



State of Louisiana
Department of Health and Hospitals
Office of Public Health

March 6, 2015

TO: The Honorable John A. Alario, Jr., President, Louisiana Senate
The Honorable Charles E. "Chuck" Kleckley, Speaker of the House of Representatives
The Honorable David R. Heitmeier, Chairman, Senate Committee on Health and Welfare
The Honorable Scott M. Simon, Chairman, House Committee on Health and Welfare

FR: Kathy Kliebert, Secretary

RE: Required Legislative Oversight Committee Report on Proposed Rulemaking

In accordance with the provisions of the Administrative Procedure Act, (R.S. 49:950, *et seq.*) as amended, the state health officer, acting through the Department of Health and Hospitals/Office of Public Health, is promulgating a proposed rule to amend Part II (The Control of Diseases), Part III (The Control of Rabies and Other Zoonotic Diseases), Part XVII (Public Buildings, Schools, and Other Institutions), and Part XXI (Day Care Centers and Residential Facilities) of the Louisiana State Sanitary Code (LAC 51).

The Part II, Part XVII, and Part XXI amendments are proposed in order to clarify disease reporting requirements and expand the list of reportable diseases and conditions to reflect current public health concerns.

The Part III amendment is proposed in order to update and clarify the vaccination standards and re-vaccination intervals for dogs and cats to meet current national guidelines.

The Department of Health and Hospitals published a Notice of Intent in the September 20, 2015, (vol. 41, no. 09), issue of the *Louisiana Register*. A public hearing was held October 26, 2015. No members from the public were present to provide oral or written testimony. The Department anticipates adopting the Notice of Intent as a final rule in the December 20, 2015, issue of the *Louisiana Register*.

Enclosed are copies of the following documents:

1. Notice of Intent as published in the *Louisiana Register*, September 20, 2015
2. Public Hearing Certification, and
3. Public Hearing attendance roster.

If you have any questions, please contact State Epidemiologist Raoult Ratard by email at Raoult.ratard@la.gov or telephone at (504) 568 – 8313.

KHK:JTL:JG:RR:amr-g

Attachments

C: Jimmy Guidry, State Health Officer | J.T. Lane, Assistant Secretary, OPH | Avis Richard-Griffin, DHH/OPH Rulemaking Liaison Officer

NOTICE OF INTENT

**Department of Health and Hospitals
Office of Public Health**

Disease Reporting Requirements/Anti-Rabies
Vaccination Requirements for Dogs and Cats
(LAC 51:II.105, 107, 109, 111, 113;
III.103; XVII.501; and XXI.105)

Notice is hereby given, in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., that the state health officer acting through the Department of Health and Hospitals, Office of Public Health (DHH-OPH), pursuant to the authority in R.S. 40:4(A)(2), and R.S. 40:5, intends to amend and revise Title 51 (Public Health—Sanitary Code), Part II (The Control of Diseases). The proposed amendments to Part II are regarding disease reporting requirements. The amendments to Part II require disease reporting requirement provisions currently contained in Part XVII (Public Buildings, Schools, and Other Institutions) and in Part XXI (Day Care Centers and Residential Facilities) to be updated as well. In addition, the state health officer acting through the DHH-OPH, pursuant to the authority in R.S. 40:4(A)(2) and R.S. 40:1277, also intends to amend and revise Title 51, Part III (The Control of Rabies and Other Zoonotic Diseases). This proposed amendment relates to the appropriate re-vaccination interval of dogs and cats based upon the particular anti-rabies vaccine being administered to the animal.

In an attempt to make the content more understandable and to have a better flow when reading, certain Sections, Subsections and Paragraphs, etc., were moved from their current location in Part II to a new location in Part II. To assist in understanding where an existing subject is proposed to be moved, the following chart is provided:

Part II	
Existing Text Location	Proposed New Text Location
105.A – 105.A.4.a.xvi	105.D
105.A.5 – 105.A.5.a	109
105.B	105.E
107.A	105.A
107.B	105.B
109.A	105.C
113	107
111	113

The proposed amendments shall be made by effecting substantive changes as outlined below.

