

**Chapter 246-101 WAC – Notifiable Conditions  
Written Comments and Staff Recommendations (WSR 21-04-136)  
Public Hearing, March 10, 2021**

<b>Comments on the Proposed Rule</b>		
<b>Commenters</b>	<b>Summary of Comments</b>	<b>Recommendations</b>
10 Members of the Public	<p>Add aspergillus infection/aspergillosis to the list of Notifiable Conditions.</p> <p>Require health care facilities to notify the public (families and caregivers) of aspergillosis.</p>	<p><b>No change.</b></p> <p>Adding aspergillus infection/aspergillosis is outside of the current rulemaking scope. The CR-101 for the Notifiable Conditions rule defines the list of potential new conditions to be considered for inclusion in the proposed rules. Aspergillus infection and/or aspergillosis is not included in the list. The Board should consider aspergillosis and other fungal infections in future rulemaking.</p> <p>Requiring public notification of diseases or other conditions is outside the scope of chapter 246-101 WAC. While there are requirements for the Department of Health to periodically distribute de-identified statistical summaries and epidemiological studies based on individual case, laboratory, and investigation reports, the chapter has no provisions regarding public notification of disease or conditions.</p>

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<p>Community Health Board Coalition</p> <p>King County Pandemic and Racism Community Advisory Group</p> <p>Public Health Seattle King County</p>	<p>Require additional demographic reporting for all notifiable conditions, including sexual orientation, gender identity, disability status, birthplace, and Indigenous identity.</p>	<p><b>No change.</b></p> <p>We strongly support the need to collect data variables that identify health disparities and provide the information needed to eliminate these disparities. However, inclusion of these data require significant time as well as staff and partner resources to overcome a lack of national data standards and system limitations, determine data collection and protection procedures, participate in formal tribal consultation and meaningful engagement with interested parties, and more. Requiring these data to be reported in the current rule update would result in a significant delay in adoption and implementation of these rules.</p> <p>The Board should consider inclusion of additional demographic data reporting in future rulemaking.</p>

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<p>Northwest Health Law Advocates</p> <p>Washington State Coalition for Language Access</p>	<p>Revise proposed WAC 246-101-011 to clarify that patient race, ethnicity, and preferred language reporting is voluntary.</p> <p>Include additional reporting categories for race (e.g., Brazilian) and preferred language (e.g., Mayan indigenous languages).</p> <p>Revisit race, ethnicity, and preferred language reporting categories within the year for refinement and add sexual orientation, gender identity, disability status, and tribal status reporting to the rule.</p>	<p><b>No change.</b></p> <p>As written, the reporting categories for race, ethnicity, and preferred language allow the patient to decline response.</p> <p>Additional revisions suggested would require further engagement with subject matter and community experts, filing a new CR-102, and conducting another public rules hearing, which would delay the adoption and implementation of the proposed rules.</p> <p>Board staff recommend continued work to improve and refine race, ethnicity, and preferred language categories as well as exploring additional demographic data reporting. However, as the proposed rules are not expected to go into effect until January 1, 2022, staff cannot make revisions within the year. The Board should consider inclusion of this work in future rulemaking.</p>
<p>38 Members of the Public</p>	<p>Coronaviruses (including SARS, MERS, and COVID-19) should not be added to the list of notifiable conditions in rule.</p> <p>Polymerase chain reaction (PCR) tests should not be used to determine cases of COVID-19.</p>	<p><b>No change.</b></p> <p>Adding COVID-19 to the list of notifiable conditions is necessary to protect the public's health by tracking spread of the disease during the global pandemic and beyond.</p>

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	<p>The definition of a “case” should not include a suspected diagnosis of a notifiable condition as it artificially inflates case counts.</p> <p>Changes to the definitions of “isolation” and “quarantine” are politically motivated.</p>	<p>The proposed rules do not require the use of PCR tests to determine diagnoses or suspected diagnoses of COVID-19.</p> <p>The inclusion of “suspected diagnosis” in the definition of a “case” of a notifiable condition is consistent with current rule and practice. These definitions help ensure public health officials have the necessary information needed to control and prevent the spread of communicable disease.</p> <p>Revisions to the definitions of “isolation” and “quarantine” were made in consultation with the Notifiable Conditions Technical Advisory Committee and are consistent with the Centers for Disease Control and Prevention.</p>
<p>Washington State Hospital Association</p> <p>Washington State Medical Association</p>	<p>Delay implementation of the proposed rules until after the end of the public health emergency caused by the COVID-19 pandemic.</p>	<p><b>No change.</b></p> <p>While there are numerous changes in the proposed rules for the regulated community, we expect the proposed rules will go into effect on January 1, 2022 to allow adequate time for regulated entities to come into compliance.</p>