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Notices of Rulemaking Intent

Prior to adoption and gubernatorial/legislative review of a proposed PERMANENT rulemaking action, an agency must publish a Notice of Rulemaking Intent in the *Register*. In addition, an agency may publish a Notice of Rulemaking Intent in the *Register* prior to adoption of a proposed EMERGENCY or PREEMPTIVE rulemaking action.

A Notice of Rulemaking Intent announces a comment period, or a comment period and public hearing, and provides other information about the intended rulemaking action as required by law, including where copies of proposed rules may be obtained.

For additional information on Notices of Rulemaking Intent, see 75 O.S., Section 303.

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 233. BODY PIERCING AND TATTOOING

[OAR Docket #16-750]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 9. License Requirements

310:233-9-2. Artist license [AMENDED]

SUMMARY:

The proposed amendments modify the proof of training and experience required before an applicant is approved to take the license examination. The proposal deletes the requirement for proof of two years' license from another state, and substitutes a requirement for documentation of two years' experience from another state. The proposal allows a licensure candidate to submit proof of completion of training that is substantially equivalent to the requirements for apprentice programs in Oklahoma. The effect of the change is to give candidates credit for experience or training in a state that does not license artists. The Oklahoma State Department of Health developed the foregoing amendments in response to a request for rulemaking filed by a facility operator and artist licensed in Oklahoma. Additionally, the amendments clarify the process for approving an applicant to take the license examination and issuing the permanent artist license.

AUTHORITY:

Oklahoma State Board of Health; Title 63 O.S. Section 1-104; Title 21 O.S. Section 842.3

COMMENT PERIOD:

October 17, 2016 through November 17, 2016. Interested persons may informally discuss the proposed rules with the contact person listed below; or may, through November 17, 2016 submit written comment to the contact person identified below; or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on November 17, 2016, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10:00 a.m. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the

purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing before November 17, 2016, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available from the contact person identified below or via the agency website at www.health.ok.gov.

CONTACT PERSON:

Lynnette Jordan, Service Director, Consumer Health Service, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-5243, e-mail lynnette@health.ok.gov.

[OAR Docket #16-750; filed 9-22-16]

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 512. CHILDHOOD LEAD POISONING PREVENTION RULES

[OAR Docket #16-751]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. General Provisions

310:512-1-1 [AMENDED]

310:512-1-2 [AMENDED]

310:512-1-3 [AMENDED]

310:512-1-4 [AMENDED]

Subchapter 3. Specimen Risk Assessment, Screening and Management

310:512-3-1 [AMENDED]

Notices of Rulemaking Intent

310:512-3-2 [REVOKED]

310:512-3-2.1 [NEW]

310:512-3-3 [AMENDED]

310:512-3-4 [REVOKED]

310:512-3-4.1 [NEW]

310:512-3-5 [AMENDED]

SUMMARY:

310:512-1-1. The current rule sets forth the purpose of the rule chapter. This proposal restates the purpose and statutory authority. The effect of the rule change is clarity.

310:512-1-2. The current rule sets forth the criteria in regards to the establishment of rules and procedures. This proposal designates the Infant and Children's Health Advisory Council as the advisory body of the OSDH as it pertains to lead poisoning and the establishment of rules. This change is necessary because the Childhood Lead Poisoning Prevention Program no longer has a lead poisoning advisory board and now is under the auspice of the Infant and Children's Health Advisory Council. The effect of the rule change will be to add the Infant and Children's Health Advisory Council's role as advisor to the Oklahoma State Board of Health in regards to lead poisoning rules.

310:512-1-3. The current rule sets forth the role of the lead poisoning prevention program. This proposal clarifies that the Oklahoma Childhood Lead Poisoning Prevention Program shall maintain a statewide surveillance system as opposed to a 'registry' of all children's blood lead levels as opposed to only elevated blood lead levels. This change is necessary because the Oklahoma Childhood Lead Poisoning Prevention Program uses statewide lead poisoning data for surveillance and case management. The effect of the rule change will be to clarify the role of surveillance of all blood lead results for Oklahoma children. The impact of the rule change will be to improve children's health in Oklahoma by increasing the number of children screened through a comprehensive surveillance program.

