

HOUSE BILL REPORT

EHB 2452

As Passed House:

February 8, 1996

Title: An act relating to control of tuberculosis.

Brief Description: Revising provisions on control of tuberculosis to include treatment orders.

Sponsors: Representatives Valle, Backlund, Cody and Dyer.

Brief History:

Committee Activity:

Appropriations: 2/3/96 [DP].

Floor Activity:

Passed House: 2/8/96, 97-0.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 30 members: Representatives Huff, Chairman; Clements, Vice Chairman; Pelesky, Vice Chairman; H. Sommers, Ranking Minority Member; Valle, Assistant Ranking Minority Member; Basich; Beeksma; Brumsickle; Carlson; Chappell; Cooke; Crouse; Dellwo; Dyer; Foreman; Grant; Hargrove; Hickel; Jacobsen; Kessler; Lambert; Linville; McMorris; Poulsen; Reams; Rust; Sehlin; Sheahan; Talcott and Wolfe.

Staff: Susan Nakagawa (786-7145).

Background: Tuberculosis is one of many diseases having public health impact. It is communicable to others via the air and is spread easily. Washington State has experienced a 48 percent rise in tuberculosis (TB) since 1984.

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 cases.

In 1994, the Legislature gave the State Board of Health the authority to adopt rules establishing requirements for (a) reporting confirmed or suspected cases of TB by health care providers within five days and for reporting laboratory test results; (b) due process standards for health officers exercising their authority to detain involuntarily, test, or, to a limited degree, isolate persons with suspected or confirmed TB; and (c) training of personnel to perform TB skin testing and to administer TB medications.

The health officer is empowered with the power and duties to protect the public from tuberculosis, to ensure that any person with a diagnosed case of infectious tuberculosis who does not voluntarily submit to examination or treatment or adhere to infectious control methods and poses a risk to the public can be isolated until proper treatment renders them uninfected. The health officer, however, does not have the authority to require that persons found to have tuberculosis receive treatment, nor does the health officer have the authority to isolate or quarantine those who refuse initial treatment.

Summary of Bill: The time period in which physicians are required to report a newly diagnosed case of tuberculosis is reduced from five days to one day. The responsibilities of all health officers are expanded to include the mandatory treatment of those persons who have tuberculosis. The authority of health officers is expanded for cases when an individual with tuberculosis refuses to obey the order for an initial examination to include orders for treatment, isolation, or quarantine. Individuals who choose to rely on religious methods of treatment are exempted from mandatory treatment; they may, however, be quarantined. The deadline for the adoption of rules related to the expanded duties of health officers is extended from December 1, 1994, to December 1, 1996.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: None.

Testimony Against: None.

Testified: None.