Department of Financial Services

NOTICE OF ADOPTION

Agent Training Allowance Subsidies for Certain Life Insurance and Annuity Business

I.D. No. DFS-14-26-00022-A
Filing No. 545
Filing Date: 2026-06-17
Effective Date: 2026-07-08

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following action:

Action taken: Amendment of Part 12 of Title 11 NYCRR.

Statutory authority: Financial Services Law, sections 202, 302; Insurance Law, sections 301 and 4228

Subject: Agent Training Allowance Subsidies for Certain Life Insurance and Annuity Business.

Purpose: To liberalize agent eligibility requirements and adjust for inflation.

Text or summary was published in the April 8, 2026 issue of the Register, I.D. No. DFS-14-26-00022-P.

Final rule as compared with last published rule: No changes.

Text of rule and any required statements and analyses may be obtained from: James MacDonald, Department of Financial Services, One State Street, New York, NY 10004, (212) 480-5331, email: James.MacDonald@dfs.ny.gov

Assessment of Public Comment
The agency received no public comment.

NOTICE OF ADOPTION

Regulations Implementing the Comprehensive Motor Vehicle Insurance Reparation Act–Claims for Personal Injury Protection Benefits

I.D. No. DFS-14-26-00023-A
Filing No. 565
Filing Date: 2026-06-18
Effective Date: 2026-08-15

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following action:

Action taken: Amendment of Subpart 65-3 of Title 11 NYCRR.

Statutory authority: Financial Services Law, sections 202, 302; Insurance Law, sections 301 and 5106

Subject: Regulations Implementing the Comprehensive Motor Vehicle Insurance Reparation Act–Claims for Personal Injury Protection Benefits.

Purpose: To update the prescribed No-Fault Denial of Claim NF-10 Form.

Text or summary was published in the April 8, 2026 issue of the Register, I.D. No. DFS-14-26-00023-P.

Final rule as compared with last published rule: No changes.

Text of rule and any required statements and analyses may be obtained from: Hoda Nairooz, New York State Department of Financial Services, One State Street, New York, NY 10004, (212) 480-5595, email: hoda.nairooz@dfs.ny.gov

Assessment of Public Comment
The agency received no public comment.

Department of Health

PROPOSED RULE MAKING
NO HEARING(S) SCHEDULED

Communicable Disease Reporting, Definitions and Specimen Collection

I.D. No. HLT-27-26-00011-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

Proposed Action: Amendment of Part 2 of Title 10 NYCRR.

Statutory authority: Public Health Law, section 225

Subject: Communicable Disease Reporting, Definitions and Specimen Collection.

Purpose: To update and clarify requirements for communicable disease reporting, definitions, and specimen collection.

Text of proposed rule: Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by section 225 of the Public Health Law, sections 2.1, 2.2, and 2.5 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York are repealed in their entirety and replaced, to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

DESIGNATION OF CASES

Section 2.1 - Communicable diseases designated: cases, suspected cases and certain carriers to be reported to the State Department of Health.

(a) When used in the Public Health Law and in this Title, the terms infectious, contagious, or communicable disease shall include the following diseases and any other disease which the commissioner, in the reasonable exercise of their medical judgment, determines to be communicable, rapidly emergent, or a significant threat to public health, provided that the disease, associated condition, or agent identified by laboratory analysis which is added to one or both of these lists solely by the commissioner's authority shall remain on the list or lists only if confirmed by the Public Health and Health Planning Council at its next scheduled meeting.