Title 51

PUBLIC HEALTH—SANITARY CODE

Part II. The Control of Diseases

Chapter 1. Disease Reporting Requirements

§105. Reportable Diseases and Conditions

[formerly paragraph 2:003]

A. It is hereby made the duty of every physician practicing medicine in the state of Louisiana to report to the state health officer, according to the requirements of this Section and utilizing the appropriate method(s) of reporting required under Subsection E of this Section, any case or suspected case of reportable disease or condition which he or she is attending, or has examined, or for which such physician has prescribed. The report shall be made promptly

at the time the physician first visits, examines or prescribes for the patient, and such report shall state the name, age, sex, race, usual residence, place where the patient is to be found, the nature of the disease or condition and the date of onset.

B. Any physician, whether Louisiana resident or non-resident, engaged in the practice of medicine at any federal installation or on any vessel, train or other common carrier, which enters any port, station or place in the state of Louisiana, is required to report as specified in Subsection A of this Section.

C. It shall be the duty of every osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, laboratory director, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, poison control center, social worker, veterinarian, and any other health care professional to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as required by this Section utilizing the appropriate method(s) of reporting required under Subsection E of this Section in which he or she has examined or evaluated, or for which he or she is attending or has knowledge. In the absence of a health care professional responsible for reporting as stated in the prior sentence (or a physician as referenced in Subsections A and B of this Section), it shall be the duty of the director, chief administrative officer, or other person in charge of any facility, program, or other entity that requires or conducts testing for reportable diseases or conditions, to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as required by this Section utilizing the appropriate method(s) of reporting required under Subsection E of this Section.

D. The following diseases or conditions are hereby declared reportable with reporting requirements by class.

1. Class A Diseases or Conditions which Shall Require Reporting within 24 Hours

a. Class A diseases or conditions include diseases or conditions of major public health concern because of the severity of the disease or condition and the potential for epidemic spread. Class A diseases or conditions shall be reported to the Office of Public Health by telephone (or in another electronic format acceptable to the Office of Public Health) immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained death, unusual clusters of disease and all outbreaks shall be reported. Any class A disease or condition, rare or exotic communicable disease, unexplained death, or unusual cluster of disease and any disease outbreak, shall be reported to the Office of Public Health as soon as possible but no later than 24 hours from recognition that a case, a suspected case, a positive laboratory result, an unexplained death, an unusual cluster of disease, or a disease outbreak is known. The following diseases or conditions shall be classified as class A for reporting requirements:

- i. acute flaccid paralysis;
- ii. anthrax;
- iii. avian or novel strain influenza A (initial detection);
- iv. botulism;
- v. brucellosis;
- vi. cholera;

- vii. *Clostridium perfringens* food-borne infection;
- viii. diphtheria;
- ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid);
- x. food-borne infection;
- xi. *Haemophilus influenzae* (invasive infection);
- xii. influenza-associated mortality;
- xiii. measles (rubeola, imported or indigenous);
- xiv. *Neisseria meningitidis* (invasive infection);
- xv. outbreaks of any infectious diseases;
- xvi. pertussis;
- xvii. plague (*Yersinia pestis*);
- xviii. poliomyelitis (paralytic and non-paralytic);
- xix. Q fever (Coxiella burnetii);
- xx. rabies (animal and human);
- xxi. ricin poisoning;
- xxii. rubella (congenital syndrome);
- xxiii. rubella (German measles);
- xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV);
- xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA);
- xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning;
- xxvii. smallpox;
- xxviii. tularemia (*Francisella tularensis*);
- xxix. viral hemorrhagic fever (Ebola, Lassa, Marburg, Crimean Congo, etc.); and
- xxx. yellow fever.

2. Class B Diseases or Conditions which Shall Require Reporting within One Business Day

a. Class B diseases or conditions include diseases or conditions of public health concern needing timely response because of potential for epidemic spread. The following class B diseases or conditions shall be reported to the Office of Public Health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known:

- i. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others);
- ii. anaplasmosis;
- iii. arthropod-borne viral infections (including West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, and others);
- iv. aseptic meningitis;
- v. babesiosis;
- vi. Chagas disease;
- vii. chancre;
- viii. *Escherichia coli*, Shiga-toxin producing (STEC), including *E. coli* O157:H7;
- ix. granuloma inguinale;
- x. hantavirus (infection or pulmonary syndrome);
- xi. hemolytic-uremic syndrome;
- xii. hepatitis A (acute illness);
- xiii. hepatitis B (acute illness and carriage in pregnancy);
- xiv. hepatitis B (perinatal infection);
- xv. hepatitis E;
- xvi. herpes (neonatal);
- xvii. human immunodeficiency virus [(HIV), infection in pregnancy]²;

- xviii. human immunodeficiency virus [(HIV), perinatal exposure]²;
- xix. legionellosis;
- xx. malaria;
- xxi. mumps;
- xxii. salmonellosis;
- xxiii. shigellosis;
- xxiv. syphilis¹;
- xxv. tetanus;
- xxvi. tuberculosis³ due to *Mycobacterium tuberculosis*, bovis or africanum; and
- xxvii. typhoid fever.

