SECOND REGULAR SESSION

SENATE BILL NO. 810

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR LAMPING.

Read 1st time February 16, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

5787S.01I

AN ACT

To repeal sections 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, and to enact in lieu thereof fourteen new sections relating to tuberculosis testing, with penalty provisions.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, are repealed and fourteen new sections 2 enacted in lieu thereof, to be known as sections 199.170, 199.180, 199.190, 3 199.200, 199.210, 199.240, 199.250, 199.260, 199.270, 199.275, 199.280, 199.290, 4 199.300, and 199.340 to read as follows: 5

199.170. The following terms, as used in sections 199.170 to [199.270] $\mathbf{2}$ 199.350, mean:

(1) "Active tuberculosis", tuberculosis disease caused by 3 the 4 mycobaterium tuberculosis complex that is demonstrated to be contagious by clinical, bacteriological, or radiological evidence. Tuberculosis is considered 56 active until cured;

7(2) "Cure" or "treatment to cure", the completion of a recommended course of therapy as defined in subdivision [(5)] (11) of this section and as determined 8 by the [attending physician] local public health authority or the 9 10 department of health and senior services;

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(3) "Department", the department of health and senior services; (4) "Directly observed therapy" or "DOT", a strategy in which a 12health care provider or other trained person watches a patient swallow 13each dose of prescribed antituberculosis medication. DOT should be 14the standard of care for all patients with tuberculosis disease; 15

(5) "Facility", any hospital licensed under chapter 197, any public
nonlicensed hospital, any long-term care facility licensed under chapter
198, any health care institution, any correctional or detention facility,
or any mental health facility approved by the local public health
authority or the department;

21 (6) "Immediate threat", a rebuttable presumption that a person
22 has active tuberculosis and:

23 (a)

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(a) Is not taking medications as prescribed;

(b) Is not following the recommendations of the treatingphysician, local public health authority, or the department;

(c) Is not seeking treatment for signs and symptoms compatiblewith tuberculosis; or

(d) Evidences a disregard for the health of the public;

(7) "Isolation", the physical separation in a single-occupancy noom to isolate persons with suspected or confirmed infectious tuberculosis disease. An isolation should provide negative pressure in the room, an airflow rate of six to twelve air changes per hour, and direct exhaust of air from the room to the outside of the building or recirculation of the air through a high efficiency particulate air (HEPA) filter;

(8) "Latent tuberculosis infection", infection with mycobacterium
tuberculosis without symptoms or signs of disease. Patients with such
infection do not have tuberculosis disease, are not infectious and
cannot spread tuberculosis infection to others;

(9) "Local [board] public health authority", any legally constituted local city or county board of health or health center board of trustees or the director of health of the city of Kansas City, the director of the Springfield-Greene County health department, the director of health of St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such board, the county commission or the county board of tuberculosis hospital commissioners of any county;

[(4)] (10) "Potential transmitter", any person who has the diagnosis of pulmonary or laryngeal tuberculosis but has not begun a recommended course of therapy, or who has the diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has not completed the therapy. This status applies to any individual with tuberculosis, regardless of his or her current bacteriologic status; [(5)] (11) "Recommended course of therapy", a regimen of
antituberculosis chemotherapy in accordance with medical standards of the
American Thoracic Society [and], the Centers for Disease Control and Prevention,
the Infectious Diseases Society of America, or the American Academy
of Pediatrics;

(12) "Targeted testing program", a program that screens all 58faculty and students to identify those at high risk for latent 59tuberculosis infection and persons at high risk for developing 60 tuberculosis disease, and includes testing of identified high risk 61 populations to determine those that would benefit from 62treatment. Screening shall require the completion of a tuberculosis 63 risk assessment questionnaire form recommended by the American 6465College of Health Association or the Centers for Disease Control and 66 Prevention. High risk populations include students from countries 67 with a tuberculosis epidemic or students with other risk factors for tuberculosis as identified by the Centers for Disease Control and 68 69 Prevention.

199.180. 1. A person found to have tuberculosis shall follow the 2 instructions of the local [board] **public health authority or the department**, 3 shall obtain the required treatment, and shall minimize the risk of infecting 4 others with tuberculosis.

52. When a person with active tuberculosis, or a person who is a potential transmitter, violates the rules, regulations, instructions, or orders promulgated 6 7 by the department of health and senior services or the local [board] public health authority, and is thereby conducting himself or herself so as to expose 8 other persons to danger of [infection] tuberculosis, after having been directed 9 by the local [board] public health authority to comply with such rules, 10 regulations, instructions, or orders, the local [board] public health authority 11 12may institute proceedings by petition for **DOT** or commitment, returnable to the circuit court of the county in which such person resides, or if the person be a 13nonresident or has no fixed place of abode, then in the county in which the person 14is found. Strictness of pleading shall not be required and a general allegation 15that the public health requires **DOT** or commitment of the person named therein 16shall be sufficient. 17

18 3. If the [board] public health authority determines that a person with
19 active tuberculosis, or a person who is a potential transmitter, poses an

20 immediate threat by conducting himself or herself so as to expose other persons 21 to an immediate danger of [infection] tuberculosis, the [board] public health 22 authority may file an ex parte petition for emergency temporary commitment 23 pursuant to subsection 5 of section 199.200.

