter 246-101 WAC Rulemaking Timeline



*Original CR-101 filed in April 2017; current CR-101 filed in May 2018 after internal work with subject matter experts.

Collaboration

- Early collaboration
 - Department of Agriculture
 - Department of Labor & Industries
 - Technical Advisory Committee
 - WSALPHO, Communicable Disease Leadership Committee
 - Local Health Officers
 - American Indian Health Commission
- Multiple informal and formal public comment opportunities
- Community information & listening sessions
- Cost surveys

Key Proposed Revisions

New Conditions

- 74 conditions added or modified
- Removed “other rare diseases of public health significance” and “disease of suspected bioterrorism origin”

Existing Conditions

- Revised notification timeframes
- Narrowed test results for laboratories
- Clarified specimen submission requirements
- De-identified negatives for five conditions

Key Proposed Revisions (continued)

Department of Agriculture

- Removed requirements for veterinarians
- State Department of Agriculture requirements added (including COVID-19 reporting)
- Consultation between Department of Health and Department of Agriculture

Enhanced Service Facilities

- Facilities licensed under 70.97 RCW added to “health care facility” definition

Key Proposed Revisions (continued)

Local Health Jurisdictions

- Washington Disease Reporting System (WDRS)
- Added 24-hour phone number
- Added immediately notifiable conditions and 3-day response for all other conditions
- Added 3-day response for cases that do not need investigation
- Local Health Officer diagnosis confirmation

Administrative Changes

- Consistent data components and means of notification between reporters (no hand-written or mailed reports)
- Test results for out of state patients to Department of Health

Key Proposed Revisions (continued)