3. Class C Diseases or Conditions which Shall Require Reporting within Five Business Days

a. Class C diseases or conditions shall include diseases or conditions of significant public health concern. The following class C diseases or conditions shall be reported to the Office of Public Health within five business days after the existence of a case, suspected case, or a positive laboratory result is known:

- i. acquired immune deficiency syndrome (AIDS)²;
- ii. *Anaplasma phagocytophilum*;
- iii. blastomycosis;
- iv. campylobacteriosis;
- v. chlamydial infection¹;
- vi. coccidioidomycosis;
- vii. cryptococcosis (*Cryptococcus neoformans* and *C. gattii*);
- viii. cryptosporidiosis;
- ix. cyclosporiasis;
- x. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*);
- xi. *Enterococcus*, vancomycin resistant [(VRE), invasive disease];
- xii. giardiasis;
- xiii. glanders (*Burkholderia mallei*);
- xiv. gonorrhea¹ (genital, oral, ophthalmic, pelvic inflammatory disease, rectal);
- xv. Hansen's disease (leprosy);
- xvi. hepatitis C (acute illness);
- xvii. histoplasmosis;
- xviii. human immunodeficiency virus [(HIV) infection, other than as in class B]²;
- xix. human T lymphocyte virus (HTLV I and II) infection;
- xx. leptospirosis;
- xxi. listeriosis;
- xxii. Lyme disease;
- xxiii. lymphogranuloma venereum¹;
- xxiv. melioidosis (*Burkholderia pseudomallei*);
- xxv. meningitis, eosinophilic (including those due to *Angiostrongylus* infection);
- xxvi. Nipah virus infection;
- xxvii. non-gonococcal urethritis;
- xxviii. ophthalmia neonatorum;
- xxix. psittacosis;
- xxx. spotted fever rickettsioses [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)];
- xxxi. staphylococcal toxic shock syndrome;
- xxxii. *Staphylococcus aureus*, methicillin/oxacillin-resistant [(MRSA), invasive infection];

- xxxiii. streptococcal disease, group A (invasive disease);
- xxxiv. streptococcal disease, group B (invasive disease);
- xxxv. streptococcal toxic shock syndrome;
- xxxvi. *Streptococcus pneumoniae* invasive disease;
- xxxvii. transmissible spongiform encephalopathies (Creutzfeldt-Jakob disease and variants);
- xxxviii. trichinosis;
- xxxix. varicella (chickenpox);
- xl. *Vibrio* infections (other than cholera); and
- xli. yersiniosis.

4. Class D Special Reportable Diseases or Conditions Shall Require Reporting within Five Business Days

a. Class D diseases or conditions shall include diseases or conditions of significant public health concern. The following class D diseases or conditions shall be reported to the Office of Public Health within five business days after the existence of a case, suspected case, or a positive laboratory result is known:

- i. cancer;
- ii. carbon monoxide exposure and/or poisoning;
- iii. complications of abortion;
- iv. congenital hypothyroidism⁴;
- v. galactosemia;
- vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages)⁵;
- vii. hemophilia;
- viii. lead exposure and/or poisoning (all ages);
- ix. pesticide-related illness or injury (all ages);
- x. phenylketonuria⁴;
- xi. pneumoconiosis (asbestosis, berylliosis, silicosis, byssinosis, etc.);
- xii. radiation exposure, over normal limits;
- xiii. Reye's syndrome;
- xiv. severe traumatic head injury;
- xv. severe undernutrition (severe anemia, failure to thrive);
- xvi. sickle-cell disease (newborns);
- xvii. spinal cord injury; and
- xviii. sudden infant death syndrome (SIDS).

E Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile [(504) 568-8290 (fax)] on confidential disease report forms, or by phone [call (800) 256-2748 for forms and instructions] or in an electronic format acceptable to the Office of Public Health. When selecting a method of notification, the person or entity submitting a report shall be respectful of the time limitations for the report to be received by the Office of Public Health in accordance with the particular time limitations specified under Classes A-D above.