Diseases and Associated Conditions	*Agents Identified by Laboratory Analysis*
Amebiasis	*Entamoeba histolytica, dispar*
Anthrax	*Bacillus anthracis*
	Arboviruses
	Blastomyces species
Botulism	*Clostridium botulinum, butyricum, baratii, and other species of Clostridium producing botulinum neurotoxin*
Brucellosis	*Brucella species that cause brucellosis*
Campylobacteriosis	*Campylobacter species*
	Candida auris
	Carbapenem-resistant organisms
Chancroid	*Haemophilus ducreyi*
Chlamydia trachomatis infection, including lymphogranuloma venereum	*Chlamydia trachomatis*
Cholera	*Vibrio cholerae O1 and O139 serogroups with toxin gene or toxin detected*
Coronavirus-related conditions as follows:	*Coronaviruses as follows:*
• *COVID-19-associated deaths in persons <18 years of age*	• *SARS-CoV-1*
• *multisystem inflammatory syndrome in children (MIS-C)*	• *SARS-CoV-2*
• *severe acute respiratory syndrome (SARS)*	• *MERS-CoV*

• *Middle East respiratory syndrome (MERS)*	• *novel coronaviruses (specify type)*
• *novel coronavirus infection (specify type)*	
Cronobacter infection (<12 months of age), invasive	*Cronobacter species (<12 months of age), invasive*
Cryptosporidiosis	*Cryptosporidium species*
Cyclosporiasis	*Cyclospora species*
Cytomegalovirus infection (≤90 days of age) and congenital cytomegalovirus disease	*Cytomegalovirus (≤90 days of age)*
Diphtheria	*Corynebacterium diphtheriae*
Encephalitis	*Encephalitis, causative organisms*
Escherichia coli infection, Shiga toxin-producing	*Escherichia coli, Shiga toxin-producing*
Giardiasis	*Giardia species*
Glanders	*Burkholderia mallei*
Gonococcal infection	*Neisseria gonorrhoeae*
	Haemophilus influenzae, invasive
	Hantavirus
Hemolytic uremic syndrome	
Hendra virus infection	*Hendra Virus*
Hepatitis A	*Hepatitis A virus*
	Hepatitis B virus
	Hepatitis C virus
Herpes simplex virus infection (≤60 days of age)	*Herpes simplex virus (≤60 days of age)*
Influenza-related conditions as follows:	*Influenza virus*
• *Influenza-associated deaths in persons <18 years of age;*	
• *Influenza, novel*	
	Legionella species
Leprosy (Hansen's disease)	*Mycobacterium leprae, lepromatosis*
	Leptospira species
Listeriosis	*Listeria monocytogenes*
	Plasmodium species
Measles	*Measles virus*
Melioidosis	*Burkholderia pseudomallei*
Meningitis	*Meningitis, causative organisms*
Meningococcal disease, invasive	*Neisseria meningitidis, invasive*
Mpox	*Monkeypox virus*
Mumps	*Mumps virus*
Nipah virus infection	*Nipah virus*
Pertussis (whooping cough)	*Bordetella pertussis*
Plague	*Yersinia pestis*
Poliomyelitis and acute flaccid myelitis	*Poliovirus*
	Chlamydia psittaci
Q fever	*Coxiella burnetii*
Rabies	*Rabies virus*
Respiratory syncytial virus (RSV)-associated deaths in persons <18 years of age	*Respiratory syncytial virus (RSV)*
	Rickettsia species
Rubella, including congenital rubella syndrome	*Rubella virus*
Salmonellosis	*Salmonella species*
Shigellosis	*Shigella species*
Smallpox	*Variola virus*
Staphylococcus aureus, resistant to glycopeptides	*Staphylococcus aureus, intermediate or resistant to glycopeptides*
Staphylococcal enterotoxin poisoning	*Staphylococcal enterotoxin*
Streptococcal infection, group A, invasive	*Streptococcus pyogenes (group A beta hemolytic Streptococcus), invasive*
Streptococcal infection, group B, invasive	*Streptococcus agalactiae (group B Streptococcus), invasive*
	Streptococcus pneumoniae, invasive
Syphilis (specify stage), including congenital syphilis	*Treponema pallidum*
Tetanus	
Tick-borne disease as follows: Lyme disease with erythema migrans rash	*Tick-borne disease-causing organisms and results consistent with alpha gal syndrome*
Toxic shock syndrome	
Trichinosis	*Trichinella species*
Tuberculosis, current active disease (specify site)	*Mycobacterium tuberculosis complex species, including active or latent infections detected via interferon gamma release assays*
Tularemia	*Francisella tularensis*
Typhoid	*Salmonella Typhi*
Varicella (not zoster/shingles)	*Varicella zoster virus*
Vaccinia disease	*Vaccinia virus*
Vibriosis	*Vibrio species, including Vibrio cholerae not meeting criteria for cholera reporting*
Viral hemorrhagic fever	*Hemorrhagic fever viruses*
Yersiniosis	*Yersinia species*