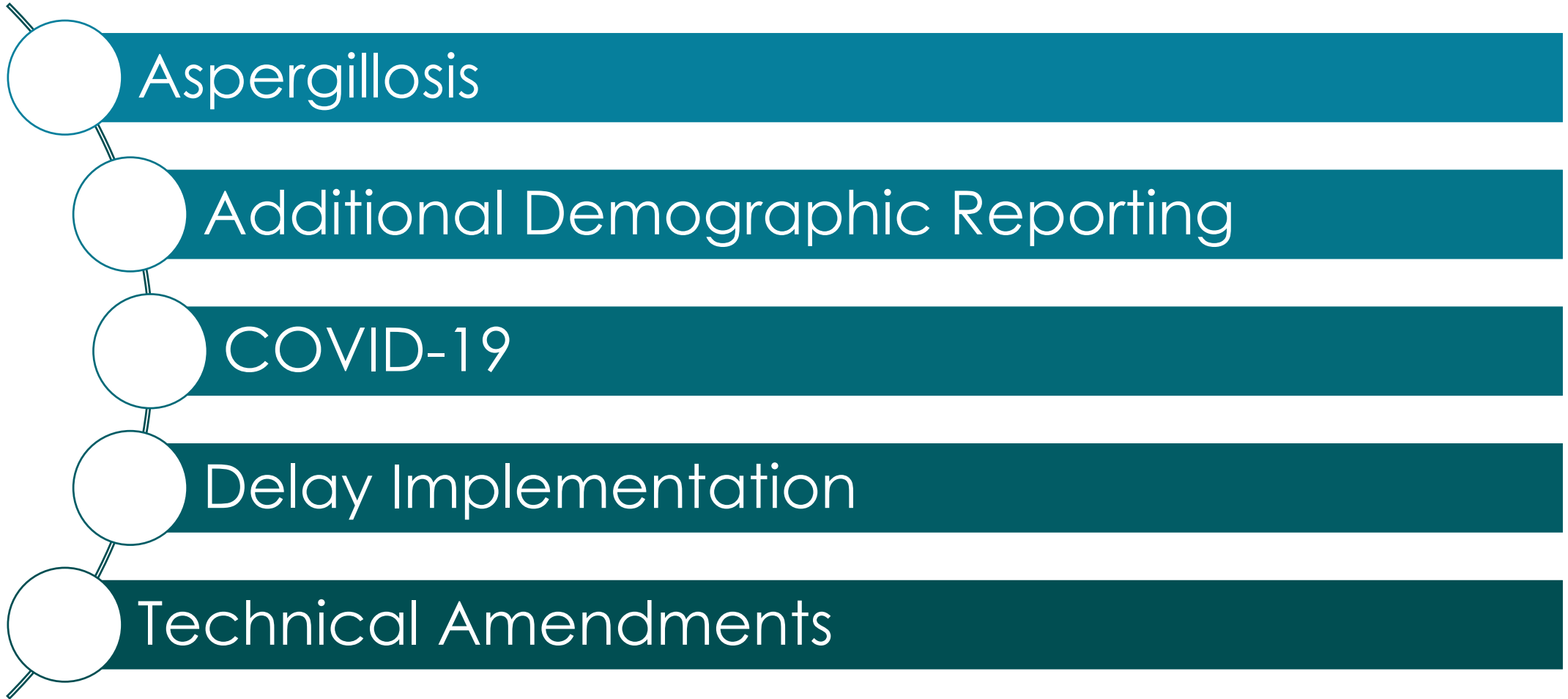
Race, Ethnicity, Preferred Language

- Disaggregated reporting categories defined in rule
- Consistent data components across health care providers & facilities, laboratories

ESHB 1551 (2020; STD Modernization)

- Editorial revisions consistent with changes in the bill, including updating definitions and incorporating people-first language

Comments Received



Comments Received: Aspergillosis

- Individuals and families impacted by health care-associated aspergillus infections have requested:
 - Addition of aspergillus infection/aspergillosis to the list of reportable conditions in the rule; and
 - Requirements for public notification of diseases or other conditions by health care facilities.
- Addition of aspergillus/aspergillosis falls outside the scope of the CR-101; public notification falls outside the scope of chapter 246-101 WAC.
- **Staff recommendation:** No proposed changes at this time; the Board should consider the addition of this condition in future rulemaking.

Comments Received: Demographic Reporting

- The following organizations have requested additional demographic reporting be added to the rules:
 - Public Health Seattle King County, the King County Pandemic and Racism Community Advisory Group, Northwest Health Law Advocates, the Washington State Coalition for Language Access, and Community Health Board Coalition
- Requested additional demographic components include:
 - Sexual orientation, gender identity, disability status, birthplace, and Indigenous identity
- Notifiable Conditions is one part of the larger public health picture. The work required to begin synchronizing the collection of disaggregated demographic data across multiple data sources would significantly delay adoption of these rules.
- **Staff recommendation:** No proposed changes at this time; the Board should consider the addition of these data in future rulemaking.

Comments Received: COVID-19

- Numerous members of the public have provided the following comments:
 - Coronaviruses (including SARS, MERS, and COVID-19) should not be added to the list of notifiable conditions in rule;
 - Molecular polymerase chain reaction (PCR) tests should not be used to determine cases of COVID-19;
 - The definition of a “case” should not include a suspected diagnosis of a notifiable condition as it artificially inflates case counts; and
 - Changes to the definitions of “isolation” and “quarantine” are politically motivated.
- Adding COVID-19 to the list of conditions is necessary to protect the public’s health by tracking spread of the disease during the pandemic and beyond.
- **Staff recommendation:** No proposed changes at this time.