310:512-1-4. The current rule sets forth the definitions as used in the General Provisions of the Childhood Lead Poisoning Prevention rules. This proposal adds definitions and terms used in the updated rules to ensure that all terms are defined. It further removes definitions of terms that are no longer used in the document and ensures that definitions are in keeping with latest terminology. This change is necessary because the previous set of definitions contained information that was no longer relevant based on other changes made in the rules. It further adds the definition of reference value which identifies the current level of blood lead that is used for case management and referrals that was updated by the Centers for Disease Control and Prevention in May 2012. The effect of the rule change will be to clarify the definitions used in the rules as well as update the blood lead level used for case management and further follow-up as has been the practice since June 2012.

310:512-3-1. The current rule sets forth the screening parameters for blood lead testing of children from 6 to 72 months of age. This proposal adds the term for the risk assessment questionnaire to refer to the document as the Lead

Exposure Risk Assessment Questionnaire (LERAQ) and allows for a suitable risk assessment questionnaire not created by the program to be used if a provider wishes to do so. The section for parents/guardians refusing testing is deleted and moved to a different section (310:512-3-2.1). This change is necessary in order to clarify a risk assessment questionnaire as well as provide to let providers know that a copy of the questionnaire is available. The effect of the rule change will be to clarify the appropriate ages and times for lead screening for children up to the age of 72 months. This ensures that children will be screened at the time when they are most at risk, and reduce unnecessary screening among low-risk and no-risk groups.

310:512-3-2. The current rule provides for the procedure and terms of blood lead screening criteria. This change would revoke this section and is necessary because significant changes are proposed to this section. The section has been extensively re-written as section 310:512-3-2.1. The effect of the rule change will be to remove the previous outdated section and replace it with the new 310:512-3-2.1, which is also renamed as "Primary health care provider responsibilities for risk assessment and screening."

310:512-3-2.1. This new section replaces 310:512-3-2 which will be revoked. This rule pertains to the responsibilities of the primary health care provider in terms of risk assessment and screening for lead poisoning in children up to 72 months of age. The proposal makes a change in the title of the rule to be more consistent with the content and defines the role of the health care provider in assessment and screening of children under the age of 72 months for lead exposure. This change is necessary because the previous section made reference to specific intervals and blood lead levels for follow-up which are no longer in keeping with the recommendations of the Centers for Disease Control and Prevention. The proposal provides clarification regarding health care provider responsibilities and is written in an easier to understand language. The proposal provides clarification regarding a refusal by a parent or guardian for blood lead testing of their child. The proposal clarifies continuing follow-up requirements and health care provider responsibilities as they pertain to blood lead screening and aftercare. The new rule includes language indicating the domain and responsibility among health care providers to follow screening requirements. The impact of this change will be to increase compliance among health care providers to screen the target population and assisting providers in identifying children most at risk for lead poisoning.

310:512-3-3. The current rule provides for the procedure of blood lead testing regarding venous and capillary testing criteria. The proposed changes provide guidance that a capillary blood lead sample may be obtained for confirmation of an elevated blood lead level when a venous sample is not obtainable; venous sample testing is required for confirmation of blood lead concentration equal to or greater than 10 µg/dL; and adds information regarding the use of Point-of-Care instruments for on-site lead testing and clarifies that Point-of-Care instruments are not to be used to confirm

elevated blood lead levels. This change is necessary because it clarifies when a capillary blood specimen is appropriate versus a venous specimen. The effect of the rule change is to provide guidance for providers who utilize Point-of-Care instruments and to clarify screening and diagnosis testing of these instruments for capillary and venous results. This rule clarifies the appropriate use of the venous test, while also allowing a second capillary test to be used as confirmation when the initial elevated lead level from a capillary test is less than 10 micrograms per deciliter. The rule change will improve a health care provider's ability to diagnose and prescribe appropriate course of action to those children with elevated blood lead levels. It will also allow providers to use capillary testing in certain circumstances when a venous sample is not obtainable.

310:512-3-4. The current rule provides for the procedure and terms of screening and follow-up and lists primary provider follow-up and non-primary provider screening and follow-up. This change would revoke this section and is necessary because significant changes are proposed to this section. This section has been extensively re-written as section 310:512-3-4.1. The effect of the rule change will be to remove the previous outdated section and replace it with the new 310:512-3-4.1, which is also renamed as "Provider Responsibilities for Screening and Follow up".

310:512-3-4.1. This new section replaces 310:512-4-1 which will be revoked. This rule pertains to the responsibilities of health care providers for screening and follow-up for lead poisoning in children up to 72 months of age. The proposal makes a change in the title of the rule to be more consistent with the content and defines the role of the health care provider. This change is necessary because the previous section made reference to separate actions for a primary care provider and non-primary care provider even though most of the duties were similar. The proposal provides clarification regarding health care provider responsibilities and is written in an easier to understand language. The proposal provides clarification regarding primary prevention, the use of chelation therapy, developmental screening and directs providers to the Oklahoma Childhood Lead Poisoning Prevention Program's Clinical Management Guidelines which are available on the program's website.