(b) Upon receipt of a report made pursuant to sections 2.10 or 2.12 of this Title, the city, county, or district health officer shall immediately provide such report to the State Department of Health and shall retain the report and all records related to such report until their destruction is authorized by the State Commissioner of Health. In lieu of an individual report of each case, the city, county or district health officer may, with the written consent of the State Commissioner of Health, make summarized reports.

(c) Any disease outbreak or unusual disease, as defined in section 2.2 of this Title, shall also be reported to the State Department of Health as provided in subdivision (b) of this section.

Section 2.2 - Definitions. As used in this Part, the following terms shall have the following meanings:

(a) Case means a person who has been diagnosed to have a particular disease or condition. The diagnosis may be based solely on clinical judgement, including epidemiologic considerations, or solely on laboratory evidence, or on both criteria.

(b) Suspected case means a person who has been diagnosed as likely to have a particular disease or condition. The suspected diagnosis may be based solely on clinical judgement, including epidemiologic considerations, or solely on laboratory evidence, or both criteria.

(c) Outbreak means an increased incidence of disease above its expected or baseline level and shall include both healthcare-associated and community outbreaks. While an outbreak usually involves several cases of illness (e.g., food-borne poisoning, influenza), it may consist of just one case for certain rare and/or serious diseases (e.g., botulism, measles) and shall include single cases of disease that may reasonably be considered to portend an outbreak of public health importance. Healthcare-associated outbreaks shall include an outbreak due to microbiological agents or their toxic products occurring in patients, residents, or personnel in settings where healthcare is provided. Because the number of cases which indicate the presence of an outbreak varies according to the infectious agent, size and type of population exposed, previous exposure or lack of exposure to the disease, and time and place of occurrence, the expected or baseline level of disease shall be assessed by hospitals and their infection control committees.

(d) Unusual disease means a newly apparent or emerging disease or syndrome that is, or that a healthcare provider or the State Commissioner

of Health has reason to believe could possibly be caused by a transmissible agent or toxin and is either of uncertain etiology or of known etiology but demonstrates new epidemiologic or clinical characteristics that are known or suspected to have substantial public health significance.

(e) Local health authority means the health officer of a county, part-county, city, town, village, consolidated health district, or any county or public health director having all the powers and duties prescribed in section 352 of the Public Health Law.

(f) Approved laboratory or laboratory approved for the examination means either a laboratory possessing a certificate of approval for the specified examination pursuant to title 1 of article 5 of the Public Health Law or a laboratory holding a permit for the specified examination pursuant to title 5 of article 5 of the Public Health Law.

(g) Vaccinia disease shall mean:

(1) persons with vaccinia infection due to contact transmission; and

(2) persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the vaccination site, and any other serious adverse events (i.e. those resulting in hospitalization, permanent disability, life-threatening illness or death).

INVESTIGATIONS AND DETERMINATIONS

Section 2.5 – Submission of specimens for laboratory examination in cases or suspected cases of certain communicable diseases.

(a) A licensed healthcare provider in attendance on a person affected or suspected of being affected with any of the diseases listed in this section, and whose scope of practice includes the legal authority to diagnose the disease via laboratory examination, shall submit specimens for examination to an approved laboratory together with data concerning the history and clinical manifestations pertinent to the examination. The State Commissioner of Health may direct specimens be sent to the laboratory of the State Department of Health or other approved laboratory, as well as the examination(s) to be conducted.

