

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DHS 145, Control of Communicable Diseases

3. Subject

Control of Communicable Diseases

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

N/A

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect

Increase Existing Revenues

Increase Costs

Indeterminate

Decrease Existing Revenues

Could Absorb Within Agency's Budget

Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy

Specific Businesses/Sectors

Local Government Units

Public Utility Rate Payers

Small Businesses

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes

No

9. Policy Problem Addressed by the Rule

Chapter DHS 145 establishes a surveillance system for the purpose of controlling the incidence and spread of communicable diseases. This surveillance system consists of timely and effective communicable disease reporting by local health departments, laboratories, health care facilities, schools, day care centers, and others (reporters); methods of intervention to prevent transmission of communicable diseases; means of investigation; and prevention and control of outbreaks by local health officers and the department.

Since 2008, when the list of communicable diseases was last revised, a number of communicable diseases and conditions, including Ebola, valley fever, and dengue, have been determined by the state epidemiologist to be reportable, or have been recommended as reportable at the national level by the Council of State and Territorial Epidemiologists (CSTE). These communicable diseases are not currently listed in ch. DHS 145.

The department proposes to revise the list to include communicable diseases and conditions declared notifiable by the state epidemiologist, and/or CSTE. The CSTE encourages states to establish parallel reporting requirements and typically places under surveillance novel pathogens, or those with severe manifestations, whose transmission is amenable to control by public health measures. The department also proposes to remove any disease or condition from the list that may no longer be reportable. The department also proposes to incorporate updated standards by reference, including for methods of communicable disease control, laboratory testing, and treatment.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The department formed an advisory committee to obtain the viewpoint and advice of interested persons with

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respect to contemplated rule making. Before establishing the committee, names of prospective members were submitted to the Governor's Office of Regulatory Compliance, pursuant to 2011 EO 50.

Advisory Committee members were representatives of: Wisconsin State Lab of Hygiene–WEDSS ELR, Aspirus Reference Laboratory, Wisconsin Association of Local Health Departments and Boards, Great Lakes Inter-Tribal Epidemiology Center, Wisconsin Department of Public Instruction, Wisconsin Early Childhood Association, Aurora Health Systems, Wisconsin Medical Society, and Wisconsin Director of Nursing Council.

All advisory committee meetings were held as open meetings. Notices containing agendas were provided to the Wisconsin State Journal, physically posted at the DHS Main Office and State Capitol Building, posted to the Twitter@DHSWI, and posed to www.dhs.wisconsin.gov/rules/permanent.htm.

In addition, the department published text of the proposed rule on its website and published a solicitation in the Administrative Register that requested information and advice from businesses, associations representing businesses, local governmental units, and individuals who may be affected by the proposed rules for use in analyzing and determining the economic impact that the rules would have on businesses, individuals, public utility rate payers, local governmental units, and the state's economy as a whole. The commenting period lasted from 01/23/17-02/06/17.

11. Identify the local governmental units that participated in the development of this EIA.

None.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

Revisions to ch. DHS 145 are not anticipated to have an economic or fiscal impact.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

There are no reasonable alternatives to rulemaking. Revisions to ch. DHS 145 are necessary to protect public health and improve surveillance of communicable diseases and conditions deemed notifiable by the state epidemiologist or CSTE.

14. Long Range Implications of Implementing the Rule

Revisions to ch. DHS 145 will protect public health and improve surveillance of communicable disease and conditions deemed notifiable by the state epidemiologist or CSTE.

15. Compare With Approaches Being Used by Federal Government

There appears to be no existing or proposed federal regulation that addresses the activities to be regulated by the proposed rule.

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois:

Illinois JCAR Administrative Code Title 77, Chapter I, Subchapter k, Part 690, Subpart A, Section 690.20 Incorporated and Referenced Materials contains a list of communicable disease references that includes the American Academy of Pediatrics Red Book. Proposed rule revisions include a new reference to this source.

Illinois JCAR Administrative Code Title 77, Chapter I, Subchapter k, Part 690, Subpart B, Section 690.100 Diseases and Conditions contains a list and description of reportable diseases and conditions similar to ch. DHS 145 Appendix A.

Iowa:

Iowa Administrative Code 641, Chapter 1 Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation contains references similar to those incorporated in ch. DHS 145.

Iowa Administrative Code 641, Chapter 1, Appendix A (Table of Reportable Communicable and Infectious Diseases) and Appendix B (Table of Reportable Poisonings and Conditions) contain lists and reporting instructions similar to ch. DHS 145 Appendix A.

Michigan:

In accordance with Michigan Public Act 368 of 1978, 333.5111, the Department of Community Health maintains a list of reportable diseases, infections, and disabilities. The list is reviewed and revised at least annually. The most recent version is available at www.michigan.gov/cdinfo and is not incorporated directly into statute or code. The list is similar to the content in ch. DHS 145 Appendix A.

Minnesota:

Minnesota Chapter 4605 Department of Health Communicable Diseases includes a list of reportable infectious diseases in section 4605.7040 Disease and Reports; Clinical Materials Submission. The list is similar to the infectious diseases included in ch. DHS 145 Appendix A.

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