310:512-3-5. The current rule provides for the procedure and terms of blood lead screening reporting requirements. This change is necessary because the previous rule did not clearly state the method of reporting the results to the Oklahoma Childhood Lead Poisoning Prevention Program. In addition, this proposed rule change clarifies reporting by providers who use the Point-of-Care devices for blood lead testing. The effect of the rule change will be to clarify the responsibilities of laboratories and health care providers in reporting lead results to the Childhood Lead Poisoning Prevention Program and to ensure that reporting of test results occurs electronically as opposed to previously allowed methods by fax, telephone, or standard mail.

The impact of the rule change will be improved data quality and therefore an increase in the capacity of the Program to coordinate activities to prevent childhood lead poisoning and reduce lead exposure for children living in Oklahoma.

AUTHORITY:

Oklahoma State Board of Health; Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-114.1

COMMENT PERIOD:

October 17, 2016 through November 17, 2016. Interested persons may informally discuss the proposed rules with the contact person listed below; or may, through November 17, 2016 submit written comment to the contact person identified below; or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on November 17, 2016, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10:00 a.m. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing before November 17, 2016, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available from the contact person identified below or via the agency website at www.health.ok.gov.

CONTACT PERSON:

Susan Quigley, Administrative Programs Manager, Childhood Lead Poisoning Prevention Program, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-6711, e-mail susanq@health.ok.gov.

[OAR Docket #16-751; filed 9-22-16]

Notices of Rulemaking Intent

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 599. ZOONOTIC DISEASE CONTROL

[OAR Docket #16-752]

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

- Subchapter 1. General Provisions
- 310:599-1-2. Definitions [AMENDED]
- Subchapter 3. Rabies Control
- 310:599-3-1. Management of dogs, cats, or ferrets that bite a person [AMENDED]
- 310:599-3-2. Supervising veterinarian's responsibility [AMENDED]
- 310:599-3-5. Vaccinated domestic animals exposed to a rabid animal [AMENDED]
- 310:599-3-6. Unvaccinated domestic animals exposed to a rabid animal [AMENDED]
- 310:599-3-9. Administration of rabies vaccine [AMENDED]

SUMMARY:

The proposal updates the existing rules in accordance with recommendations from the National Association of State Public Health Veterinarians, the Centers for Disease Control and Prevention, and the American Veterinary Medical Association pertaining to animal rabies prevention and control.

The proposal will primarily update Subchapter 3, Rabies Control, to align with new scientific findings which indicate that dogs and cats with an out-of-date rabies vaccination status that are exposed to a rabid animal can be effectively managed by immediate vaccination booster and observation for 45 days similar to the method currently in place for management of currently vaccinated dogs, cats and ferrets that are exposed to a rabid animal (JAVMA, Vol 246, No. 2, January 15, 2015). It has been fifteen years since these rules were implemented; therefore, minor revisions to the regulations are also needed to update sections for alignment with current national guidance on animal rabies control and changes in animal rabies vaccine products.

With these changes, the Oklahoma State Department of Health anticipates minor cost savings for animal control departments and other persons who are charged with enforcement of the rules due to the reduced time period of observation and degree of follow up needed for dogs and cats with an overdue rabies vaccination status that are exposed to a rabid animal. Some Oklahoma pet owners will benefit from the proposal due to a reduction of emotional and financial costs because fewer dogs and cats exposed to a rabid animal will be required to be euthanized or undergo a six (6) month veterinary supervised quarantine.

AUTHORITY:

Oklahoma State Board of Health; Title 63 O.S. Section 1-104; Title 63 O.S. Section 1-508

COMMENT PERIOD:

October 17, 2016, through November 17, 2016. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through November 17, 2016, submit written comment to the contact person identified below; or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303 (A), the public hearing for the proposed rulemaking in this chapter shall be on November 17, 2016, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10:00 a.m. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through November 17, 2016, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available from the contact person identified below or via the agency website at www.health.ok.gov.

CONTACT PERSONS:

Kristy Bradley, State Epidemiologist, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-7637, e-mail KristyB@health.ok.gov

[OAR Docket #16-752; filed 9-22-16]