Anthrax
Arboviral infection
Botulism
Brucellosis
Chancroid
Chlamydia trachomatis infection
Cholera
Conjunctivitis, purulent (≤28 days of age)
Coronavirus infection as follows: severe acute respiratory syndrome (SARS); Middle East respiratory syndrome (MERS); novel coronavirus infection
Cytomegalovirus disease, congenital (≤90 days of age)
Diarrhea, acute infectious non-viral
Diphtheria
Glanders
Gonococcal infection
Hantavirus disease
Haemophilus influenzae infection, invasive
Hemolytic uremic syndrome
Hepatitis A
Herpes simplex virus infection (≤60 days of age)
Influenza infection caused by a novel influenza virus
Legionellosis
Leprosy (Hansen's disease)
Leptospirosis
Listeriosis
Malaria
Measles
Melioidosis
Meningitis: Haemophilus, Meningococcal
Meningococcal disease, invasive
Mpox
Mumps
Pertussis (whooping cough)
Plague
Poliomyelitis and acute flaccid myelitis
Q fever
Rabies
Rubella, including congenital rubella syndrome
Smallpox
Staphylococcal enterotoxin poisoning
Streptococcus pyogenes infection (group A beta hemolytic Streptococcus), invasive
Streptococcus agalactiae infection (group B Streptococcus), invasive
Streptococcus pneumoniae infection, invasive
Syphilis, including congenital syphilis
Tick-borne infection, except for Lyme disease cases with erythema migrans rash
Trichinosis
Tuberculosis
Tularemia
Typhoid
Vaccinia disease (as defined in Section 2.2 of this Part)
Vibriosis
Viral hemorrhagic fever

Text of proposed rule and any required statements and analyses may be obtained from: Katherine Ceroalo, DOH, Bureau of Program Counsel, Reg. Affairs Unit, Room 2438, ESP Tower Building, Albany, NY 12237, (518) 473-7488, email: regsqna@health.ny.gov

Data, views or arguments may be submitted to: Same as above.

Public comment will be received until: 60 days after publication of this notice.

This rule was not under consideration at the time this agency submitted its Regulatory Agenda for publication in the Register.

Summary of Regulatory Impact Statement (Full text is posted at the following State website: https://regs.health.ny.gov/regulations/proposed-rule-making):

Statutory Authority:

The statutory authority for the regulatory amendments to Part 2 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) is section 225 of the Public Health Law (PHL), which authorizes the Public Health and Health Planning Council (PHHPC), subject to the approval of the Commissioner of Health (Commissioner), to establish and amend the State Sanitary Code (SSC) provisions related to any matters affecting the security of life or health or the preservation and improvement of public health in the State of New York.

Legislative Objectives:

Section 225 of the Public Health Law (PHL) authorizes the PHHPC, subject to the approval of the Commissioner, to establish and amend the SSC related to any matters affecting the security of life or health or the preservation and improvement of public health in the State of New York.

Article 21 of the PHL relates to control of acute communicable diseases. Section 2100 provides that every local board of health and every health officer shall guard against the introduction of such communicable diseases as are designated in the SSC. Section 2101 of the Public Health Law requires physicians and institutions to provide notice of every case of communicable disease required by the Department to be reported. Section 2102 requires clinical laboratories to report suspected or confirmed positive findings or markers of communicable diseases, and other pertinent facts, to local or state health officials. Additionally, section 576-c of the Public Health Law requires clinical laboratories to report such test results, and other data elements, electronically on a schedule determined by the commissioner. Section 2103 of the PHL requires all local health officers to report cases of communicable disease to the New York State Department of Health (the Department).

In line with these statutory provisions and the legislative intent, the proposed regulations address communicable diseases of public health concern. Section 2.1 includes a listing of diseases, conditions, and agents that must be reported; section 2.2 establishes definitions within the scope of Part 2; and section 2.5 specifies those diseases and conditions for which a specimen must be collected for laboratory analysis when a specified disease or condition is diagnosed or suspected.

