MONTANA
ADMINISTRATIVE
REGISTER

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2026-442.1

Summary

Amendment of ARM 37.114.203, 37.114.204, 37.114.313, and 37.114.1016 pertaining to Communicable Disease Control

---

Hearing Date and Time

Friday, August 14, 2026, at 11:00 a.m.

Virtual Hearing Information

Join Zoom Meeting: https://mt-gov.zoom.us/j/85756926014?pwd=Bbu7mxYPOWQoxb1mLQUAJyEBUXMYMc.1&jst=1

Meeting ID: 857 5692 6014 Password: 716931

Dial by Telephone: +1 646 558 8656

Meeting ID: 857 5692 6014 Password: 716931

Find your local number: https://mt-gov.zoom.us/u/kbDGTyGxpR

Join by SIP: 85756926014@zoomcrc.com

Join by H.323 (Polycom): 162.255.37.11##85756926014

Comments

Comments may be submitted using the contact information below. Comments must be received by Friday, August 21, 2026, at 5:00 p.m.

Accommodations

The agency will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. Requests must be made by Friday, July 31, 2026, at 5:00 p.m.

Contact

Nicole Balcerzak
(406) 444-6902
HHSAdminRules@mt.gov
Fax: (406) 444-9744

Rulemaking Actions

AMEND

The rules proposed to be amended are as follows, stricken matter interlined, new matter underlined:

37.114.203 REPORTABLE DISEASES AND OTHER CONDITIONS OF PUBLIC HEALTH IMPORTANCE

(1) The following communicable diseases and conditions and other conditions of public health importance are reportable:

(a) Acute flaccid myelitis (AFM);

(b) AIDS, as defined by the Centers for Disease Control and Prevention, and HIV infection, as determined by a positive result from a test approved by the Federal Food and Drug Administration for the detection of HIV, including antibody, antigen, and all HIV nucleic acid tests;

(c) Anthrax;

(d) Arboviral diseases, neuroinvasive and nonneuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Oropouche, Powassan, Saint Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection);

(e) Arsenic poisoning (≥ 70 micrograms per liter (µg/L) total arsenic in urine; or ≥ 35 µg/L methylated plus inorganic arsenic in urine);

(f) Babesiosis;

(g) Botulism (including infant, foodborne, other, and wound botulism);

(h) Brucellosis;

(i) Cadmium poisoning (≥ five µg/L total blood cadmium levels; or ≥ three µg/L total cadmium in urine);

(j) Campylobacteriosis;

~~(j)~~(k) Candida auris (C. auris);

~~(k) Campylobacteriosis;~~

(l) Carbapenemase-producing ~~carbapenem-resistant~~ organisms (~~CP-CRO~~CPO);

(m) Chancroid;

(n) Chlamydia trachomatis infection;

(o) Cholera;

(p) Coccidioidomycosis;

(q) Colorado tick fever;

(r) Coronavirus Disease 2019 (COVID-19)-associated hospitalizations and deaths;

(s) Cronobacter in infants;

(t) Cryptosporidiosis;

(u) Cyclosporiasis;

(v) Dengue virus infections;

(w) Diphtheria;

(x) Escherichia coli, Shiga toxin-producing (STEC);

(y) Gastroenteritis outbreak;

(z) Giardiasis;

(aa) Gonorrhea~~l infection~~;

(bb) Granuloma inguinale;

(cc) Group A Streptococcus, invasive disease;

(dd) Haemophilus influenzae invasive disease;

~~(ee) Hansen's disease (leprosy);~~

~~(ff)~~(ee) Hantavirus pulmonary syndrome or infection;

~~(gg)~~(ff) Hemolytic uremic syndrome, post diarrheal;

~~(hh)~~(gg) Hepatitis A, acute;

~~(ii)~~(hh) Hepatitis B, acute, chronic, perinatal;

~~(jj)~~(ii) Hepatitis C, acute, chronic;

~~(kk)~~(jj) Influenza-associated hospitalizations and deaths;

~~(ll)~~(kk) Lead levels in a capillary blood specimen of ≥ 3.5 micrograms per deciliter(µg/dL) in a person less than 16 years of age;

~~(mm)~~(ll) Lead levels in a venous blood specimen at any level;

~~(nn)~~(mm) Legionellosis;

(nn) Leprosy (Hansen's disease);

(oo) Leptospirosis;

(pp) Listeriosis;

(qq) Lyme disease;

(rr) Lymphogranuloma venereum;

(ss) Malaria;

(tt) Measles (rubeola);

(uu) Melioidosis;

(vv) Meningococcal disease (Neisseria meningitidis);

