WASHINGTON STATE BOARD OF HEALTH
Working for a safer and healthier Washington since 1889

Draft Summary of the Notifiable Conditions Technical Advisory Committee (TAC) July 16, 2018

Red Lion Hotel- Seattle Airport
18220 International Blvd, Seattle, WA 98188
Seattle Room

Technical Advisory Committee members present:

Amanda Killingbeck, Mason General Hospital Laboratory Services
Bob Lutz, Washington State Association of Local Public Health Officials (via phone)
Carly Bartz-Overman, Planned Parenthood of Greater Washington and North Idaho
Diana Yu, Washington State Association of Local Public Health Officials
Jacky Chow, MultiCare Health System
Jaime Bodden, Washington State Association of Local Public Health Officials (via phone)
Jason Love, Tacoma General Hospital Laboratories NW
Karie Nicholas, Washington Association of Community and Migrant Health Centers
Lin Thach, Kaiser Permanente WA Regional Laboratory
Lori Bourassa, University of Washington Department of Lab Medicine
Minden Buswell, Washington State Department of Agriculture
Nora Coronado, Commission on Hispanic Affairs (via phone)
Scott Lindquist, Washington State Department of Health
Stephen Kutz, Washington State Board of Health
Tierney Edwards, Washington State Medical Association
Todd Schoonover, Department of Labor & Industries
Xuan Qin, Seattle Children's Hospital Laboratories

State Board of Health and Department of Health staff, and other guests who signed in:

Alexandra Montaño, Board of Health Staff
Melanie Hisaw, Board of Health Staff
Sierra Rotakhina, Department of Health
Amanda Jones, Department of Health
Marcia Goldoft, Department of Health
William Glover, Department of Health
Laura Johnson, Department of Health
Rita Altamore, Department of Health (via phone)
Lynn Stapp, Seattle Children's Hospital
Carmen Ng, Department of Health
Nirupama Shridhar, Department of Health

1. PLAN FOR THE DAY

Stephen Kutz, TAC Co-Chair, provided an overview of the agenda and noted that the role of the TAC is to discuss the recommendations for the rule update and to provide feedback, not to make final decisions.

2. DISCUSSION OF RECOMMENDED CHANGES – CONTINUED

Scott Lindquist, TAC Co-Chair, reminded TAC members where they had left off in the discussion of recommended changes to the rule at the end of the June meeting and then introduced Alexandra Montaño, Board of Health Staff and Sierra Rotakhina, Department of Health, to address questions that came up during the June meeting and to provide an overview of the packet materials. Dr. Lindquist continued the discussion of recommended changes to conditions notifiable by laboratory directors. For related meeting summary notes see the table "Recommendations for Conditions Notifiable by Laboratory Directors" below. Note that the TAC discussed some of the conditions notifiable by Laboratory Directors at the June meeting. A summary of the conversations about those conditions can be found in the Meeting #1 meeting summary.

Recommendations for Conditions Notifiable by Laboratory Directors

Agent (Condition)	Discussion Notes
Bacillus anthracis (Anthrax)	State Board of Health (Board) and State Department of Health (Department) recommend changing what specimen must be submitted from "culture" to "presumptive positive isolate; If no isolate available, specimen associated with presumptive positive result." Several TAC members indicated that this changes makes sense.
Blood lead level	See summary for agenda item #3 below.
Bordetella pertussis (Pertussis)	Board and Department recommend changing that: 1) Test results must be reported from unspecified to "positive results by: Culture; Nucleic acid detection [nucleic acid testing (NAT) or nucleic acid amplification (NAAT)]"; and 2) Specimen must be submitted from "culture, when available" to "isolate"; and adding "if no isolate available, specimen associated with positive result" must be submitted "on request." The TAC discussed if the current language proposed for nucleic acid detection is the best language to use. Staff will bring some language options to the TAC at its next meeting. The TAC also discussed language indicating that a specimen must be submitted "upon request" and concerns that this would require labs to retain a specimen they would otherwise destroy or send to another lab. Board and Department staff indicated that the rule has language specifying that the intent is not to require labs to retain specimens, but that perhaps this needs to be clarified in the table itself.
Borrelia burgdorferi (Lyme disease)	Board and Department not recommending any changes at this time.
Borrelia hermsii or *recurrentis* (Relapsing fever, tick- or louse-borne)	Board and Department recommend changing reporting timeline from "within 24 hours" to "within 2 business days." The TAC did not voice any concerns.
Brucella species (Brucellosis)	Board and Department recommend changing: 1) Which test results that must be reported from unspecified to "positive result by any method excluding- Immunoglobulin G (IgG)"; and 2) Which specimen must be submitted from "culture" to "isolate, excluding confirmed positive B. melitensis, B. abortus, or B. suis; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Burkholderia mallei (Glanders)	Board and Department recommend:

	1) Moving *Burkholderia mallei* and *Burkholderia pseudomallei* (which are combined in one row in the existing rule) each to their own row to be consistent with the rest of the table; 2) Changing test results that must be reported from unspecified to "positive result by any method excluding Immunoglobulin G (IgG)"; and 3) Changing what specimen must be submitted from "culture…; additional specimens when available" to "presumptive positive isolate; if no isolate available, specimen associated with presumptive positive result." The TAC did not voice any concerns.
Burkholderia pseudomallei (Melioidosis)	Board and Department recommend same changes as to *Burkholderia mallei* (Glanders). The TAC did not voice any concerns.
California serogroup viruses, acute (Arbovirus) Chikungunya virus, acute (Arbovirus) Dengue, acute (Arbovirus) Eastern and western equine encephalitis, acute (Arbovirus) Japanese encephalitis, acute (Arbovirus) La Crosse encephalitis, acute (Arbovirus) Powassan virus, acute (Arbovirus) St. Louis encephalitis, acute (Arbovirus) West Nile virus, acute (Arbovirus)	Board and Department recommend: 1) Moving listed arboviruses to their own rows and alphabetizing by virus name (rather than having them on one row listed under "arboviruses) to be consistent with the rest of the table; and 2) Changing which test results must be reported from "IgM positivity, PCR positivity, viral isolation" to "positive result by any method excluding Immunoglobulin G (IgG)." The TAC did not voice any concerns.
Campylobacter species (Campylobacteriosis)	Board and Department recommend changing: 1) Which test results that must be reported from unspecified to "positive results by Culture; Nucleic acid detection (NAT or NAAT); Antigen detection"; and 2) Which specimen must be submitted from unspecified to "Isolate, if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
CD4 + lymphocyte counts and/or CD4 + (patients aged thirteen or older)	The Board and Department are not recommending any changes at this time.
Chlamydophila psittaci (Psittacosis)	Board and Department recommend changing which test results must be reported from unspecified to "positive result by any method excluding Immunoglobin G (IgG)." The TAC did not voice any concerns.
Chlamydia trachomatis	The Board and Department recommend requiring reporting of negatives results in addition to positives results (this could be contingent on electronic lab reporting to minimize burden). The TAC expressed concerns with collecting negatives such as workload on the labs (this could be over 200 tests a day); the fact that labs are not using consistent systems; authority to require negatives to be reported; the sensitivity of this issue and potential public concerns. The group decided to table this conversation until it has talked more about electronic lab reporting and heard presentations from subject matter experts on the public health justification of reporting negatives.
Clostridium botulinum (Botulism)	Board and Department recommend changing which specimen must be submitted from "Serum and/or stool; any other specimens available (i.e., foods submitted for suspected foodborne case; debrided tissue submitted for suspected wound botulism)" to "Presumptive positive isolate; if no isolate available, specimen associated with presumptive positive result."