Needs and Benefits:

The proposed regulations repeal the single list of communicable diseases in section 2.1 and replace it with two lists, one of diseases/conditions for case reporting and the other of agents for laboratory test result reporting.

Regarding the two updated lists in section 2.1, the proposed regulations group tick-borne diseases under a single tick-borne disease category and add alpha gal syndrome and Rickettsia, which will ensure that novel and emerging tickborne diseases are reported to the Department to inform public health response activities. The regulatory amendments include aligning respiratory virus reporting as much as possible; removing "hospital-associated infections" (which will not change reporting requirements); making minor changes to three conditions; and adding certain select agents. The proposed amendments would add certain problematic antimicrobial-resistant organisms: Candida auris (an emerging fungal pathogen), carbapenem-resistant organisms (highly-resistant bacteria prevalent in the New York metropolitan area and spreading); and Staphylococcus aureus showing intermediate susceptibility or resistance to glycopeptide antibiotics. The proposed regulations also add three conditions that appear to be emerging or expanding in range: blastomycosis (a fungal infection present in the Mohawk Valley), vibriosis (a bacterial illness related to coastal water exposure), and leprosy (which appears to be increasing in Southeastern states and of which the Department is occasion-

ally informed and asked for assistance). The proposed regulations add two conditions that impact infants: Cronobacter (which can cause sepsis and is associated with contaminated formula), and congenital cytomegalovirus infection (which can cause hearing loss, and which can be treated if identified early). This will allow the Department to better conduct activities related to congenital cytomegalovirus described in Public Health Law sections 207 and 266. The proposed amendments to section 2.1 would add Leptospira species (associated with social and sanitation issues such as subpar housing) and interferon gamma release assays (to identify latent or active tuberculosis).

Finally, changes to section 2.1 also include several non-substantive changes like correcting spelling errors and streamlining language to reflect that reports are primarily submitted electronically.

The proposed amendments to section 2.2 update existing definitions, delete the definition of "hospital-associated infections" and include a definition of "unusual disease" that was previously included in section 2.1. Additionally, the definition of a "case" has been updated and the definition of an "outbreak" has been clarified and slightly expanded. Finally, the definition of "unusual disease" has been expanded to include diseases of known etiology but exhibiting new epidemiologic or clinical characteristics with substantial public health significance.

Proposed amendments to section 2.5 would require all licensed healthcare providers whose scope of practice includes the legal authority to diagnose a particular disease via laboratory examination, to submit specimens for laboratory examination when in attendance on a person affected with or suspected of being affected with any of the diseases listed within section 2.5. The current regulation only applies to licensed physicians in attendance. Additionally, amendments to section 2.5 clarify the Commissioner of Health's authority to direct specimens to be sent to the Department of Health's laboratory or another approved laboratory, and to direct the examination(s) to be conducted on such specimens.

The proposed amendments to section 2.5 also group together several conditions, simplify coronavirus testing requirements, and add conditions that require testing to be identified with certainty, to allow for appropriate public health response. Additionally, the proposed amendments add several vaccine-preventable illnesses such as measles, mumps, pertussis, and rubella.

Costs:

Costs for the Implementation of, and Continuing Compliance with the Regulation to the Regulated Entity:

Costs to regulated entities are expected to be minimal. New York State has human and electronic resources in place to support compliance with public health reporting requirements. Laboratories have robust reporting infrastructure in place and already report several of the added conditions due to reporting requirements specific to New York City. For organisms that are added, there would be a modest initial cost to update the laboratories' automated reporting systems.

All conditions added to the case reporting list are either of very low incidence or are rarely detected and therefore should not create a financial burden on regulated entities. Additionally, several higher-incidence conditions were removed from case reporting requirements, relieving clinicians of reporting burden. While entities required to report must cooperate with investigations, that cooperation primarily consists of providing information, and no additional compliance costs are expected. The testing requirements added to section 2.5 may add additional costs for medical care; however, it is likely that many of the specimens required to be examined are already tested as part of standard clinical care.

