

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking.

PROPOSED RULES:

Chapter 515. Communicable Disease and Injury Reporting [AMENDED]

SUMMARY:

The rule change adds OAC 310:515-1-9. Medical professional assault data collection, as a result of a new statute, 63 O.S. §1-114.3, created through Senate Bill No. 1290. The proposed addition requires hospitals, health clinics, and ambulance services to report assaults on medical care providers to the State Department of Health.

AUTHORITY:

Commissioner of Health, Title 63 O.S. §§ 1-104 and 1-114.3

COMMENT PERIOD:

November 16, 2020, through December 16, 2020, interested persons may informally discuss the proposed rules with the contact person identified below; or may, through December 16, 2020, 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 December 16, 2020, via WebEx accessible from the site www.publichearings.health.ok.gov, from 9AM to noon. The alternate date and time in the event of extreme inclement weather is December 18, 2020, via WebEx accessible from the site www.publichearings.health.ok.gov, from 9AM to noon. Those wishing to present oral comments should be registered to speak by 9:15 a.m. Directions for comment registration will be provided on the website. The hearing will close at the conclusion of comments from those registered to speak. Interested persons may attend for the purpose of orally submitting data, views, or concerns 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 December 16, 2020, 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.ok.gov/health.

RULE IMPACT STATEMENT:

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

CONTACT PERSON:

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 1000 N. E. 10th Street, Oklahoma City, OK 73117-1207, phone (405) 271-9444 ext.56535, e-mail AudreyT@health.ok.gov.

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING

1. **DESCRIPTION:**

310:515-1-9. Medical Professional Assault Data Collection. Senate Bill No. 1290 created 63 O.S. Section 1-114.3. This statute provides the State Department of Health the authority to require hospitals, health clinics, and ambulance services to reports assaults on medical care providers to the State Department of Health.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:**

The proposed rule impacts hospitals, health clinics, and ambulance services. Entities may incur costs associated with recordkeeping and reporting due to compliance with the proposed rule.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:**

This new rule implements requirements in statute. It is anticipated that medical care providers will benefit from the enumeration of assaults to increase awareness, inform prevention, and reduce injuries.

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:**

The cost of compliance is anticipated to be minimal and related to compiling and reporting the number of assaults to medical care providers. It is anticipated that hospitals, health clinics, and ambulance services already have a system for recording and maintaining records of assaults. Public comment is sought to further assess economic impact and the cost of compliance.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY.**

Cost of implementation is estimated to be \$10,000, which includes the development and maintenance of an electronic data collection system and associated personnel time for said development and maintenance, as well as analysis and reporting.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

There is no anticipated impact on political subdivisions and it will not require their cooperation in implementing or enforcing the proposed amendment.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

There is no anticipated known adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. EFFORTS TO MINIMIZE COSTS OF RULE:

There have been no less costly means currently identified.

9. EFFECT ON PUBLIC HEALTH AND SAFETY:

This rule is expected to help inform prevention efforts to address workplace assaults on medical care providers, which would create safer environments for staff and their patients and visitors.

10. DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:

If this rule is not adopted, the agency will be out of compliance with the statutory mandate to promulgate rules for this new legislative mandate.

11. PREPARATION AND MODIFICATION DATES:

This rule impact statement was prepared on October 1, 2020.

**TITLE 310: OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

SUBCHAPTER 1. DISEASE AND INJURY REPORTING

310:515-1-9. Medical professional assault data collection

In accordance with 63 O.S. Section 1-114.3(B), assaults on medical care providers shall be reported by hospitals, health clinics, and ambulance services to the State Department of Health.