	The TAC did not voice any concerns.
Coccidioides (Coccidioidomycosis)	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Coronavirus SARS-associated coronavirus MERS-associated coronavirus	SARS-associated coronavirus is an existing reporting requirement. The Board and Department recommend adding "MERS-associated coronavirus" to the rule and specifying that only **presumptive** positive isolates/specimens should be submitted. The TAC discussed the public health justification for this condition and that this testing would often be done by a reference lab. The TAC did not voice any concerns.
Corynebacterium diphtheriae (Diphtheria)	The Board and Department recommend changing: 1) Which test results must be reported from unspecified to "positive results by culture, nucleic acid detection (NAT or NAAT)"; and 2) Which specimen must be submitted from "culture" to "isolate" and adding that if no isolate is available, "specimen associated with positive result" should be submitted "on request" The TAC did not voice any concerns.
Coxiella burnetii (Q fever)	Board and Department recommend changing which specimen must be submitted from "culture" to "specimen associated with presumptive positive result." The TAC did not voice any concerns.
Crimean-Congo hemorrhagic fever virus (Viral hemorrhagic fever) Ebola virus (Viral hemorrhagic fever) Guanarito virus (Viral hemorrhagic fever) Junin virus (Viral hemorrhagic fever) Lassa virus (Viral hemorrhagic fever) Lujo virus (Viral hemorrhagic fever) Machupo virus (Viral hemorrhagic fever) Marburg virus (Viral hemorrhagic fever) Sabia virus (Viral hemorrhagic fever)	Board and Department recommend: 1) Listing specific hemorrhagic fevers that must be reported on their own rows rather than listing the category of "viral hemorrhagic fever: Arenaviruses, Bunyaviruses, Filoviruses, Flaviviruses" as exists in the current rule; and 2) Specifying that only **presumptive** positive isolates/specimens should be submitted. A TAC member noted that Dengue is also a viral hemorrhagic fever. The TAC did not voice any other concerns.
Cryptococcus gattii infection or *Cryptococcus* not yet confirmed to be *C. neoformans* (Cryptococcosis)	Board and Department recommend: 1) Adding a timeframe for reporting and who to report to ("within 2 business days to local health jurisdiction"); and 2) Changing which specimen must be submitted from "culture (2 business days) or other specimen upon request" to "Isolate; If no isolate available, specimen associated with positive result (excluding serum)" within 2 business days and "serum" on request. The TAC discussed alternative language that would be more clear such as *Cryptococcus gattii* infection or *Cryptococcus* not yet speciated.
Cryptosporidium (Cryptosporidiosis)	Board and Department not recommending any changes at this time.
Cyclospora cayetanensis (Cyclosporiasis)	Board and Department recommend changing specimen submission requirements from within "2 business days" to "on request." The TAC did not voice any concerns.
Echinococcus granulosus or *E. multilocularis* (Echinococcosis)	Board and Department recommend adding as a new condition. The TAC members discussed the available public health responses to this condition to address a TAC members question about the public health response. The TAC did not voice any other concerns.

Ehrlichia spp. (Ehrlichiosis)	Board and Department recommend adding as a new condition. The TAC discussed tick borne disease and tick surveillance in Washington State. The group recommended adding this condition to the list reportable from Department of Agriculture to the Department of Health. The TAC did not voice any concerns.
Francisella tularensis (Tularemia)	Board and Department recommend changing what specimen must be submitted from "culture or other appropriate clinical material" to "Presumptive positive isolate; If no isolate available, specimen associated with presumptive positive result." The TAC did not voice any concerns.
Haemophilus influenzae (children < 5 years of age)	Board and Department recommend changing what specimen must be submitted from "culture, from sterile sites only, when type is unknown" to "Isolate; If no isolate available, specimen associated with positive result." TAC members indicated that they don't have an issue with using an age cut-off. The TAC asked if the intent was really to ask for specimens from non-sterile sites and recommended that "sterile site" language be reincorporated (see Meningococcal disease as an example).
Hantaviral infection, including, but not limited to: Andes virus Bayou virus Black Creek Canal virus Dobrava-Belgrade virus Haantan virus Seoul virus Sin nombre virus	Board and Department recommend changing specimen submittal timeline from "on request" to "within 2 business days." The TAC did not voice any concerns and noted that this shouldn't be a burden.
Hepatitis A virus	Board and Department recommend requiring reporting of positive results from nucleic acid detection (NAT or NAAT) in addition to IgM (the current requirement). The TAC discussed the clinical utility of nucleic acid detection for Hepatitis A, but did not voice any concerns about adding it.
Hepatitis B virus	Board and Department recommend adding additional tests results that must be reported. The details are still being discussed internally and the TAC will have an opportunity to review and discuss this condition at the next TAC meeting.
Hepatitis C virus	Board and Department recommend adding additional tests results that must be reported. The details are still being discussed internally and the TAC will have an opportunity to review and discuss this condition at the next TAC meeting.
Hepatitis D virus	Board and Department recommend adding language indicating that "Hepatocellular enzyme levels associated with positive result" must be included with report. The TAC decided to have this conversation at the next meeting.
Hepatitis E virus	Recommend adding language indicating that "Hepatocellular enzyme levels associated with positive result" must be included with report. The TAC decided to have this conversation at the next meeting.
Histoplasma capsulatum (histoplasmosis)	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.

