STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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August 10, 2026

Ms. Morvared Namdarkhan
Assistant Secretary, Bureau of Consular Affairs
U.S. Department of State
600 19th St. NW
Washington, DC 20006

RE: Docket No. DOS-2026-0694; Public Notice 13039; 60-Day Notice of Proposed Information Collection: Medical Examination for Visa or Immigration Benefit, 91 Fed. Reg. 34,876 (June 9, 2026)[1]

Dear Ms. Namdarkhan:

A. Introduction

Washington State Department of Health (DOH) submits these comments in response to the U.S. Department of State's 60-day notice seeking public comment on a proposed revision to the information collection for the Medical Examination for Visa or Immigration Benefit. DOH recognizes the Department's authority under the Immigration and Nationality Act (INA) to screen applicants for certain disorders that could result in exclusion from the United States, including communicable diseases of public health significance. We oppose, however, four aspects of the proposed revision: (1) the retention and potential expansion of HIV testing fields in a manner inconsistent with the 2009 federal rulemaking that removed HIV from the list of communicable diseases of public health significance[2]; (2) the expansion of overseas data collection to include new areas without clinical or public health justification; (3) the introduction of public charge language into the stated purpose of this collection; and (4) the specific

[1] 60-Day Notice of Proposed Information Collection: Medical Examination for Visa or Immigration Benefit, 91 Fed. Reg. 34,876 (June 9, 2026) (Docket No. DOS-2026-0694; Public Notice 13039). https://www.federalregister.gov/documents/2026/06/09/2026-11499/60-day-notice-of-proposed-information-collection-medical-examination-for-visa-or-immigration-benefit (last accessed 06/17/26)

[2] Medical Examination of Aliens—Removal of Human Immunodeficiency Virus (HIV) Infection From Definition of Communicable Disease of Public Health Significance, 74 Fed. Reg. 56,547 (Nov. 2, 2009) (final rule, effective Jan. 4, 2010). https://www.govinfo.gov/content/pkg/FR-2009-11-02/html/E9-26337.htm (last accessed 06/17/26)

enumeration of gender dysphoria in applicant medical history fields. Each of these concerns is addressed in detail below.

DOH provides communicable disease surveillance, tuberculosis surveillance and case management, HIV prevention and care coordination, sexual health services, and refugee health programs to Washington's immigrant and refugee communities. The results of the overseas medical examination may trigger notification to local health jurisdictions and follow-up public health actions domestically. If during the overseas medical examination an individual has abnormal findings or a positive test result, a Class B designation is given according to exam results and this results in domestic follow-up through state and local health jurisdictions after arrival in the U.S. From 2023 through 2025, 4,977 Class B TB notifications were received in Washington.

Policies governing the testing protocols and information panel physicians collect at the time of the overseas medical examination, and what federal agencies do with that information, directly impact the health of Washington residents and our ability to maintain effective public health relationships with immigrant communities.

B. Background and Washington's Stake

Panel physicians designated by consular posts perform medical examinations of applicants for immigrant and nonimmigrant visas, refugees, asylees, and certain parolees, completing Forms DS-2054, DS-3025, DS-3026, DS-3030, and now the electronic DS-7794. These forms record health information necessary to determine whether an applicant has a condition rendering them inadmissible under INA § 212(a)(1) or relevant to other eligibility determinations. The information is retained by the Bureau of Consular Affairs and, per the notice, shared with the Centers for Disease Control (CDC), the U.S. Department of Homeland Security (DHS), and other agencies with lawful authority to use it, including for immigration enforcement purposes.

Washington State has a substantial and diverse immigrant population, and DOH and its local public health partners rely on trust within immigrant communities to deliver effective public health services, conduct disease surveillance, and respond to emerging issues. Medical examination processes that apply standards inconsistent with current public health science, or that expand the use of sensitive health information beyond legitimate screening purposes, erode that trust and produce public health harms that extend well beyond the individual applicant. Prior versions of this collection's abstract described the purpose as protecting U.S. public health.[3] The June 2026 notice adds: "ensuring immigrants are not likely to become public charge after admission." This reframes a health screening collection as an instrument of public charge enforcement and raises the concerns described below.