1. ¹Report on STD-43 Form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-7474.

2. ²Report to the Louisiana HIV/AIDS Program. Visit www.hiv.dhh.louisiana.gov or call (504) 568-7474 for regional contact information.

3. ³Report on CDC72.5 (f.5.2431) card.

4. ⁴Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs, www.genetics.dhh.louisiana.gov, or facsimile

[(504) 568-8253 (fax)], or call (504) 568-8254 or (800) 242-3112.

5. ⁵Report to the Section of Environmental Epidemiology and Toxicology, www.seet.dhh.louisiana.gov, or call (504) 568-8159 or (888) 293-7020.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1212 (June 2002), amended LR 32:1050 (June 2006), LR 34:2173 (October 2008), repromulgated LR 34:2582 (December 2008), LR 36:1014 (May 2010), repromulgated LR 36:1253 (June 2010), amended LR 39:1053 (April 2013), amended LR 41:

§107. Laboratory and Healthcare Facility Reporting Requirements

A. The director of every laboratory and other applicable healthcare facility whether public, private, hospital or other, within or out of the state shall report to the state health officer the results of all tests that are in any way clinically relevant, suggestive or indicative of an individual having active disease, past or present exposure to, past or present contact with and/or past or present association with any of the disease/conditions listed in LAC 51 (Public Health—Sanitary Code), Part II, Chapter 1, §105. The results of the tests to be reported to the state health officer do not have to be conducted for diagnostic reasons, nor do the results have to be diagnostic or confirmatory. The report shall be received in a timely manner consistent with the requirements of the diseases/conditions class described in §105 and shall state the name, date of birth, sex, race, usual residence, specimen identification code/ID and test results of the tested individual as well as the name of the physician or person submitting the specimen. Contact information for the laboratory performing the test(s) shall be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory where the specimen originated. Moreover, no considerations, evaluations or concerns, regarding any test technology or test result by institutions and/or organizations whether federal, state or otherwise (e.g., FDA, CMS-CLIA, etc.) which may be overseeing, approving, evaluating or licensing laboratory testing, shall represent an *a priori* rationale for withholding laboratory reports from the state health officer.

B. All laboratory facilities shall, in addition to reporting tests indicative of conditions found in §105, report positive or suggestive results for additional conditions of public health interest. The following findings shall be reported as detected by laboratory facilities:

- 1. adenoviruses;
- 2. coronaviruses;
- 3. enteroviruses;
- 4. hepatitis B (carriage, other than in pregnancy);
- 5. hepatitis C (past or present infection);
- 6. human metapneumovirus;
- 7. parainfluenza viruses;
- 8. respiratory syncytial virus; and
- 9. rhinoviruses.

C. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five business days of the final identification of the microorganism:

1. *Bacillus anthracis* (confirmed or suspected);
2. *Bordetella pertussis*;
3. *Brucella* spp.;
4. *Burkholderia mallei*;
5. *Burkholderia pseudomallei*;
6. *Campylobacter* spp.;
7. *Corynebacterium diphtheriae*;
8. *E. coli* O157:H7 or *E. coli* Shiga toxin producing;
9. *Francisella* spp.;
10. *Listeria* spp.;
11. *Mycobacterium tuberculosis*, *bovis* or *africanum*;
12. *Plesiomonas* spp.;
13. *Salmonella* spp.;
14. *Shigella* spp.;
15. *Vibrio* spp.;
16. *Yersinia enterocolitica*; and
17. *Yersinia pestis*.

D. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms if the original culture was from a sterile site (e.g., blood, spinal fluid, other internal fluid, tissue, etc.). Such reference culture shall be sent to the Office of Public Health laboratory within five business days of the final identification of the microorganism:

1. *Haemophilus influenzae* type b or untyped;
2. *Neisseria meningitidis*; and
3. *Streptococcus pneumoniae*.

E. Laboratory reports shall not be construed by the Office of Public Health as diagnosis. In the case of private patients, follow-up of laboratory reports shall be through the physician(s) submitting the specimen(s).