(ww) Mercury poisoning (≥ ten µg/L total mercury in urine; or ≥ ten µg elemental mercury/g creatinine in urine; or ≥ ten µg/L elemental, organic, and inorganic blood mercury levels);

(xx) Multisystem inflammatory syndrome in children (MIS-C);

(yy) Mpox;

(zz) Mumps;

(aaa) Novel influenza A virus infections;

~~(aaa)~~(bbb) Pertussis;

~~(bbb)~~(ccc) Plague;

~~(ccc)~~(ddd) Poliomyelitis, paralytic or nonparalytic;

~~(ddd)~~(eee) Psittacosis;

~~(eee)~~(fff) Q-fever (acute and chronic);

~~(fff)~~(ggg) Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection;

~~(ggg)~~(hhh) Respiratory syncytial virus (RSV)-associated death in a person less than 18 years of age;

~~(ggg)~~(iii) Rickettsial diseases (including spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis);

~~(hhh)~~(jjj) Rubella (including congenital);

~~(iii)~~(kkk) Salmonella Paratyphi infection;

~~(jjj)~~(lll) Salmonella Typhi infection;

~~(kkk)~~(mmm) Salmonellosis;

~~(lll)~~(nnn) Severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease;

~~(mmm)~~(ooo) Shigellosis;

~~(nnn)~~(ppp) Smallpox;

~~(ooo)~~(qqq) Streptococcus pneumoniae, invasive disease;

~~(ppp)~~(rrr) Streptococcal toxic shock syndrome (STSS);

~~(qqq)~~(sss) Syphilis;

~~(rrr)~~(ttt) Tetanus;

~~(sss)~~(uuu) Tickborne relapsing fever;

~~(ttt)~~(vvv) Toxic shock syndrome (TSS) (nonstreptococcal);

~~(uuu)~~(www) Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease);

~~(vvv)~~(xxx) Trichinellosis (trichinosis);

~~(www)~~(yyy) Tuberculosis (TB) including latent tuberculosis infection;

~~(xxx)~~(zzz) Tularemia;

~~(yyy)~~(aaaa) Varicella (chickenpox);

~~(zzz)~~(bbbb) Vibriosis;

~~(aaaa)~~(cccc) Viral hemorrhagic fevers; and

~~(bbbb)~~(dddd) Yellow fever.

(2) Also reportable is: ~~an outbreak of any communicable disease listed in the "Control of Communicable Diseases Manual" that occurs in an institutional or congregate~~

~~setting and any unusual incident of unexplained illness or death in a human or animal with potential human health implications.~~

(a) an outbreak or cluster of any communicable disease listed in the "Control of Communicable Diseases Manual" in any setting, including an institutional or congregate setting; or

(b) any unusual incident of illness or death in a human or animal with potential human health implications.

Authorizing statute(s): 50-1-202, 50-17-103, 50-18-105, 50-18-106, MCA

Implementing statute(s): 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.204 REPORTS AND REPORT DEADLINES

(1) A local health officer must immediately report (within four hours) to the department by telephone the information cited in ARM 37.114.205(1) ~~through~~ and (2) whenever a case of one of the following diseases or other condition of public health importance is suspected or confirmed:

(a) Anthrax;

(b) Botulism;

(c) Plague;

(d) Poliomyelitis, paralytic or nonparalytic;

(e) Severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease;

(f) Smallpox;

(g) Tularemia; or

(h) Viral hemorrhagic fevers.

(2) A local health officer must transmit by telephone or secure electronic means to the department the information required by ARM 37.114.205(1) and (2) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:

(a) Information about a case of one of the following diseases should be submitted within 24 hours after it is received by the local health officer:

(i) an outbreak of a disease or condition specified in ARM 37.114.203;

(ii) any unusual incident of illness or death in a human or animal with potential human health implications;

(iii) Acute flaccid myelitis (AFM);

(iv) Brucellosis;

(v) Cronobacter in infants;

(vi) Diphtheria;

(vii) Gastroenteritis outbreak;

~~(viii) Influenza-associated hospitalization and mortality;~~

~~(ix)~~(viii) Measles;

~~(x)~~(ix) Melioidosis;

~~(xi)~~(x) Mpox;

(xi) Novel influenza A virus infections;

(xii) Rabies in a human;

(xiii) Rabies in an animal;

(xiv) Rubella; and

(xv) Syphilis.