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[3] 30-Day Notice of Proposed Information Collection: Medical Examination for Visa or Immigration Benefit, 90 Fed. Reg. 60,219, 60,219 (Dec. 23, 2025) (abstract stating: "Collecting this information is essential to protecting public health in the United States", without reference to public charge). https://www.federalregister.gov/documents/2025/12/23/2025-23695/30-day-notice-of-proposed-information-collection-medical-examination-for-visa-or-immigration-benefit (last accessed 06/17/26)

C. Comments on Specific Proposed Changes

Tattoos, Scars and Markings

This proposal adds a new section to proposed forms DS-3026 and e-medical to document "tattoos, scars and markings", including photographs and descriptions. Tattoos, scars and markings may be the result of any number of circumstances, both voluntary and involuntary. They are also difficult to interpret objectively and accurately without context. This additional section adds time and potential cost to the examination without a clearly documented public health benefit or alignment with conditions of inadmissibility under the INA.

Metabolic Lipid Panel

This proposal adds a new section forms DS-3026 and e-medical. It requires laboratory testing and documentation of total cholesterol, triglycerides, high-density lipoprotein and low-density lipoprotein. This section does not differentiate by age or sex in the expected range. Addition of a new laboratory test introduces additional cost for applicants. It also requires additional laboratory oversight and certification by the Centers for Disease Control and Prevention to ensure quality standards. Metabolic lipid panel testing has no association with conditions of inadmissibility under the INA.

HIV

The 2009 Department of Health and Human Services final rule removed HIV infection from the definition of communicable disease of public health significance under 42 C.F.R. Part 34.[4] That rulemaking followed Congress's decision in the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008* to remove the statutory mandate requiring HIV to be listed as a ground of inadmissibility.[5] The rulemaking reflected scientific consensus that HIV does not spread through casual contact, that immigration-based HIV screening provides no demonstrable public health benefit, and that treating HIV status as grounds for exclusion perpetuates stigma and discourages testing and treatment in communities where screening is most needed.

In responding to comments on the December 2025 30-day notice, the U.S. Department of State acknowledged that DS-3026 and DS-3030 retain HIV testing fields and stated that CDC requested these fields remain because HIV is a known risk factor for tuberculosis.[6] DOH does

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[4] 74 Fed. Reg. 56,547, supra note 2.

[5] *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008*, Pub. L. No. 110-293, 122 Stat. 2918 (2008).

[6] 90 Fed. Reg. at 60,220 (agency response to Issue #3: "the Department acknowledges the proposed DS-3026 does contain an HIV blood test field and the DS-3030 contains a field to mark a known HIV infection"). https://www.federalregister.gov/documents/2025/12/23/2025-23695/30-day-notice-of-proposed-information-collection-medical-examination-for-visa-or-immigration-benefit (last accessed 06/17/26)

not dispute the clinical relationship between HIV and tuberculosis. But the TB-screening rationale is a narrow justification that applies only in very specific clinical circumstances, and it does not warrant retaining a broad HIV disclosure field visible to immigration authorities across all applicants. The proposed revision, which expands the collection's respondent pool and explicitly ties it to public charge, increases the risk that HIV information collected under a clinical TB-screening rationale will be used for purposes the 2009 rule was designed to prevent.

Hepatitis B, Hepatitis C, Herpes (HSV-1/HSV-2), Chlamydia, Trichomoniasis, Other STDs

The current revision also proposes changes to the scope of testing requirements and medical information collected from applicants. CDC Technical Instructions currently require testing for tuberculosis, syphilis and gonorrhea,[7] a limitation that reflects deliberate public health judgment about where testing produces benefit proportionate to burden. DOH is concerned that the proposed revision does not clearly reaffirm this scope and that expanding overseas testing requirements to include hepatitis B, hepatitis C, herpes (HSV-1 / HSV-2), chlamydia, trichomoniasis, HIV, and other STDs, or adding HIV to the overseas testing panel, would constitute a substantive policy change requiring separate rulemaking under the Administrative Procedure Act rather than a revision to a PRA-authorized information collection. Additionally, it is unclear what "Other STDs (specify)" would include. This additional data collection and laboratory testing adds burden and cost to the examination without a clearly documented public health benefit resulting from immigration screening.

