

**California Tuberculosis Controllers Association  
Policy & Legislative Update for TB Controllers  
April 30, 2004 – Final Minutes**

Item	Discussion	Action	By Whom	Due
<b>I. Introductions -</b> Charles Crane	New TB Controllers: Samrina Marshall (Yolo County); Marin Muller, M.D. (Santa Cruz)			
<b>II. Minutes</b> (09/13/03) - Charles Crane	Motion to approve, seconded, and approved with recommended change. Barbara Cole said, “Can we get money to pay hospitals to isolate patients who can’t be released due to GOTCH?”	Circulate these minutes to the Executive Committee	Judith Thigpen	05/12/04
<b>III. Old Business</b> A. Curry National TB Center curriculum for TST - John Lewis	<p>A. Updates on 2 collaborative projects, CDI and TST.</p> <ol style="list-style-type: none"> <li>1. The CDI project aims to standardize and strengthen the training and education of communicable disease investigators. It will generate a model duty statement, core competencies, practice standards and a training curriculum based on these foundations. The plan is to present approved final versions of all four deliverables by the end of 2004. Needs assessment is already underway – many thanks to those of you who’ve responded to the project’s lead staff person, Selma Abinader. In addition an advisory group has already been recruited and is scheduled to meet on May 24<sup>th</sup>. The group includes TB controllers, Program Managers, Public health nurses, CDI supervisors and field staff, STD managers and staff, Representatives from the UC Center for Infectious Disease Preparedness and representatives from the UC Center for Health Professionals. CTCA will be represented by Dr. Karen Smith.</li> <li>2. In June, you will receive notice of a survey that comprises the 2<sup>nd</sup> part of the needs assessment –and we urge to complete it. From our initial work, it’s clear that CDIs are doing many different things in many different places and we need for the advisory panel to have a clear picture of those differences.</li> <li>3. The TST project springs from new legislation. In 2002, the state legislature passed into law the Omnibus TB Control and Prevention Act (SB843). One of the act’s provisions amended the CA Health and Safety code to allow for any city or county health department to certify unlicensed health workers to perform TB skin testing. The Health and Safety code makes a number of requirements on any jurisdiction seeking to certify unlicensed health workers to perform TSTs. Among the requirements, the code specifies, “The person must complete a standardized course, approved by the CTCA, including at least 24 hours of instruction.” The TST project will generate materials to help jurisdictions comply with the new training and certification program requirements.</li> <li>4. As a first step, a TST workgroup was formed, with representatives from CTCA, CDHS, Curry Center and others. Under their guidance, an instrument</li> </ol>			

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<p>B. Including TST on Immunization Registries - Karen Smith</p>	<p>was created last year to help jurisdictions evaluate their existing TST training programs for compliance with the legal mandates of Health and Safety Code Section 121360.5. A jurisdiction must answer “yes” to all items on the instrument’s checklist in order to be approved by the CTCA to certify unlicensed staff as “TST Technicians.” The instrument also included a list of TST training resources.</p> <p>5. A draft curriculum has been circulated among the TST workgroup and approved. The outline provides an overview of the 24 hours of required didactic instruction, divided into six, four-hour training sessions. The curriculum has two main components: an annotated “Trainer’s guide,” providing instructions to trainers about how to present and facilitate each session, as well as a reproducible “Workbook” for all participants.</p> <p>6. In early May, the curriculum will be reviewed by the CTCA Executive committee and the TB branch. In June, final revisions will be conducted. By June 28, the CTCA Executive Committee is scheduled to vote to approve the final curriculum. A “deluxe” addition, which will include hundreds of PowerPoint slides and masters for overhead transparencies, will be complete by the end of 2004. A “basic” version of the curriculum will be ready for distribution to the jurisdictions by the end of August, so as not to hold back the effort of locals that are ready to begin immediately.</p> <p>B. New CTCA workgroup will address the following issues:</p> <ul style="list-style-type: none"> <li>▼▼ Should include means to update TST status to show results of subsequent tests</li> <li>▼▼ Should it include whether or not CXR done, INH started, finished?</li> <li>▼▼ Who will have access to TST status on registry: WIC, and schools, or just local health departments.</li> <li>▼▼ Including in parental enrollment the disclosure that TST will be shared. Parents can’t sign a blanket release</li> <li>▼▼ Since QFT may replace TST, statutory language should refer to “test for LTBI” and not be limited to TST.</li> <li>▼▼ As registries expand, will encompass private sector, and we don’t want to send out message we want to screen low risk kids. TST is NOT a universal test, not required for everyone.</li> </ul> <p>Caution: TST on yellow IZ cards adds to confusion because it blends an</p>	<p>B. Convene a workgroup with Riverside, San Diego and CDHS TB Branch to develop a proposal for statutory language, and how this would be implemented.</p>	<p>EC</p>	