(b) Information about a case of one of the following diseases must be submitted within seven calendar days after it is received by the local health officer:

(i) AIDS or HIV infection;

(ii) Arboviral diseases, neuroinvasive and non-neuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, Saint Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection);

(iii) Arsenic poisoning (≥ 70 µg/L total arsenic in urine; or ≥ 35 µg/L methylated plus inorganic arsenic in urine);

(iv) Babesiosis;

(v) Cadmium poisoning (≥ five µg/L total blood cadmium levels; or ≥ three µg/L total cadmium in urine);

(vi) Campylobacteriosis;

(vii) Candida auris (C. auris);

(viii) Carbapenemase-producing ~~carbapenem-resistant~~ organisms (~~CP-CRO~~ CPO);

(ix) Chancroid;

(x) Chlamydia~~l~~ trachomatis infection;

(xi) Cholera;

(xii) Coccidioidomycosis;

(xiii) Colorado tick fever;

(xiv) Coronavirus Disease 2019 (COVID-19)-associated hospitalizations and deaths;

(xv) Cryptosporidiosis;

(xvi) Cyclosporiasis;

(xvii) Dengue virus infections;

(xviii) Escherichia coli, Shiga toxin-producing (STEC);

(xix) Giardiasis;

(xx) Gonorrhea;

(xxi) Granuloma inguinale;

(xxii) Group A Streptococcus, invasive disease;

(xxiii) Haemophilus influenzae, invasive disease;

~~(xxiv) Hansen's disease (leprosy);~~

~~(xxv)~~(xxiv) Hantavirus pulmonary syndrome or infection;

~~(xxvi)~~(xxv) Hemolytic uremic syndrome, post diarrheal;

~~(xxvii)~~(xxvi) Hepatitis A, acute;

~~(xxviii)~~(xxvii) Hepatitis B, acute, chronic, perinatal;

~~(xxix)~~(xxviii) Hepatitis C, acute, chronic;

~~(xxx)~~(xxix) Influenza-associated hospitalizations and deaths;

(xxx) Lead levels in a capillary blood specimen of ≥ 3.5 micrograms per deciliter(µg/dL) in a person less than 16 years of age;

(xxxi) Lead levels in a venous blood specimen at any level;

(xxxii) Legionellosis;

(xxxiii) Leprosy (Hansen's disease);

~~(xxxiii)~~(xxxiv) Leptospirosis;

~~(xxxiv)~~(xxxv) Listeriosis;

~~(xxxv)~~(xxxvi) Lyme disease;

~~(xxxvi)~~(xxxvii) Malaria;

~~(xxxvii)~~(xxxviii) Meningococcal disease (Neisseria meningitidis);

~~(xxxviii)~~(xxxix) Mercury poisoning (≥ ten µg/L total mercury in urine; or ≥ ten µg elemental mercury/g in creatinine in urine; or ≥ ten µg/L elemental, organic, and inorganic blood mercury levels);

~~(xxxix)~~(xl) Multisystem inflammatory syndrome in children (MIS-C);

~~(xl)~~(xli) Mumps;

(xlii) Oropouche

~~(xli)~~(xliii) Pertussis;

~~(xlii)~~(xliv) Psittacosis;

~~(xliii)~~(xlv) Q-fever (acute and chronic);

(xlvi) Respiratory syncytial virus (RSV)-associated death in a person less than 18 years of age;

~~(xliv)~~(xlvii) Rickettsial diseases (including spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis);

~~(xlv)~~(xlviii) Salmonella Paratyphi infection;

~~(xlvi)~~(xlix) Salmonella Typhi infection;

~~(xlvii)~~(l) Salmonellosis;

~~(xlviii)~~(li) Shigellosis;

~~(xlix)~~(lii) Streptococcus pneumoniae, invasive disease;

~~(l)~~(liii) Streptococcal toxic shock syndrome (STSS);

~~(li)~~(liv) Tetanus;

~~(lii)~~(lv) Tickborne relapsing fever;

~~(liii)~~(lvi) Toxic shock syndrome (nonstreptococcal) (TSS);

~~(liv)~~(lvii) Transmissible spongiform encephalopathies;

~~(lv)~~(lviii) Trichinellosis (trichinosis);

~~(lvi)~~(lix) Tuberculosis (TB) including latent tuberculosis infection;

~~(lvii)~~(lx) Varicella (chickenpox);

~~(lviii)~~(lxi) Vibriosis; and

~~(lix)~~(lxii) Yellow fever.

~~(3) Each week during which a laboratory-confirmed case of influenza is reported to the local health officer, the officer must transmit by secure electronic means to the department on Friday of that week the total number of the cases of influenza reported.~~

~~(4)~~(3) For any animal exposure that may result in a risk of rabies transmission to a human by a species susceptible to rabies infection, the local health officer must report by secure electronic means to the department documentation of a rabies post-exposure prophylaxis recommendation or administration within seven calendar days of the recommendation or administration.

