

**FINAL BILL REPORT**

**ESB 6158**

**C 145 L 94**

**SYNOPSIS AS ENACTED**

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

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

**SENATE COMMITTEE ON HEALTH & HUMAN SERVICES**

**HOUSE COMMITTEE ON HEALTH CARE**

**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 are 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 31 percent of these being 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 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 cases.

A recent Department of Health study identified several improvements it believes 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:**

The Legislature intends that culturally sensitive and medically appropriate treatment and education be provided regarding TB. 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.

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 must adopt rules under this act by December 1, 1994.

**VOTES ON FINAL PASSAGE:**

Senate	49	0	
House	96	0	(House amended)
Senate	46	0	(Senate concurred)

**EFFECTIVE:** June 9, 1994