Costs to State and Local Governments:

Great care has been taken during the development of the proposed regulations to minimize costs to the State of New York and to local governments. Costs to the State beyond the Department of Health (see below for Department of Health) are expected to be negligible, if any. Costs to local health departments (LHDs) have been minimized:

- Case reporting requirements were removed if reporting of a laboratory result would be sufficient.
- Certain organisms which are expected to be reported by laboratories in high or moderate numbers will be accepted by the Department electronically but will not be passed to the LHDs (except upon request), similar to the current process for influenza.
- For added diseases or organisms that will require investigation by LHDs, the investigatory flexibility previously added to Section 2.6 will continue to be used to limit the response to what is needed, rather than requiring a full investigation in all situations.

There are no new or additional compliance costs to the State or to LHDs associated with the proposed amendments to definitions in section 2.2, nor for the newly added conditions in section 2.5.

Costs to the Department of Health:

Costs to the Department are expected to be low. Most of the additions to section 2.1 are expected to be reported in very low numbers. Those conditions which are expected in high numbers (Candida auris, carbapenem-resistant organisms) typically occur as part of outbreaks in Article 28 healthcare facilities, which the Department already investigates. There would be an initial cost to update the Department's electronic laboratory reporting system to receive newly reportable laboratory results; however, this can be done within existing resources.

There are no new or additional compliance costs to the Department associated with the proposed amendments to definitions in section 2.2.

A potential increase in specimens being sent to the Wadsworth Center for examination could result in costs to the Department. However, testing for most of the added conditions can be performed at commercial laboratories, so these costs should be minimal and can be absorbed within existing resources.

Local Government Mandates:

Local health officers will continue to be required to forward reports to the Department and to investigate cases or suspect cases consistent with guidance provided by the Department. There is flexibility regarding investigation requirements in section 2.6, allowing local health departments to limit certain investigations.

Paperwork:

There will be no new paperwork associated with these proposed amendments; however, revisions will need to be made to the Department's existing general communicable disease reporting form (DOH-389), the instructions, and the laboratory guidance.

Duplication:

No relevant laws of the State and/or Federal government exist that duplicate, overlap, or conflict with these proposed amendments.

Alternatives:

Alternatives to the proposed amendments would be to maintain the current list of reportable communicable diseases in section 2.1 and the current definitions in section 2.2. The Department could have also maintained the current list of diseases in section 2.5 and not expanded the scope of the regulation to health care providers beyond just physicians. However, these alternatives were not considered because the proposed amendments increase the likelihood that crucial testing will be conducted and update outdated language. Moreover, the proposed amendments require reporting of the added conditions which is necessary for critically important disease surveillance.

Federal Standards:

The proposed amendments do not exceed any minimum standards of the Federal government. State and local health departments have primary authority for controlling disease within their jurisdictions.

Compliance Schedule:

The Department is updating existing electronic reporting systems, as well as the form and instructions for manual case reporting, to support reporting of newly added conditions. It is anticipated that regulated entities would be able to immediately comply with the rule upon publication of the Notice of Adoption in the State Register.

Regulatory Flexibility Analysis

Effect of Rule:

The proposed regulatory amendments to 10 NYCRR section 2.1 will apply to all local health departments, as well as physicians, hospitals, nursing homes, diagnostic and treatment centers, and laboratories. The proposed regulatory amendments to section 2.5 will apply to all licensed healthcare providers whose scope of practice includes the legal authority to diagnose disease via laboratory examination. As of January 1, 2026, there are approximately 81,380 licensed and registered physicians in New York State; it is not known how many of them practice in small businesses. As of April 1, 2024, there were over 1.14 million active registrations across all licensed healthcare professions; it is not known how many of them practice in small businesses.