Human immunodeficiency virus (HIV)	Board and Department recommend changing which tests must be reported within 2 business days from unspecified to: "Positive, negative, and indeterminate result for: Antibody detection tests (including RST) Antigen detection tests (including RST) Viral culture All nucleic acid amplification tests: qualitative and quantitative detectable and undetectable" Board and Department recommend changing what tests must be reported monthly from "all viral load detection test – detectable and undetectable" to "genetic resistance sequences." The TAC noted that the NAT/NAAT language needs to be standardized throughout the rule. The TAC voiced concerns about collecting negatives (e.g. burden on labs and potential public concern with collecting negatives). Dr. Lindquist proposed that the Department subject matter experts attend the next meeting to answer questions about reporting negatives.
Human prion disease	This is currently reportable by providers and facilities. Board and Department recommend adding this as a new condition for laboratories. The TAC had a lengthy discussion about if indicating which specific test results must be reported is the best approach or if it would make more sense to say "test results by any method excluding…" The group also discussed if the new test is being used as a screening test for individuals with dementia, would public health would want all of these results? Staff will work with the subject matter expert at the Department to answer some of these questions.
Legionella species (Legionellosis)	Board and Department recommend changing which specimen must be submitted from "culture" to "Isolate; If no isolate available, respiratory specimen associated with positive result." The TAC discussed this condition at length and if the intent is to have labs track down a respiratory specimen or just send in one if it was associated with a positive result. Staff will work with the subject matter expert for clarity.
Leptospira species (Leptospirosis)	Recommend changing what specimen must be submitted from unspecified to "Isolate; If no isolate available, specimen associated with positive result." The TAC recommends adding "excluding serum."
Listeria monocytogenes (Listeriosis)	Board and Department recommend changing which: 1) Test results must be reported from unspecified to: "Culture; Nucleic acid detection (NAT or NAAT); and 2) Specimen must be submitted from "culture" to "Isolate; If no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Mumps virus	Board and Department recommend: 1) Changing what test results must be reported from "IgM positivity; PCR positivity" to "Culture; Nucleic acid detection (NAT or NAAT); IgM"; and 2) Adding that IgM specimen must be submitted upon request. The TAC discussed the intent of this language with regard to specimen submission. The group recommends that the language clarify that the lab would only be required to send the specimen **associated with a positive IgM**, not asking labs to go back and submit an IgM if the test wasn't already done.
Mycobacterium tuberculosis complex	Board and Department recommend changing: 1) Reportable condition from *"Mycobacterium tuberculosis"* to "*Mycobacterium tuberculosis* complex"; and