199.190. No potential transmitter who in his or her home or other place obeys the rules and regulations of the **public health authority or the** department of health and senior services, and the policies of the treating facility, for the control of tuberculosis or who voluntarily accepts care in a tuberculosis institution, [sanatorium,] hospital, [his] home, or other place and obeys the rules and regulations of the **public health authority or the** department of health and senior services for the control of contagious tuberculosis shall be committed under the provisions of sections 199.170 to [199.270] **199.350**.

199.200. 1. Upon filing of the petition, the court shall set the matter $\mathbf{2}$ down for a hearing either during term time or in vacation, which time shall be not less than five days nor more than fifteen days subsequent to filing. A copy 3 of the petition together with summons stating the time and place of hearing shall 4 be served upon the person three days or more prior to the time set for the 5hearing. Any X-ray picture and report of any written report relating to sputum 6 examinations certified by the department of health and senior services or local 78 [board] public health authority shall be admissible in evidence without the 9 necessity of the personal testimony of the person or persons making the 10 examination and report.

2. The prosecuting attorney or the city attorney shall act as legal counsel for their respective local [boards] **public health authorities** in this proceeding and such authority is hereby granted. The court shall appoint legal counsel for the individual named in the petition if requested to do so if such individual is unable to employ counsel.

3. All court costs incurred in proceedings under sections 199.170 to
[199.270] 199.350, including examinations required by order of the court but
excluding examinations procured by the person named in the petition, shall be
borne by the county in which the proceedings are brought.

4. Summons shall be served by the sheriff of the county in which
proceedings under sections 199.170 to [199.270] 199.350 are initiated and return
thereof shall be made as in other civil cases.

5. Upon the filing of an ex parte petition for emergency temporary commitment pursuant to subsection 3 of section 199.180, the court shall hear the 25 matter within ninety-six hours of such filing. The local [board] **public health** 26 **authority** shall have the authority to detain the individual named in the petition 27 pending the court's ruling on the ex parte petition for emergency temporary 28 commitment. If the petition is granted, the individual named in the petition shall 29 be confined in a facility designated by the department of health and senior 30 services in accordance with section 199.230 until a full hearing pursuant to 31 subsections 1 to 4 of this section is held.

199.210. 1. Upon the hearing set in the order, the individual named in the order shall have a right to be represented by counsel, to confront and cross-examine witnesses against him **or her**, and to have compulsory process for the securing of witnesses and evidence in his **or her** own behalf. The court may in its discretion call and examine witnesses and secure the production of evidence in addition to that adduced by the parties; such additional witnesses being subject to cross-examination by either or both parties.

8 2. Upon a consideration of the petition and evidence, if the court finds that the person named in the petition is a potential transmitter and conducts 9 himself or herself so as to be a danger to the public health, an order shall be 10 issued committing the individual named in the petition to a facility designated 11 by the department of health and senior services and directing the sheriff to take 1213[him] such individual into custody and deliver him or her to the facility or 14designated pickup location. If the court does not so find, the petition shall be dismissed. The cost of transporting the person to the facility or pickup 15location designated by the department of health and senior services shall be 16 paid out of general county funds. 17

3. The department may contract for the care of any tuberculosis
 patient. Such contracts shall provide that state payment shall be
 available for the treatment and care of such patients only after benefits
 from all third-party payers have been exhausted.

199.240. No person committed to a facility designated by the department of health and senior services under sections 199.170 to [199.270] **199.350** shall be required to submit to medical or surgical treatment without [his] such **person's** consent, or, if incapacitated, without the consent of his or her legal guardian, or, if a minor, without the consent of a parent or next of kin, unless **authorized by a written order of the circuit court under section 199.200** or as otherwise permitted by law.

199.250. 1. The department of health and senior services may contract

2 for such facilities [at the Missouri rehabilitation center] as are necessary to carry
3 out the functions of sections 199.010 to 199.350. Such contracts shall be exempt
4 from the competitive bidding requirements of chapter 34.

5 2. State payment shall be available for the treatment and care of 6 individuals committed under section 199.210 only after benefits from all 7 third-party payers have been exhausted.

199.260. Any person committed under the provisions of sections 199.170 $\mathbf{2}$ to [199.270] **199.350** who leaves the facility designated by the department of 3 health and senior services without having been discharged by the director of the facility or other officer in charge or by order of court shall be taken into custody 4 and returned thereto by the sheriff of any county where such person may be $\mathbf{5}$ found, upon an affidavit being filed with the sheriff by the director of the facility, 6 or duly authorized officer in charge thereof, to which the person had been 7 committed. The action may be prosecuted under section 199.275 if 8 9 appropriate.