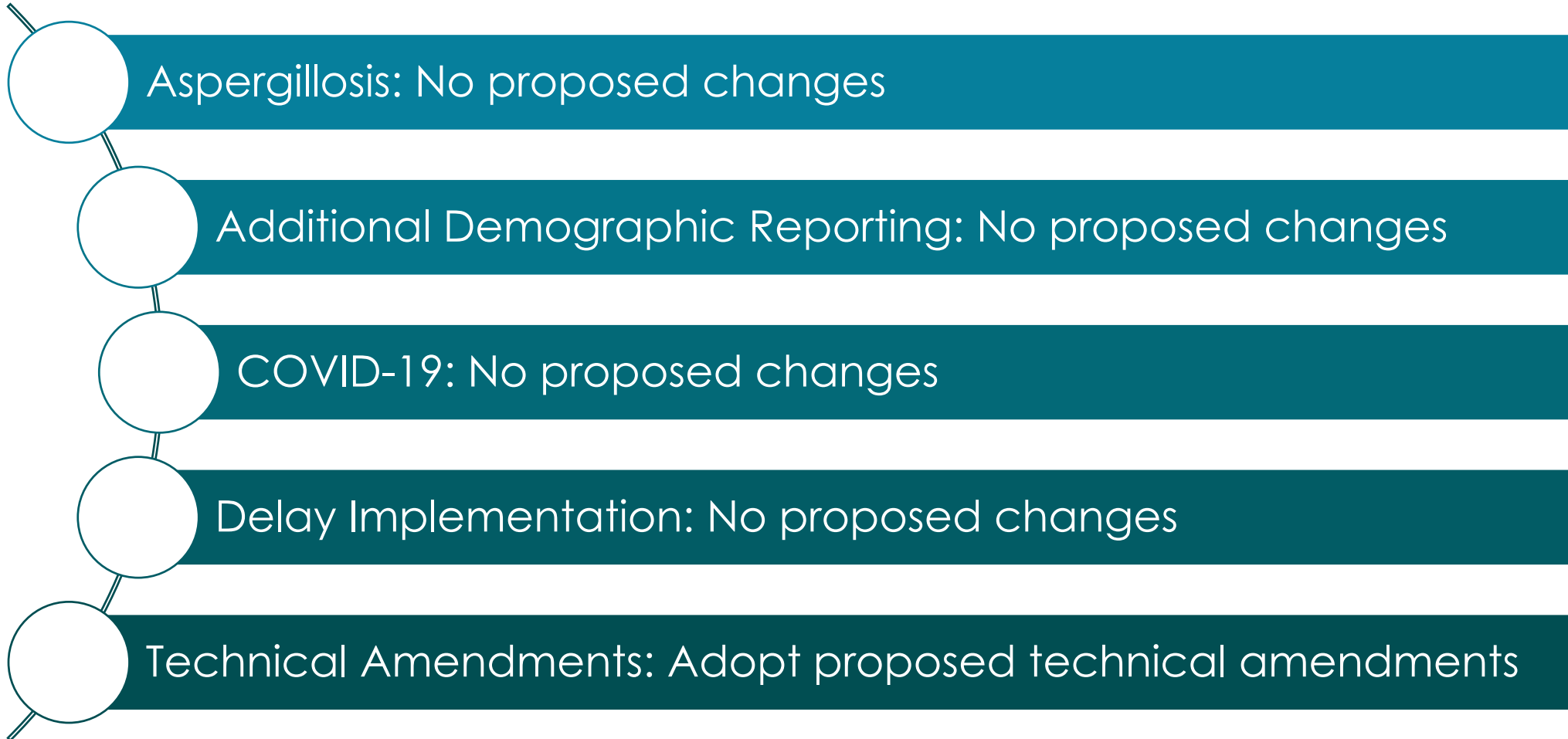
Comments Received: Delay Implementation

- The Washington State Medical Association and Washington State Hospital Association have requested the Board delay implementation of the proposed rules until after the end of the COVID-19 public health emergency, citing:
 - Unprecedented toll on the health care system and the added administrative burden and costs for the system as a result of rule adoption; and
 - Low response rate to 2019 and 2020 cost surveys do not adequately capture impact of proposed rules.
- While there are numerous changes in the proposed rules for the regulated community, we recommend an effective date of January 1, 2022 to allow adequate time for regulated entities to come into compliance.
- **Staff recommendation:** No proposed changes at this time.

Comments Received: Technical Amendments

- Department subject matter experts identified two technical fixes in the rules:
 - Definition of health care-associated infection
 - Adjust terminology from “hospital” to “health care facility” to better apply to the notifiable conditions chapter
 - Amebic meningitis
 - Adjust spelling from amoebic to amebic to be consistent with Centers for Disease Control and Prevention
- Revisions considered non-substantive.
- **Staff recommendation:** The Board should adopt these proposed technical amendments.

Summary: Staff Recommendations



Next Steps

- A public rules hearing will be held following this presentation
- If the Board elects to adopt the proposed rules, staff will file a CR-103 with the code reviser
- Staff recommend these rules go into effect on January 1, 2022





Rules Hearing

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| THANK YOU