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 36:1015 (May 2010), LR 41:

§109. Reports by Emergency Departments

A. Syndromic Surveillance: Reportable Conditions seen at Emergency Departments of Acute Care Hospitals which Shall Require Reporting Electronically within One Business Day of the Visit

1. Emergency department reporting shall include all conditions seen at emergency departments of acute care hospitals. The text content of the chief complaint for the visit or an international classification of disease code shall be reported to the Office of Public Health within one business day of the visit by electronic means as specified by the Office of Public Health.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 32:1051 (June 2006), LR 36:1015 (May 2010), LR 41:

§111. Reports by Hospitals

A. It shall be the duty of all hospitals producing antibiograms detailing the antibiotic sensitivities and

resistances of microorganisms in their facility to provide a report annually of antibiogram results to the state health officer.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1213 (June 2002), amended LR 36:1015 (May 2010), LR 41:

§113. Reports Required of Parents, Schools and Day Care Centers

A. It shall be the duty of every parent, guardian, householder, attendant or other person in charge, principal of a public or private school, operator of a day care center or residential facility (public or private) to report a case of reportable disease in his household or school to the state health officer [as required by Subsection 105.C of this Chapter utilizing the appropriate method(s) of reporting required under Subsection 105.E of this Chapter], when he or she knows or reasonably believes that the disease is one which legally must be reported, except when he or she knows or reasonably believes that a physician, presumed to have already reported the case, is in attendance.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2) and R.S. 40:5(2)(10)(11).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006), LR 39:1054 (April 2013), LR 41:

Part III. The Control of Rabies and Other Zoonotic Diseases

Chapter 1. Anti-Rabies Vaccination Requirements for Dogs and Cats

§103. Mandatory Vaccinations of Dogs, Cats, and Ferrets

[formerly paragraph 3:002]

A. No person shall own, keep or have in his custody a dog, cat, or ferret over three months of age that has not been vaccinated against rabies by a licensed veterinarian. Every owner of a dog, cat, or ferret shall cause said animal to be vaccinated initially with a series of two vaccinations, the first to be administered at three months of age, the second to be administered one year after the initial vaccination. Dogs, cats, or ferrets initially vaccinated later than three months of age shall also be administered a series of two vaccines, the second vaccine to be given one year after the initial vaccination. Thereafter, the interval between revaccinations shall conform to the *Compendium of Animal Rabies Prevention and Control*, 2011 Edition, Part III: Rabies Vaccines Licensed and Marketed in the U.S., which is published by the National Association of State Public Health Veterinarians, Inc. Vaccine licensing and labeling, including duration of immunity, is authorized by the Center for Veterinary Medicine at the Food and Drug Administration (FDA) and those decisions are based on testing conducted by the vaccine manufacturers. The results of testing are presented to the FDA during the registration process.

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(2)(a), R.S. 40:5(1)(2)(17) and R.S. 40:1277.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1223 (June 2002), amended LR 33:650 (April 2007), LR 41:

Part XVII. Public Buildings, Schools, and Other Institutions

Chapter 5. Health Requirements for Schools

§501. Employee Health and Student Health [formerly paragraph 17:028]

A. [Formerly paragraph 17:028] The requirements of Part I, §117 and Part II, §§113 and 503 shall be met.

B.1. - B.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:4 (A)(2)(10) and R.S. 40:5 (1)(2)(10)(17).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1392 (June 2002), repromulgated LR 29:1099 (July 2003), amended LR 41:

Part XXI. Day Care Centers and Residential Facilities Chapter 1. General Requirements

§105. General [formerly paragraph 21:002-1]

A. - B. ...

C. [Formerly paragraph 21:003] All of the above facilities shall comply with appropriate Parts of this Code as stated below.

1. [Formerly paragraph 21:003-1] Employee, patient, and client health shall meet the requirements of Part I, §117 and Part II, §§113, 503, and 505 of this Code.

C.2. - J.2 ...

AUTHORITY NOTE: Promulgated in accordance with the provisions of R.S. 40:4(A)(10) and R.S. 40:5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1399 (June 2002), amended LR 37:2728 (September 2011), amended LR 38:2926 (November 2012), repromulgated LR 38:3233 (December 2012), amended LR 41:

Family Impact Statement

1. The effect on the stability of the family. None
2. The effect on the authority and rights of parents regarding the education and supervision of their children. None
3. The effect on the functioning of the family. None
4. The effect on the family earnings and family budget. None
5. The effect on the behavior and personal responsibility of children. None
6. The ability of the family or local government to perform the function as contained in the Proposed Rule. None

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Statement

It is anticipated that the proposed Rule will not have a significant adverse effect on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental, and economic factors has considered and, where possible, utilized regulatory methods in drafting the proposed rule to accomplish the objectives of applicable statutes while minimizing any anticipated adverse impact on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of the proposed rulemaking has been considered. There is no anticipated impact on the staffing level requirements or qualifications, cost, or ability

of providers of services for individuals with developmental disabilities to provide such services.

Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than October 26, 2015, at 4:30 p.m. to Theresa Sokol, Infectious Disease Surveillance, Infectious Disease Epidemiology Section, Office of Public Health, 1450 Poydras Street, Suite 2155, New Orleans, LA 70112. Comments may be faxed to (504) 568-8290.

Public Hearing

A public hearing is scheduled for October 26, 2015, at 9:30 a.m. in room 173 at the DHH Bienville Building, 628 North Fourth Street, Baton Rouge, LA 70802. Please call (504) 568-8313 in advance to confirm the time and place of the public hearing, as the public hearing will be cancelled if the requisite number of comments is not received by October 10, 2015.

Jimmy Guidry, M.D.
State Health Officer
and
Kathy Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Updating the Disease Reporting Requirements

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The propose rule amends Louisiana Sanitary Code (LAC Title 51) Part II – The Control of Diseases, Sections 105-113, Part III – The Control of Rabies and Other Zoonotic Diseases, Section 103, Part XVII – Public Buildings, Schools, and Other Institutions, Section 501, and Part XXI – Day Care Centers and Residential Facilities, Section 105. Amendments update current disease reporting requirements of the Department of Health and Hospitals (DHH), Office of Public Health (OPH) based on recommendations of the Council of State and Territorial Epidemiologists (CSTE) and the federal Centers for Disease Control and Prevention (CDC).

The main purpose of amending the sanitary code under this proposed rule is to add various rare infectious diseases to the list of reportable diseases and conditions that are reported to the state health officer within DHH/OPH. The proposed rule updates the disease reporting criteria in Part II, Part XVII and Part XXI of the sanitary code that makes reporting more consistent with recommendations of the CDC. Also, the proposed rule updates the rabies vaccination guidelines in Part III to meet current national recommendations.

The proposed rule changes will result in an estimated cost to DHH-OPH of \$2,036 to publish the notice of intent and the final rule in the *Louisiana Register*. This is a one-time cost that is routinely included in the agency's budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no estimated effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule directly affects hospitals, clinics, laboratories, and other facilities, which report infectious diseases. Due to the addition of diseases to the list of

reportable conditions, there may be a slight increase in workload for health care providers and/or facilities. Some diseases will now only be reportable by laboratories, rather than all healthcare facilities, reducing some of the overall burden of reporting.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment.

J. T. Lane
Assistant Secretary
1509#091

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Office of Public Health

Tanning (LAC 49:I.Chapter 13)

Under the authority of R.S. 40:4 and 40:5, and in accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the state health officer, acting through the Department of Health and Hospitals, Office of Public Health (DHH, OPH), intends to recodify the Chapter 13 regulations originally promulgated in the March 20, 1992 edition of the *Louisiana Register* in accordance with Act 587 of 1990 and to amend the newly recodified Sections 1301-1349 of Part I of Title 49 of the *Louisiana Administrative Code* to reflect administrative changes and to comply with the requirements of Act 193 of 2014. These changes are required to enforce the new ban on minors' use of tanning equipment enacted during the recent Regular Session of the Louisiana Legislature.

Title 49

PUBLIC HEALTH—FOOD AND DRUGS

Part I. Food, Drugs, and Cosmetics

Chapter 13. Tanning Facility Regulations

§1301. Purpose and Scope

[formerly 49:8.0000]

A. These regulations provide for the registration, certification and regulation of facilities and equipment which employ ultraviolet and other lamps for the purpose of tanning the skin of the living human body through the application of ultraviolet radiation.

B. The current statutory provisions in R.S. 40:2701 through 2719, as enacted by Act No. 587 of 1990, indicates that the owner or proprietor of each tanning parlor facility must apply for a certificate of registration as well as a separate permit from the Department of Health and Hospitals. In order to implement Act No. 587 of 1990 efficiently, and to accomplish the desired regulatory results in the best interest of the public health, the department will require a single application to register and obtain a permit for each tanning parlor facility in the state. Upon completion of processing, which includes inspection of each such facility by a department employee, only a single certificate of registration and permit will be issued. The combined instrument will expire at midnight on the date specified on the face of the document, and it must be renewed annually, as further specified in these regulations.