199.270. Any time after commitment, the patient [or any friend or $\mathbf{2}$ relative] or, if incapacitated, the patient's legal guardian, or if a minor, a parent or next of kin having reason to believe that such patient no longer 3 has contagious tuberculosis or that his or her discharge will not endanger public 4 5health, may institute proceedings by petition, in the circuit court of the county 6 [wherein the confinement exists] that originally issued the order for 7commitment, whereupon the court shall set the matter down for a hearing before [him] the court within fifteen days requiring the [person or persons to 8 whose care the patient was committed] local public health authority to show 9 cause on a day certain why the patient should not be released. The court shall 10also require that the patient be allowed the right to be examined prior to the 11 hearing by a licensed physician of [his] the patient's own choice, if so desired, 12and at [his] the patient's own personal expense. Thereafter all proceedings 13shall be conducted the same as on the proceedings for commitment with the right 14of appeal by either party as herein provided; provided, however, such petition for 15discharge shall not be brought or renewed oftener than once every six months. 16

199.275. 1. It shall be unlawful for any person knowingly 2 infected with active pulmonary or laryngeal tuberculosis to:

3 (1) Act in a reckless manner by exposing another person to
4 tuberculosis without the knowledge and consent of such person to be
5 exposed to tuberculosis; or

6 (2) Report to work with active contagious tuberculosis. The 7 person may report to work if adhering to his or her prescribed 8 treatment regimen and is deemed noninfectious by the department or 9 the local public health authority; or

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(3) Violate the requirements of a commitment order.

11 2. Any person who violates subdivisions (1), (2), or (3) of 12 subsection 1 of this section is guilty of a class D felony unless the 13 victim contracts tuberculosis from such contact, in which case it is a 14 class C felony.

199.280. The department retains all powers granted under 2 section 192.020 in responding to tuberculosis cases, outbreaks, and 3 tuberculosis disease investigations.

199.290. The department or local public health authority shall 2 have the authority to:

3 (1) Investigate and examine suspected tuberculosis cases,
4 including persons who have had contact with a person who is suspected
5 of having tuberculosis;

6 (2) Require the administration of antituber culosis chemotherapy 7 for the treatment of a latent tuber culosis infection or active 8 tuber culosis; and

9 (3) Make the necessary contractual arrangements with hospitals 10 or other health care providers for the care and treatment of patients 11 with active tuberculosis as necessary and as resources permit.

199.300. 1. When the local public health authority or the 2 department is notified that a person with active tuberculosis is within 3 its jurisdiction, the local public health authority or the department 4 shall immediately initiate an investigation.

5 2. In performance of the duty to prevent or control tuberculosis,
6 the local public health authority or the department, at reasonable times
7 and within reasonable limits, may enter and inspect:

8 (1) A public place in the performance of its duty to prevent or 9 control tuberculosis. For purposes of this subdivision, "public place" 10 means all or any portion of an area, lands, building, or other structure 11 that is generally open to the public or to which the public has access 12 and is not used primarily for private residential purposes;

13 (2) Any public or commercial means of transportation or common
 14 carrier, including a vehicle, watercraft, aircraft, in the performance of

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15 its duty to prevent or control tuberculosis;

16(3) Private property and premises to locate and inspect persons who may have active tuberculosis. The department shall first seek the 17consent of an adult occupant to enter the building or premises to 18enforce the provisions of this section. If consent is not granted or if it 19 is not possible to reasonably obtain, the department or designated 20representative may petition the circuit court in which the property is 2122located for an ex parte order which would allow entry into the building or onto the premises to locate the person who may have active 23tuberculosis and to inspect the building or premises for other persons 24who may be at risk of exposure to active tuberculosis. The scope of the 25search shall be limited to those areas in which the case or other 2627persons who may be at risk of exposure to active tuberculosis may reasonably be found. 28

199.340. 1. All employees and volunteers of a health care facility $\mathbf{2}$ shall receive a tuberculin skin test or interferon gamma release assay (IGRA) test upon employment as recommended in the most recent 3 4 version of the Centers for Disease Control and Prevention (CDC) Guidelines for Preventing Transmission of Mycobaterium Tuberculosis 56 in Health Care Settings. If the screening test is positive, appropriate 7 evaluation and follow-up shall be done in accordance with such CDC guidelines. This provision shall not be construed to prohibit any 8 9 institution from establishing requirements for employees or volunteers 10that exceed those stated in the CDC guidelines.

2. All college and university campuses in Missouri shall
implement a targeted testing program on their campuses for all oncampus students upon matriculation.

3. Any entering student of a college or university in Missouri
who does not comply with the targeted testing program shall not be
permitted to maintain enrollment in the subsequent semester at such
college or university.

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