Public charge language

The introduction of public charge language into the stated purpose of this collection carries the broadest consequences of any change in the proposed revision. INA § 212(a)(1) inadmissibility based on communicable disease and INA § 212(a)(4) public charge inadmissibility are separate, independent statutory grounds. Class B medical conditions, which do not render an applicant inadmissible under § 212(a)(1) but may require follow-up, cannot support inadmissibility on health grounds under the statute as written. Aligning Class B designations with public charge determinations would transform non-inadmissible health findings into immigration enforcement tools, contrary to the structure Congress established.

Washington's health system routinely serves people with Class B conditions. When immigrants fear that their medical records will be used against them in public charge determinations, they disengage from health care. That disengagement harms individuals, their families, and the broader communities whose health depends on high vaccination coverage, communicable disease reporting, and engagement with prevention services.

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[7] CDC, Addendum to the Technical Instructions for Medical Examination of Aliens: Communicable Diseases of Public Health Significance (describing current requirements for overseas communicable disease testing). https://www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/communicable-diseases-addendum.html (last accessed 06/17/26)

Gender dysphoria

Finally, DOH objects to the specific enumeration of gender dysphoria in the medical history fields of the revised forms. Gender dysphoria is not a communicable disease of public health significance. It has no bearing on the communicable disease screening, vaccination documentation, or public health fitness determinations that are the statutory purpose of these forms under INA § 212(a)(1). Its inclusion in a medical history form transmitted to DHS and other agencies with immigration enforcement authority creates serious risks. It will deter transgender and gender-diverse applicants from providing honest disclosures on all portions of the form, undermining the collection's stated public health purposes. It exposes applicants to discrimination in adjudication based on health status unrelated to any ground of inadmissibility. And it signals, contrary to evidence-based medicine, that gender dysphoria is a medical condition of concern for public health screening.

D. Recommendations

Washington State Department of Health respectfully recommends that the Department of State take the following actions in connection with this proposed revision:

1. Remove the requirement to test and document results of a lipid metabolic panel.
2. Remove the requirement to document tattoos, scars and markings.
3. Clarify in the instructions for DS-3026 and DS-3030 that HIV is not a communicable disease of public health significance, that HIV information collected solely for TB screening purposes will not be used, disclosed, or retained for any other purpose (including public charge determination or immigration enforcement), and limit HIV fields to the subset of applicants for whom TB clinical indications specifically apply. Remove HIV / AIDS from DS-3026 "9. Other Sexually Transmitted Disease Laboratory Results".
4. Confirm that the proposed revision does not expand overseas communicable disease testing beyond the current scope, and that any future expansion of overseas testing requirements will be subject to separate APA notice-and-comment rulemaking.
5. Remove the public charge reference to INA § 212(a)(4) from the stated purpose of this information collection and clarify that Class B medical designations recorded on these forms will not be used as evidence in public charge determinations under INA § 212(a)(4).
6. Remove gender dysphoria as a specifically enumerated condition from the medical history fields of any revised form in this collection.

1. Limit sharing of information collected under this authority to CDC and DHS in the specific contexts authorized by INA § 222(f) and exclude use of this information for immigration enforcement purposes beyond those expressly authorized by statute.

E. Conclusion

Medical examination forms for visa applicants should reflect current public health science and be proportionate to legitimate screening purposes. DOH urges the U.S. State Department to address these concerns before submitting the revised collection for Office of Management and Budget approval, and to ensure that the final forms and instructions foreclose the uses of sensitive health information that this comment identifies.

Thank you for the opportunity to comment. If you have any questions, please contact DOH's Federal and Regulatory Affairs Director, Mike Ellsworth at Michael.Ellsworth@doh.wa.gov or the Director, Federal and Inter-State Affairs for Governor Ferguson's Washington, D.C. office Rose Minor at Rose.Minor@gov.wa.gov

Sincerely,

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Washington State Department of Health