

SENATE BILL REPORT

ESB 6158

AS PASSED SENATE, FEBRUARY 11, 1994

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

Majority Report: Do pass as amended.

Signed by Senators Talmadge, Chairman; Wojahn, Vice Chairman; Deccio, Franklin, Fraser, McAuliffe, McDonald, Moyer, Prentice, Quigley, L. Smith and Winsley.

Staff: Don Sloma (786-7319)

Hearing Dates: January 24, 1994; January 26, 1994

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 1/2 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 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 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:

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.

If the state Board of Health has not adopted rules under this act by July 1, 1994, the Secretary of the Department of Health shall have authority to do so.

Appropriation: none

Revenue: none

Fiscal Note: requested January 14, 1994

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.

TESTIFIED: Alison Morey Barden, WSBA (con); PRO: Marva Petty, WA State Nurses Assn.; Dr. Mimi Fields, Dept. of Health; Patricia McInturff, Sea/King County Health Dept.; Kathleen Eusen, Thurston County Health

HOUSE AMENDMENT(S):

Language is added requiring local health officers to be sensitive to cultural diversity. The "minimal level" requirement for due process standards is deleted. The compliance date is changed from July 1 to December 1, 1994. The requirement that the Secretary of Health adopt rules if the board does not meet its deadline is deleted.