	2) Which test results have to be reported from unspecified to: "Positive and negative results (all assay types) for: Microscopy Cytology / Pathology Culture NAAT Drug Susceptibilities" 3) Which specimen must be submitted from "culture" to "Mycobacterium tuberculosis complex positive isolate (earliest available isolate for the patient)." One Tac member requested that the language specify that QFT results do not need to be submitted because local health is getting these reports and they don't necessarily want them. The TAC members expressed concerns about the request for negatives and, specifically, the broad request for microscopy and cytology/pathology negatives.
Naegleria fowleri (Amoebic meningitis)	Board and Department recommend adding as a new condition. The TAC recommends making this immediately notifiable.
Neisseria gonorrhoeae (Gonorrhea)	Board and Department recommend requiring reporting of negative results in addition to positive results (this could be contingent on electronic lab reporting to minimize burden). The TAC expressed concerns and decided to table this conversation until it has talked more about electronic lab reporting and heard presentations from subject matter experts on the public health justification of reporting negatives.
Neisseria meningitidis (Meningococcal disease)	Board and Department recommend changing which: 1) Test results must be reported from unspecified to "positive result for specimen from a normally sterile site by any method"; and 2) Specimen must be submitted from "culture (from sterile sites only)" to " Isolate from a normally sterile site" and adding that if no isolate is available, the specimen associated with a positive result must be submitted on request. The TAC did not voice any concerns.
Plasmodium species (Malaria)	Board and Department recommend changing which test results must be reported from unspecified to "Positive results for: Nucleic acid detection (NAT or NAAT) Malaria-specific antigens by rapid diagnostic test PCR Microscopy (thick or thin smear)." The TAC did not voice any concerns.
Poliovirus	Board and Department recommend changing which test results must be reported from "IgM positivity; PCR positivity" to "positive results for IgG." The TAC noted that this recommendation does not make sense and should be brought back to the subject matter experts for discussion.
Rabies virus	Board and Department recommend removing reference to reporting animal cases. The TAC did not voice any concerns.
Rickettsia sp.	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Rubella	This is reportable by providers and facilities—Board and Department recommend adding this as a new condition for laboratories. The TAC recommended making this reportable immediately.
Rubeola (measles virus)	Board and Department recommend:

	1) Alphabetizing by agent rather than by condition; 2) Changing what test results must be reported from "IgM positivity; PCR positivity" to "positive results by culture; IgM; Nucleic acid detection (NAT or NAAT)"; and 3) Indicating that the specimen associated with positive IgM only have to be submitted on request (while other isolates and specimens must be submitted as they are currently submitted). The TAC recommends adding a cross-reference under "measles virus" directing people to "Rubeola" in the table.
Tly tSappinia (Amoebic meningitis)	The Board and Department recommend adding this as a new condition. The TAC recommended adding the species and making this immediately notifiable. The TAC also discussed if the CDC's PCR identifies *Sappinia*. Staff said they would look into this and consider if the answer should impact if *Sappinia* is included in the rule.
Salmonella species (Salmonellosis)	Board and Department recommend changing which specimen must be submitted from "culture" to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Shiga toxin-producing *E. coli* / enterohemorrhagic *E. coli* (STEC)	Board and Department recommend changing which specimen must be submitted from "culture or specimen if no culture is available" to "isolate; if no isolate available, specimen associated with positive result." The TAC discussed if the language needs to indicate that only "presumptive positive" specimens should be submitted.
Shigella species (Shigellosis)	Board and Department recommend changing what specimen must be submitted from "culture" to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Taenia solium (Taeniasis/Cysticercosis)	Board and Department recommend adding as a new condition. The TAC discussed the public health justification (e.g. finding a common source) and did not voice any concerns with adding this condition.
Treponema pallidum (Syphilis)	Board and Department recommend: 1) Requiring reporting of negative results in addition to positive results (this could be contingent on electronic lab reporting to minimize burden); and 2) Changing what specimen must be submitted from "serum" to "specimen associated with positive result." The TAC decided to table this conversation until it has talked more about electronic lab reporting and heard presentations from subject matter experts on the public health justification of reporting negatives.
Trichinella species (Trichinellosis)	Board and Department recommend changing what test results must be reported from unspecified to "Microscopy for *Trichinella* larvae in tissue or food item; Positive serologic test for *Trichinella."* The TAC discussed under what circumstances a lab may test a food item and Department staff indicated that they would look into this more.
Trypanosoma brucei (Sleeping sickness)	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Trypanosoma cruzi (Chagas disease)	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Vaccinia (vaccine-acquired smallpox)	This is currently reportable by providers and facilities—Board and Department recommend adding this as a new condition for laboratories.

