

# HOUSE BILL REPORT

## ESB 6158

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As Passed House - Amended  
March 2, 1994

**Title:** An act relating to tuberculosis.

**Brief Description:** Modifying regulations for control of tuberculosis.

**Sponsors:** Senators Talmadge, Moyer, Wojahn and McAuliffe; by request of Department of Health.

**Brief History:**

Reported by House Committee on:  
Health Care, February 22, 1994, DPA;  
Passed House - Amended, March 2, 1994, 96-0.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass as amended. Signed by 15 members: Representatives Dellwo, Chair; L. Johnson, Vice Chair; Dyer, Ranking Minority Member; Ballasiotes, Assistant Ranking Minority Member; Backlund; Conway; Cooke; Flemming; R. Johnson; Lemmon; Lisk; Mastin; Morris; Thibaudeau and Veloria.

**Staff:** Bill Hagens (786-7131).

**Background:** Washington State has seen a 48 percent rise in tuberculosis (TB) since 1984. At least one of the 306 new infections reported in 1993 occurred in every county.

While HIV/AIDS increases susceptibility to TB, only 12 percent of the new cases reported in 1993 were HIV/AIDS related. TB cases are occurring more frequently in people arriving from countries with high rates of TB. Almost half of all new TB cases now are among foreign born persons, with about 31 percent of these being among those in the U.S. for less than one year.

Cultural and language barriers, HIV/AIDS infection, and the fact that many persons now diagnosed with TB are homeless or highly mobile, all hamper case identification and compliance with curative treatment.

In addition, recent medical research has identified a multi-drug resistant form of TB (MDR-TB). It occurs when patients

fail to complete the six-month to two-year drug therapy usually prescribed for TB. Once MDR-TB develops, it is also transmitted in the air and is resistant to the drugs commonly used, leaving far fewer effective treatment options. MDR-TB may be fatal in up to 50 percent of the cases.

A recent Department of Health study identified several improvements they believe are needed to strengthen current TB control efforts. These include more aggressive treatment of some infected persons through directly observed therapy, the designation of involuntary treatment facilities for some persons, and more clearly delineated legal processes for involuntary detention, testing and treatment of some persons infected with TB.

**Summary of Bill:** The state Board of Health must adopt rules establishing requirements for: (a) reporting confirmed or suspected cases of TB by health care providers and for reporting laboratory test results; (b) due process standards for health officers exercising their authority to involuntarily detain, test, treat or isolate persons with suspected or confirmed TB; and (c) training of personnel to perform TB skin testing and to administer TB medications.

It is the intent of the Legislature that local health officials be sensitive to cultural diversity.

Due process standards which the Board of Health must adopt must provide for release of patients as soon as a health officer determines the patient is no longer a risk to the public's health.

Persons trained according to rules developed under this act may perform skin testing and administration of TB medications if doing so as part of a program established by a state or local health officer to control TB.

The state Board of Health is required to adopt rules under this act by December 1, 1994.

**Fiscal Note:** Not requested.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** The bill is needed for more aggressive TB control and to avoid court challenges to public health officers using their authority to involuntarily test, detain, treat or isolate TB cases.

**Testimony Against:** Specific due process requirements need to be in statutes to avoid court challenges. Specific civil rights protection should be provided by the Legislature to avoid excessive isolation of TB patients.

**Witnesses:** Dr. Mimi Fields, Department of Health (pro); Nick Federici, State Board of Health (pro); and Kathleen Ensen, Thurston County Health (pro).