

**MEMORANDUM**

TO: Kaye Norton, Ohio Department of Health

FROM: Whitney Sullinger, Regulatory Policy Advocate

DATE: March 13, 2013

RE: **CSI Review – ODH/Infectious Disease Reporting Rules (OAC 3701-3-02, 3701-3-05 and 3701-3-06)**

On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis. This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

The Ohio Department of Health (ODH) is proposing amendments to sections 3701-3-02, 3701-3-05, and 3701-3-06 of the Ohio Administrative Code (OAC) as part of the five-year review process required by ORC 119.032. These rules identify infectious diseases and contain the requirements for reporting them to ODH in a timely manner. Rule 3701-3-02 comprises the diseases to be reported, and amendments were made to delete, add, and modify diseases. Rules 3701-3-05 and -06 deal with reporting requirements. Changes were made to reflect the new requirement of having to report all Class B (of significant public health concern) diseases by the end of the next business day, rather than the end of business week, as is currently the case in some instances.

According to ODH, the purpose of the rules is to identify which infectious or contagious diseases are to be reported by health care providers in order to prevent and control the spread of infectious diseases in Ohio and to fulfill the department's statutory duties. Because there is currently no viable alternative to provider-initiated reporting, ODH states that without the reporting, it has no mechanism to determine the incidence and deal with the burden of the diseases.

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The scope of the impacted business community includes hospitals, clinics, physician offices and labs. As stated by ODH, health care providers will need to incur a small cost to adjust electronic reporting systems and to train employees on the new reporting requirements. As part of ODH's outreach to stakeholders, they received comments from two infection practitioners. One commenter agreed that the changes probably would not affect them much. The second commenter requested assistance with automating the reporting. Based on the feedback, ODH believes the cost of compliance is negligible. Because the commenters did not provide actual cost data, CSI did reach out independently to the Ohio Hospital Association (OHA). OHA responded by saying the "changes do not meaningfully impact hospitals and will be supported by almost all infection control practitioners."

After reviewing the BIA, the CSI Office is not suggesting any changes with respect to the rule or the BIA for the following reasons:

- The BIA submitted by ODH was accurate and complete and did not raise any ongoing issues.
- Generally, the rule package satisfactorily meets the standards espoused by the CSI Office.

Recommendations

For the reasons explained above this office does not have any recommendations regarding this rule change.

Conclusion

Based on the above comments, the CSI Office concludes that the Department should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.

cc: Mark Hamlin, Lt. Governor's Office