Based on the 2020 Census, there are 44 counties in New York State that have a population of less than 200,000 (https://www.census.gov/quickfacts/), and approximately 17% of small health care facilities are located in rural areas. Currently, there are a total of 1422 diagnostic and treatment centers, including extension clinics, and it is estimated that about 240 of these facilities are in rural areas and may employ less than 100 people and qualify as a small business. There are 601 nursing homes in New York State, 162 of which are in rural counties, many of which may employ fewer than 100 people and qualify as a small business. There are six hospitals that are estimated to employ less than 100 people, qualifying as a small business. There are approximately 626 approved clinical laboratories in New York State, and it is estimated that approximately 206 employ less than 100 people and are considered small businesses.

Compliance Requirements:

Hospitals, clinics, physicians, nursing homes, and clinical laboratories that are small businesses, along with local governments, will utilize updated Department of Health (Department) reporting forms and existing electronic reporting infrastructure to report the amended listing of communicable diseases, conditions, and agents included in the list of communicable diseases set forth in 10 NYCRR section 2.1. Local health of-

ficers receiving reports of reportable communicable diseases will continue to be required to forward such reports to the State Health Commissioner and to investigate and monitor the cases reported, with the exception of those conditions which are reported to the Department only for monitoring of trends, State-level program purposes, or that occur in Article 28 regulated health care facilities, which are investigated by the Department.

Professional Services:

The proposed amendments to section 2.1 relate to the reporting of certain communicable diseases and laboratory test results to the Department and subsequent investigation of cases. Affected business entities include laboratories that are authorized to perform tests for communicable diseases on New York State residents, local health authorities that receive and investigate communicable disease reports and test results, as well as physicians and other mandated reporters that report cases. Section 2.5 relates to submission of specimens for laboratory examination by licensed healthcare providers whose scope of practice includes the legal authority to diagnose the disease via laboratory examination. The Department does not expect any entities to need to procure additional professional services as a result of these proposed amendments.

Compliance Costs:

The Department expects that costs associated with these additional requirements will be minimal. Local health authorities receive funding through Article 6 of the Public Health Law for core public health work, including investigations of reportable diseases, and any additional burden created by the regulatory amendments has been minimized.

The Department does not expect that there will be significant cost burdens associated with regulated entities complying with investigations conducted by a local health authority. The proposed regulations would only apply where there are cases, or suspected cases, of reportable diseases or organisms, outbreaks, or unusual diseases. Further, while businesses, organizations, private homes, and those required to report, pursuant to the proposed amendments to section 2.1, would be required to cooperate with such investigations, historically, the type of cooperation sought during disease investigations has primarily consisted of providing information determined to be necessary for the local health authority to control the spread of disease and/or to provide preventive treatment.

The cost of the proposed disease and organism reporting to local governments is expected to be minimal because current systems and procedures already exist for such entities to receive, process, and follow-up on reportable diseases/organisms. Further, by monitoring the spread of reportable diseases/organisms, appropriate precautions can be taken to prevent or contain exposures, thereby reducing costs associated with public health control measures, morbidity, and treatment. Lastly, the Department does not expect that there will be any additional cost burdens to local governments associated with the proposed changes to laboratory submission requirements in section 2.5. The infrastructure to electronically receive reports from laboratories is already in place.

The Department does not anticipate that there will be a substantial cost burden for government entities related to investigation(s) of newly added reportable conditions because the ones requiring investigation have an extremely low incidence. Local health authorities are the primary entities responsible for controlling diseases within their jurisdictions, the additions proposed here will become part of the requirements that local health authorities already have in place to control disease within their jurisdictions, which already include investigations of other reportable diseases. The infrastructure, current systems and procedures to receive, process, and follow-up on reportable diseases for case investigation already exists, are well established, and utilized regularly by the local health departments.

Furthermore, effective October 02, 2024, 10 NYCRR section 2.6 – Investigations and Response Activities, was amended to incorporate additional flexibility for local health departments in their management and prioritization of investigations of communicable disease. For all these reasons, the proposed amendments are not expected to result in any significant new cost burden to small businesses or local governments.

