

ADMINISTRATIVE RULES – FISCAL ESTIMATE

1. Fiscal Estimate Version

Original Updated Corrected

2. Administrative Rule Chapter Title and Number

HFS 145, Control of Communicable Diseases

3. Subject

To revise ch. HFS 145, relating to communicable disease reporting and follow-up.

4. State Fiscal Effect:

No Fiscal Effect

Indeterminate

Increase Existing Revenues

Decrease Existing Revenues

Increase Costs

Yes No

May be possible to absorb within agency's budget.

Decrease Costs

5. Fund Sources Affected:

GPR FED PRO PRS SEG SEG-S

6. Affected Ch. 20, Stats. Appropriations:

7. Local Government Fiscal Effect:

No Fiscal Effect

Indeterminate

Increase Revenues

Decrease Revenues

Increase Costs

Decrease Costs

8. Local Government Units Affected:

Towns Villages Cities Counties School Districts WTCS Districts Others:

9. Private Sector Fiscal Effect (small businesses only):

No Fiscal Effect

Indeterminate

Increase Revenues

Decrease Revenues

Yes No May have significant economic impact on a substantial number of small businesses

Increase Costs

Yes No

May have significant economic impact on a substantial number of small businesses

Decrease Costs

10. Types of Small Businesses Affected:

Medical providers, health care facilities and laboratories

11. Fiscal Analysis Summary

These are updating amendments to the Department's rules for reporting communicable diseases and taking action to control their spread.

The rulemaking order adds 9 diseases to, deletes 8 diseases from, and changes the way 5 diseases appear on the list of reportable communicable diseases in Appendix A of the rules. The Department is authorized by s. 990.01 (5g), Stats., to add diseases to that list by rule. The rulemaking order also updates references, deletes outdated language, requires laboratories to forward specimens to a public health laboratory for additional testing if requested by the State Epidemiologist and requires laboratories and health care facilities to report negative test results to the local health officer if requested by the State Epidemiologist or the local health officer.

Anticipated costs to the Department include layout and printing costs associated with revising and reprinting the Division of Public Health's Communicable Disease Case Report form (DPH 4151); staff time to inform the mandated reporting agencies of the rule revisions through educational forums, e.g., Communicable Disease Spring Seminars, and scheduled meetings, e.g., regional Association of Practitioners of Infection Control chapter meetings and the State Laboratory of Hygiene's Laboratory Reporting Network; and staff time to prepare notices of the rule revisions for publication in the Wisconsin State Medical Journal, on the Department's web site and the Health Alert Network. These costs are insignificant and will be absorbed within the Bureau of Communicable Diseases and Preparedness budget and staff responsibilities.

The rule changes will not affect the expenditures or revenues of Local Health Departments. Local Health Officers are responsible under s. 252.03 (1), Stats., for investigating, preventing and controlling communicable diseases. Most of the diseases being added to Appendix A have been balanced by deletions from it and, with the exception of varicella (chickenpox), occur so rarely that few if any cases are expected annually. The addition of varicella reporting by individual case report to Appendix A (summary data on approximately 1,000 cases were reported in 2006) has been more than balanced by the deletion of genital herpes (more than 3,000 cases were reported in 2005).

This rulemaking is unlikely to have a significant economic impact on the private sector generally, and any health care facilities or laboratories that may meet the definition of small business in 227.114 (1), Stats., in particular. It includes no fees, failure to comply with the rulemaking carries no penalties and communicable disease reporting mechanisms are already in place. Usual costs to the private sector include completing and mailing communicable disease case reports forms, or keying-in and transmitting data electronically, to local health departments or the Department. These tasks are frequently performed by the infection control practitioner or clerical staff. Since the largest laboratories will be reporting automatically through electronic laboratory reporting, there will be minimal impact on these laboratories. Requests from the State Epidemiologist or the Local Health Officer for negative test results to justify release from isolation or quarantine are anticipated to be infrequent, as are requests from the State Epidemiologist that specimens to be forwarded to a public health laboratory for confirmatory or investigation purposes.

12. Long-Range Fiscal Implications

None known.

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