C. Nothing in these regulations shall be interpreted as limiting the intentional exposure of patients to ultraviolet

radiation for the purpose of treatment or therapy other than skin tanning, provided such treatment or therapy is supervised by a licensed practitioner of the healing arts in the lawful practice of their profession, in accordance with the requirements of their professional licensing board to prescribe and supervise such treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2701-2719.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, Food and Drug Unit, LR 18:274 (March 1992), amended by the Department of Health and Hospitals, Office of Public Health, LR 41:

§1303. Authority

[formerly 49:8.0010]

A. These regulations are promulgated under authority of the Tanning Facility Regulation Act comprising R.S. 40:2701 through 2719 (Act No. 587 of 1990), as amended by Act No. 193 of 2014.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2701-2719.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, Food and Drug Unit, LR 18:274 (March 1992), amended by the Department of Health and Hospitals, Office of Public Health, LR 41:

§1305. Definitions

[formerly 49:8.0020]

Act—Tanning Facility Regulation Act, unless the text clearly indicates a different meaning. All definitions and interpretations of terms given in the Act shall be applicable also to such terms when used in these regulations.

Authorized Agent—an employee of the department designated by the state health officer to enforce the provisions of the Act. The responsibility for implementing the provisions of the Act has been assigned to the Food and Drug Unit of the Office of Public Health of the Department of Health and Hospitals.

Consumer—any individual who is provided access to a tanning facility which is required to be registered pursuant to provisions of these regulations.

Department—the Department of Health and Hospitals.

Formal Training—a course of instruction approved by the department and presented under formal classroom conditions by a qualified expert possessing adequate knowledge and experience to offer a curriculum, associated training, and certification testing pertaining to and associated with the correct use of tanning equipment.

Individual—any human being.

Operator—any individual designated by the registrant to operate or to assist and instruct the consumer in the operation and use of the tanning facility or tanning equipment.

Persons—any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision or agency thereof, and any legal successor, representative, agent, or agency of these entities.

Phototherapy Device—a piece of equipment that emits ultraviolet radiation and is used by a licensed health care professional in the treatment of disease.

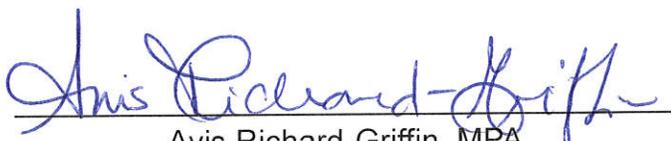
Registrant—any person who has filed for and received a certificate of registration-permit issued by the department as required by provisions of these regulations.

Public Hearing Number: 2015-10-26-2

Topic: Public Hearing to receive public comments regarding proposed revisions to amend Part II (The Control of Diseases), Part III (The Control of Rabies and Other Zoonotic Diseases), Part XVII (Public Buildings, Schools, and Other Institutions), and Part XXI (Day Care Centers and Residential Facilities) of the Louisiana State Sanitary Code (LAC 51).

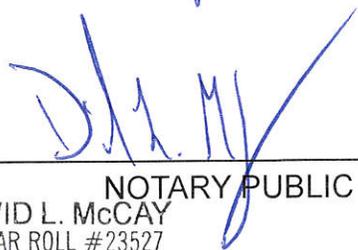
Attachments:

- Sign-In Sheet dated: October 26, 2015
- Public Hearing Posted Announcement
- Notice of Intent as published in the September 20, 2015, issue of the Louisiana Register



Avis Richard-Griffin, MPA
OPH Rulemaking Hearing Officer

SWORN TO BEFORE ME on this the 4th day of November, 2015.



NOTARY PUBLIC
DAVID L. McCAY
LA BAR ROLL #23527
NOTARY PUBLIC, STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

Printed Name of Notary Public

Bar Roll Number

SIGN-IN SHEET

Public Hearing

Under the authority of R.S. 40:4 and 40:5, and in accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the state health officer, acting through the Department of Health and Hospitals, Office of Public Health (DHH-OPH), intends to amend Part II (The Control of Diseases), Part III (The Control of Rabies and Other Zoonotic Diseases), Part XVII (Public Buildings, Schools, and Other Institutions), and Part XXI (Day Care Centers and Residential Facilities) of the Louisiana State Sanitary Code (LAC 51).