	The TAC discussed why a **request** for testing would be reportable. Staff will work with the Department subject matter expert on this.
Vancomycin-resistant *Staphylococcus aureus*	Board and Department recommend changing which specimen must be submitted from "culture" to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Variola virus (smallpox)	Board and Department recommend changing: 1) Which tests must be reported from unspecified to "any request for testing associated with a suspect case"; and 2) Which specimen must be submitted from "isolate or clinical specimen associated with positive result" to "specimen collected from a suspect case." The TAC discussed why a request for testing would be reportable. Staff will work with the Department subject matter expert on this.
Vibrio cholerae O1 or O139 (Cholera)	Board and Department recommend changing what specimen must be submitted from "culture" to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Vibrio species (Vibriosis)	Board and Department recommend changing what specimen must be submitted from "culture" to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Yellow fever virus	Board and Department recommend changing: 1) Which test results that must be reported from unspecified to "positive result by any method excluding Immunoglobulin G (IgG)"; and 2) Which specimen must be submitted from "serum" to "specimen associated with positive result." The TAC did not voice any concerns.
Yersinia enterocolitica or *pseudotuberculosis*	Board and Department recommend changing what specimen must be submitted from unspecified to "isolate; if no isolate available, specimen associated with positive result." The TAC did not voice any concerns.
Yersinia pestis (Plague)	Recommend changing: 1) Which test results must be reported from unspecified to: "Elevated serum antibody titer(s) to *Yersinia pestis* fraction 1 (F1); Detection of F1 antigen by fluorescent assay; Culture"; and 2) Which specimen must be submitted from "culture or any appropriate clinical material" to "presumptive positive isolate; if no isolate available, specimen associated with presumptive positive result." The TAC indicated that using "any test method, excluding" those that public health would not want reported would be more useful than listing the tests to be included.

3. RECOMMENDED CHANGES TO NOTIFIABLE CONDITIONS TO ENHANCE SURVEILLANCE FOR OCCUPATIONAL DISEASE AND INJURY

Mr. Kutz noted that the Board of Health, Department of Health, and Department of Labor and Industries have been working closely to develop recommended rule changes to promote occupational health and introduced Todd Schoonover, Department of Labor and Industries, to present the recommendations. The recommendations are related to adult blood lead levels, collecting an adult blood lead from providers, making additional occupational respiratory diseases reportable, and making occupational injuries that result in hospitalization reportable. The TAC didn't express any concerns with changing the adult blood lead level in the rule and some members noted that this change is reasonable. The TAC members discussed the idea of requiring providers to submit a blood lead test from to L&I with every adult blood lead test and shared ideas on how to improve this currently optional reporting. The TAC expressed concerns with asking providers to report conditions that are specifically labeled as "occupational." Several TAC members voiced support for requiring health care facilities to report occupational in patient-hospitalizations.

4. RECOMMENDED CHANGES TO RULE FORMATTING

Ms. Montaño noted that the Board and Department are recommending combining the provider and facility sections of the rule in order to streamline the rule language. She noted that this is not a substantive change and it would not impact the reporting requirements for providers or facilities. She also noted that the Board and Department are recommending breaking the rule into parts in order to make the rule more user friendly. She asked that the TAC look at these recommended format changes when they review the full draft rule and provide feedback on these recommendations.

5. RECOMMENDED CHANGES TO PROVISIONAL CONDITION NOTIFICATION (WAC 246-101-015)

Ms. Rotakhina reminded the TAC that the Board and Department are recommending eliminating some of the large categories of reportable conditions (e.g. other rare diseases of public health significance) and streamlining the current provisional condition notification process in order to improve transparency and implementation of the rule. She directed the TAC to review the draft language included in their packets and provide feedback on that language.

6. RECOMMENDED CHANGES TO VETERINARY AND DEPARTMENT OF AGRICULTURE REPORTING REQUIREMENTS (WAC 246-101-405)

Ms. Rotakhina directed the TAC to the document showing the recommended changes to WAC 246-101-405 which would eliminate the current requirement that veterinarians report human cases of certain conditions to public health and add a requirement that the State Department of Agriculture report animal cases of certain conditions to the Department of Health who would in turn notify the local health jurisdiction. She noted that these recommended changes have been developed in close collaboration between the Board of Health, Department of Health, and Department of Agriculture. The TAC provided some editorial feedback and noted and many members noted they were comfortable with these recommended changes.

7. ELECTRONIC LAB REPORTING RECOMMENDATIONS

The TAC did not have time to address this agenda item and will be discussing it at the next TAC meeting in September.

8. WRAP UP

Ms. Montaño walked the TAC members through the remaining materials in their packets and how they can be used as guiding documents when the members review the full draft rule.

9. ADJOURNMENT

Dr. Lindquist adjourned the meeting at 3:00 p.m.