(4) A laboratory that performs testing for influenza or RSV must report results as follows:

(a) The laboratory utilizes electronic laboratory reporting (ELR), they must report positive and negative influenza and RSV results to the department electronically.

(b) The laboratory does not utilize ELR, the local health officer may request that the information listed in ARM 37.114.205 be reported for positive influenza test results by secure electronic means or by another secure method approved by the local health officer.

(5) A laboratory that performs testing associated with HIV infection must report to the department:

(a) any test result or combination of test results that indicate HIV infection;

(b) all CD4 T-lymphocyte test results unless it is known that the test was performed in association with a disease other than HIV infection or HIV-related illness;

(c) HIV nucleic acid tests, RNA or DNA, irrespective of result;

(d) all test results for assays designed to assess HIV infection subtype and resistance to antiretroviral drugs, including nucleotide sequences, in a format designated by the department; and

(e) submit a specimen utilized for surveillance purposes only, to the department's public health laboratory upon request.

(6) A laboratory that performs testing for hepatitis B must report to the department:

(a) the following positive test results:

(i) hepatitis B surface antigen;

(ii) hepatitis B core antibody, total;

(iii) hepatitis B core antibody, IgM; and

(iv) hepatitis B envelope antigen.

(b) The following tests, regardless of the result:

(i) hepatitis B DNA.

(7) A laboratory that performs testing for hepatitis C must report to the department:

(a) the following positive test results:

(i) hepatitis C antigen;

(ii) hepatitis C antibody; and

(iii) hepatitis C genotype.

(b) the following tests, regardless of the result:

(i) hepatitis C nucleic acid test (NAT) for RNA.

(8) A laboratory that performs testing for group A *Streptococcus* must report to the department:

(a) positive *Streptococcus pyogenes* culture results collected from a normally sterile specimen source (e.g., blood, CSF, and pleural fluid).

Authorizing statute(s): 50-1-202, 50-17-103, 50-18-105, MCA

Implementing statute(s): 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.313 CONFIRMATION OF DISEASE

(1) Subject to the limitation in (2), if a local health officer receives information about a case of any of the following diseases, the officer must work with the department to ensure that a specimen from the case is submitted to the department, when possible, which will be analyzed to confirm the existence or absence of the disease in question, or for further examination associated with surveillance or investigation of disease transmission:

(a) Anthrax;

(b) Arboviral diseases, neuroinvasive and non-neuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Oropouche, Powassan, Saint Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection);

(c) Botulism;

(d) Brucellosis;

(e) Candida auris (C. auris);

(f) Carbapenem-Resistant Organisms;

(g) Cholera;

(h) Diphtheria;

(i) Escherichia coli, Shiga toxin-producing (STEC);

(j) Haemophilus influenzae invasive disease;

(k) Hantavirus pulmonary syndrome or infection;

(l) Influenza;

(m) Listeriosis;

(n) Measles (rubeola);

(o) Meningococcal disease (Neisseria meningitidis);

(p) Plague;

(q) Poliomyelitis, paralytic or non-paralytic;

(r) Rabies (human);

(s) Rubella (including congenital);

(t) Salmonellosis (including Salmonella Typhi and Paratyphi);

(u) Severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease;

(v) Shigellosis;

(w) Smallpox;

(x) Trichinellosis (Trichinosis);

(y) Tuberculosis disease;

(z) Tularemia;

(aa) Vancomycin-intermediate staphylococcus aureus (VISA);

(bb) Vancomycin-resistant staphylococcus aureus (VRSA); and

(cc) Vibriosis.

(2) In the event of an outbreak, emergence of a communicable disease or a disease of public health importance, specimens must be submitted at the request of the department until a representative sample has been reached as determined by the department.

(3) A laboratory professional or any other person in possession of a specimen from a case of a disease listed in (1) must submit the specimen to the department upon request.

(4) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1), the case will be assumed to be infected and must comply with whatever control measures are imposed by the department, or the local health officer.

Authorizing statute(s): 50-1-202, 50-1-204, MCA

Implementing statute(s): 50-1-202, 50-1-204, MCA

37.114.1016 SUBMISSION OF A SPECIMEN OR CULTURE

(1) Whenever a physician diagnoses a case of tuberculosis, they must ensure that a specimen or culture from the tuberculosis case is sent to the department's public health laboratory, Montana Public Health Laboratory (MTPHL), for confirmation of the results, drug susceptibility testing, and genotyping.

(2) Whenever a laboratory finds a specimen or culture is positive for M. tuberculosis, the laboratory must submit the specimen or culture to the department's public health laboratory, MTPHL, for confirmation of the results, drug susceptibility testing, and genotyping.