This public hearing is being conducted to allow the public an opportunity to comment on the proposed revisions.
 Hearing date, time and location: October 26, 2015, 9:30 a.m. DHH Bienville Building, 628 N. 4th Street, Baton Rouge, LA 70802, Room 173

FNAME	LNAME	EMAIL	TELEPHONE#	AFFILIATION OR ORGANIZATION	SIGNATURE
Avis Brisson	Richard-Griffin Warren	Richard-Griffin Brisson, Warren & Co., LLC	225-392-7009	DHH/OPH	[Signature]
					[Signature]

Administrative Hearing Officer: Avis Richard Griffin
 Avis Richard-Griffin

PUBLIC HEARING: OCTOBER 26, 2015



DEPARTMENT OF HEALTH
AND HOSPITALS

AGENDA

DHH Bienville Building
628 N. 4th Street, Room 173
Baton Rouge, LA 70802
Beginning at 9:30 a.m.

1. Under the authority of R.S. 40:4 and 40:5, and in accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the state health officer, acting through the Department of Health and Hospitals, Office of Public Health (DHH-OPH), intends to recodify the Chapter 12 regulations originally promulgated in the March 20, 1992 edition of the Louisiana Register in accordance with Act 587 of 1990 and to amend the newly recodified Sections 1201-1247 of Part I of Title 49 of the Louisiana Administrative Code to reflect administrative changes and to comply with the requirements of Act 193 of 2014. These changes are required to enforce the new ban on minors' use of tanning equipment enacted during the recent Regular Session of the Louisiana Legislature.
2. In accordance with the provisions of the Administrative Procedure Act, (R.S. 49:950, *et seq.*) as amended, the state health officer, acting through the Department of Health and Hospitals/Office of Public Health, is promulgating a proposed rule to amend Part II (The Control of Diseases), Part III (The Control of Rabies and Other Zoonotic Diseases), Part XVII (Public Buildings, Schools, and Other Institutions), and Part XXI (Day Care Centers and Residential Facilities) of the Louisiana State Sanitary Code (LAC 51).

PUBLIC HEARING: OCTOBER 26, 2015



Updated November 5, 2015

PROPOSED RULES

Tanning (LAC 49: I.1301-1347)

- Changes are required to enforce the new ban on minors' use of tanning equipment
- Recodifies Title 49 Chapter 12 regulations originally promulgated in the March 20, 1992, edition of the Louisiana Register in accordance with Act 587 of 1990 and to amend the newly re-codified Sections 1201-1247 of Part I of Title 49 of the Louisiana Administrative Code to reflect administrative changes and to comply with the requirements of Act 193 of 2014.

UPDATES

- Notice of Intent published September 20, 2015.
- Public Hearing – October 26, 2015, at 9:30 a.m. in room 173 at the DHH Bienville Building, 628 North Fourth Street, Baton Rouge, LA; one written, favorable correspondence; no members from the public in attendance.
- OPH Approval: August 2015
- DHH Approval: September 2015
- Legislative Fiscal Office Approval: September 2015
- Leg. Oversight Committees Notified by email: 9/10
- 2nd Leg. Oversight Committees Notified by email:
- Projected final rule publication is December 20, 2015

Disease Reporting Requirements/Anti-Rabies Vaccination Requirements for Dogs and Cats (LAC 51:II.105, 107, 109, 111, 113; III.103; XVII.501; and XXI.105)

- Proposed amendments to Part II are regarding disease reporting requirements. The amendments to Part II require disease reporting provisions currently contained in Part XVII (Public Buildings, Schools, and Other Institutions) and in Part XXI (Day Care Centers and Residential Facilities) to be updated as well.
 - Amends and revises Title 51, Part III (The Control of Rabies and Other Zoonotic Diseases). This proposed amendment relates to the appropriate re-vaccination interval of dogs and cats based upon the particular anti-rabies vaccine being administered to the animal. In an attempt to make the content more understandable and to have a better flow when reading, certain Sections, Subsections and Paragraphs, etc., were moved from their current location in Part II to a new location in Part II.
- Notice of Intent published September 20, 2015.
 - Public Hearing – October 26, 2015, at 9:30 a.m. in room 173 at the DHH Bienville Building, 628 North Fourth Street, Baton Rouge, LA
 - OPH Approval: August 2015
 - DHH Approval: September 2015
 - Legislative Fiscal Office Approval: September 2015
 - 1st Leg. Oversight Committees Notified by email: 9/10
 - 2nd Leg. Oversight Committees Notified by email:
 - Projected final rule publication is December 20, 2015