Economic and Technological Feasibility:

The affected entities will use existing reporting, receiving, and investigation infrastructure that are already in place for reporting of other communicable diseases designated by Public Health Law. As such, there are no economic or technological impediments to the rule change. Most communicable disease reporting is already accomplished via existing electronic reporting mechanisms. Local health departments already conduct investigations of communicable disease within their jurisdictions under existing authorities designated in Public Health Law. Clinical laboratories are required to report results electronically pursuant to Public Health Law section 576-c. As such, there are no economic or technological impediments to the rule change.

Minimizing Adverse Impact:

The affected small business and government entities include clinical laboratories, local health departments, and medical practices. All entities will continue to use existing reporting, receiving, and investigation infrastructure that are already in place for reporting of other communicable diseases designated in Public Health Law. These proposed amendments carefully and intentionally considered the potential burden to local health departments responsible for investigations of communicable disease. As such, and where appropriate, reports of communicable disease involving health care acquired infections (e.g., carbapenem-resistant organisms, Candida auris) that occur in health care facilities regulated under Article 28, such as nursing homes, hospitals, and diagnostic and treatment centers, are investigated by the Department. Similarly, other reports of communicable disease that are submitted to support State-level programs and coordination of appropriate follow-up services (e.g., congenital cytomegalovirus) are also managed by the Department. The existing electronic reporting infrastructure already supports incoming laboratory data and communicable disease reports to the State and local health departments. This minimizes impact, and these amendments are not expected to result in significant additional costs or burden to small business or local governments.

Small Business and Local Government Participation:

The Department has consulted with local governments through ongoing communication with local health departments and the New York State Association of County Health Officials (NYSACHO) in the process of developing these proposed amendments, including proposed updates to the list of reportable conditions.

Businesses that are affected by the proposed amendments including private and commercial laboratories, already perform the tests that detect these pathogens, use existing reporting mechanisms, and many already report some of the added conditions. The Department has already initiated efforts to reach out to laboratory organizations through existing communication networks to advise the laboratory business community about these proposed amendments. Furthermore, existing guidance for laboratories is in the process of being updated to align with the proposed amendments and will be distributed to laboratories prior to the effective date of the amendments.

For Rules That Either Establish or Modify a Violation or Penalties Associated with a Violation:

N/A.

Rural Area Flexibility Analysis

No Rural Area Flexibility Analysis is required pursuant to section 202-bb(4)(a) of the State Administrative Procedure Act. There are no professional services, capital, or other compliance costs imposed on public or private entities in rural areas resulting from the proposed amendments. While the proposed amendments to 10 NYCRR Part 2 update the list of communicable diseases to be reported to the New York State Department of Health (Department), the definitions, and the list of conditions for which a specimen is to be collected, the amendments do not impose a unique adverse impact on facilities in rural areas, nor do they impose additional reporting, record keeping or other compliance requirements on facilities in rural areas.

Moreover, the proposed amendments are intended to reduce overall reporting burden, statewide, by further clarifying existing communicable disease reporting requirements, eliminating redundant and duplicative reporting of diseases and conditions that either require laboratory analyses to confirm diagnoses or that are reported to the Department through existing statewide surveillance systems (e.g., influenza, coronavirus, and respiratory syncytial virus).

Job Impact Statement

A Job Impact Statement for these amendments is not being submitted because it is apparent from the nature and purposes of the amendments that they will not have a substantial adverse impact on jobs and/or employment opportunities.

Department of Law

PROPOSED RULE MAKING
NO HEARING(S) SCHEDULED

Resolution of Conflicts of Interest Arising from OAG's Dual Roles in Investigating/Prosecuting and Defending State Officers

I.D. No. LAW-27-26-00012-P

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

Proposed Action: This is a consensus rule making to add Part 800 to Title 13 NYCRR.