(3) The department may utilize a standing order issued by the state medical officer to request that one or more nucleic acid amplification tests (NAAT) be performed at MTPHL for tuberculosis detection and public health disease control, if:

(a) one or more specimens are sent to MTPHL for smear testing without a NAAT being ordered;

(b) suspicion of tuberculosis exists; and

(c) the ordering provider cannot be reached to provide an order to MTPHL.

(4) Whenever the state medical officer standing order is used to order NAAT testing at MTPHL, the department must notify the original ordering provider as soon as practical and the department will cover the cost of this testing.

Authorizing statute(s): 50-1-202, 50-17-103, MCA

Implementing statute(s): 50-1-202, 50-17-102, 50-17-103, MCA

General Reasonable Necessity Statement

The Department of Public Health and Human Services (department) is proposing to amend 37.114.203, 37.114.204, 37.114.313, and 37.114.1016 pertaining to communicable disease control.

These proposed amendments are necessary to keep Montana communicable disease control administrative rules current with national disease surveillance, investigation, and control recommendations. The proposed amendments are also necessary to clarify language used within the rules.

ARM 37.114.203
The department proposes to amend this rule to clarify which laboratory results are reportable. The department is also proposing to amend this rule to update the naming convention for select reportable conditions to align with nationally notifiable disease reporting terminology. The department is proposing to add respiratory syncytial virus (RSV) associated deaths in persons less than 18 years of age and Oropouche disease in all age groups to the list of notifiable diseases and conditions. The department is also proposing to limit COVID-19 and seasonal influenza reporting to individuals who are hospitalized or deceased due to their illness. Novel Influenza A infections remain reportable.

Oropouche virus is spread to people primarily by the bite of infected midges and some mosquitoes in South America, Central America, and the Caribbean. Individuals who reside or travel to an area where Oropouche virus is found and who have not previously been infected are at risk for infection. The addition of Oropouche to the list of reportable diseases and conditions will allow for prompt public health notification to facilitate rapid response to protect the public's health.

Respiratory syncytial virus (RSV) is a leading cause of hospitalization in children in the United States. Monitoring RSV-associated deaths in persons less than 18 years of age will support national monitoring of severe respiratory virus outcomes among children to better understand RSV-associated pediatric mortality.

Novel influenza (i.e., a new, non-human influenza strain that causes infection in humans and differs from circulating seasonal influenza) will remain reportable due to the potential to spread rapidly and cause a pandemic. COVID-19 and seasonal influenza reporting is being limited to individuals who are hospitalized or become deceased due to their illness to continue monitoring severe respiratory virus outcomes in Montana.

ARM 37.114.204

The department is proposing to amend this rule to add select reportable conditions and update the naming convention of select reportable conditions to align with the changes proposed under ARM 37.114.203. Novel influenza remains reportable within 24 hours due to its potential to spread rapidly and the need for a swift public health response to prevent a pandemic. Oropouche disease, respiratory syncytial virus (RSV) associated deaths in a person less than 18 years of age, and COVID-19 and influenza hospitalizations or deaths remain reportable within seven days to the department to enable continued monitoring of severe outcomes from these respiratory viruses.

ARM 37.114.313

The department is proposing to amend this rule by adding and updating select reportable conditions to align with the changes proposed under ARM 37.114.203.

ARM 37.114.1016

The department is proposing to revise tuberculosis (TB) testing requirements to align with the Centers for Disease Control and Prevention's recommendation of performing a nucleic acid amplification test (NAAT) on the initial respiratory specimen from patients with suspected pulmonary TB to determine if the patient has an active TB disease. A positive NAAT result with or without a positive AFB smear is considered sufficient evidence for TB diagnosis. An active TB diagnosis requires public health authorities to respond immediately to stop the spread of this highly infectious and deadly pathogen.

Fiscal Impact

There is no anticipated fiscal impact associated with this rulemaking.

Small Business Impact

Pursuant to 2-4-111, MCA, the agency has determined the class of small businesses affected by the proposed rule amendments are smaller laboratories performing clinical testing, medical professionals operating an independent practice, and small medical practitioner groups. These small businesses are subject to the communicable disease control reporting required under the rules. The department does not anticipate the proposed rule amendments will have a

significant effect on these small businesses because the proposed rule amendments do not significantly increase the types of communicable diseases for which reporting is required.

Bill Sponsor Notification

The bill sponsor contact requirements do not apply.

Interested Persons

The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the department. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be emailed, mailed or otherwise delivered to the contact person above.

Rule Reviewer

Robert Lishman

Approval

Charles T. Brereton, Director
Department of Public Health and Human Services