

SENATE BILL REPORT

EHB 2452

As Reported By Senate Committee On:
Health & Long-Term Care, February 23, 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: Health & Long-Term Care: 2/22/96, 2/23/96 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Quigley, Chair; Wojahn, Vice Chair; Deccio, Fairley, Franklin, Winsley and Wood.

Staff: Wendy Saunders (786-7439)

Background: Tuberculosis is a communicable disease that is easily spread to others via the air. Washington State has experienced a 48 percent rise in tuberculosis (TB) since 1984.

Identification and treatment of individuals with TB can be difficult because many infected individuals are homeless or highly mobile, suffer from HIV/AIDS or face cultural and language barriers. In addition, the recent emergence of a multi-drug resistant strain of TB has made treatment even more difficult.

Multi-drug resistant TB occurs when a patients fail to complete the six-month to two-year drug therapy usually prescribed for TB. Once this strain develops, it may also be spread via the air and may be fatal up to 50 percent of the time. This strain of TB is resistant to the drugs commonly used to treat the disease, leaving health care providers with few effective treatment options.

Pursuant to legislation, the State Board of Health adopted rules in 1994 for the diagnosis and treatment of TB. These rules included requirements for reporting confirmed or suspected cases of TB and established due process standards for health officers exercising their statutory authority to involuntarily detain, test, or isolate persons suspected or diagnosed with TB. The statute does not explicitly provide the health officer with the authority to treat individuals diagnosed with TB.

Summary of Amended Bill: The time period in which physicians are required to report new case of tuberculosis is reduced from five days to one day. The responsibilities of health officers are amended to explicitly include the involuntary treatment of those persons who

have tuberculosis. Individuals who choose to rely on religious methods of treatment are exempt from mandatory treatment, but may be quarantined.

Amended Bill Compared to Original: The requirement that the Board of Health adopt rules by December 31, 1996 was deleted. There is a technical amendment to ensure the correct internal references to orders for treatment, isolation and quarantine.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: Tuberculosis and its multi-drug resistant strain present a serious public health risk. It is highly contagious and the number of cases are increasing. The reporting time in the statute is inconsistent with other reporting requirements in the statute. It should be reduced to one day to ensure speedy treatment.

Testimony Against: None.

Testified: Representative Valle; Jeannette Stehr-Green, Health Department; Rochelle Doan, Lung Association.