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<p>C. Parole Notification Worksheet - Jan Young</p>	<p>immunization (recommended for everyone) with a TST (recommended for only those at high risk). The IZ registry is accessible to providers, not patients, so inclusion of TST on registry won't add to patient confusion.</p> <p>C. As of two weeks ago, there was one PHN at the Dept. of Corrections. Coordination of parolees still needed.</p> <p><b>Motion to write letter to CCLHO, seconded, and approved</b></p> <ol style="list-style-type: none"> <li>1. Recent legislation supported by the California Tuberculosis (TB) Controllers Association took effect January 1, 2003 to amend the Health and Safety Code (HSC). This new law, contained in HSC 121361 and 121362, requires state correctional institutions, parole officials and local health officers (LHO) to communicate about parolees with active or suspected active tuberculosis. Specifically, the law: <ul style="list-style-type: none"> <li>▼ Seeks to ensure the continuity of care for parolees upon release to the community by requiring the state correctional institution to provide a written treatment plan to both the LHO in the county in which the parolee intends to reside and to the LHO in which the institution is located prior to discharge</li> <li>▼ Requires the California Department of Corrections to notify parole officials of the parolee's TB status and to coordinate follow-up care with the LHO</li> <li>▼ Requires parole officials to coordinate with the LHO about the parolees compliance with medical evaluation or treatment</li> <li>▼ Requires the LHO to notify parole officials when there are reasonable grounds to believe the parolee has active TB disease and when the parolee ceases treatment for TB.</li> </ul> </li> <li>2. Jan Young requested that CTCA track what should be happening and what is and is not happening in this area to ensure timely notification and follow up. TBCB staff will help find parolees who cannot be located. TB Controllers must be familiar with prisons in their jurisdiction with known or suspected TB and when they will be moved in order to notify the new county TB Controller of any such move.</li> <li>3. If you have any questions or concerns please contact the California Department of Health Services, TB Control Branch, TB Patient Locating Service for assistance (510) 540-2197.</li> </ol>	<p>C. Draft a letter to CDHS and Dept of Corrections re: dissolution of public health section.</p> <ul style="list-style-type: none"> <li>▼ Suggest that local Correctional liaisons call prisons in their counties to find out if they are aware of the requirements of SB843.</li> <li>▼ Correctional liaisons should also call regional parole administrators to walk through their responsibility, and determine what is best mechanism for coordination.</li> <li>▼ Send suggested revisions on the parole check list to Jan.</li> <li>▼ CDHS can provide assistance to locate lost patients.</li> </ul>	<p>EC</p>	

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<p>D. Sanctions for unapproved hospital discharges - Charles Crane</p>	<p>D. Sanctions for unapproved hospital discharges</p> <ol style="list-style-type: none"> <li>1. When there are problems with Gotch discharge approvals LA sends to CEO of hospital. Some have sent copies of corrective action plans. LA is providing in service trainings to discharge care planners. CDHS Licensing and Certification has had surveyors go to hospitals in LA, but did not pursue sanctions or loss of license. LA has a weekly surveillance meeting and reviews every hospitalized patient's case to see if there is a discharge plan, and can TB program approve it. Nurses work under standard operating procedures. Legally, approving discharges is the responsibility of the health officer or designee. Can designate any one person in writing.</li> <li>2. Is the algorithm implemented? How is it working? <ul style="list-style-type: none"> <li>▼ Attachment III D</li> </ul> </li> <li>3. Do TB controllers have similar criteria for denial of discharge? What is our community standard of practice? Participants discussed following the CTCA/CDHS guidelines re: release to sensitive settings. Sometimes the TB controller is placed in the middle of a dispute between a hospital and a skilled nursing facility. In this situation, the TB controller will approve/disapprove the discharge on the basis of TB control, but doesn't weigh in on whether the patient should be moved.</li> </ol>			
<p>E. Referrals of ICE (formerly INS) detainees to Mexico - Kathy Moser</p>	<p>E. Referrals of ICE detainees to Mexico</p> <ol style="list-style-type: none"> <li>1. Some Immigration and Customs Enforcement Bureau (ICE) detainees are housed in El Centro, S Pedro, SD, and the LA staging facility. The Division of Immigration Health Services (DIHS) of the Health Services and Resources Administration (HRSA) has staff in these facilities.</li> <li>2. However, more ICE detainees are housed in local jails and prison on contract to the ICE. In these contract settings, health services provided by others. Regional DIHS Managed care coordinators work with contract facilities.</li> <li>3. Suggested actions: <ul style="list-style-type: none"> <li>▼ DIHS wants to know if we know of a TB case/suspect in ICE custody. Simply call with alien number (see phone numbers in TB Branch e-mail on this topic) dated 3-2-2004. <ul style="list-style-type: none"> <li>○ Attachment III E</li> </ul> </li> <li>▼ You can call also call DIHS for help locating patients who you think may</li> </ul> </li> </ol>			

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	<p>be in ICE custody.</p> <ul style="list-style-type: none"> <li>▼▼ If any person with known or suspected TB is going to Mexico, make CURE TB referral. CURE TB attempts to talk to patient.</li> <li>▼▼ CURE TB will also take referrals of prison inmates scheduled for deportation after release.</li> </ul>			
<p><b>IV. Subcommittee, Liaison Reports</b></p> <p>A. SB 1847 - Robert Benjamin</p> <p>B. TB Legal Orders - Charles Crane</p> <p>C. TB Screening - Samuel Saunders</p> <p>D. Guidelines Review Workgroup - Charles Crane</p> <p>E. LTBI Guidelines - Charles Crane</p> <p>F. Skilled Nursing</p>	<p>A. AB 1847 proposes an extension of the sunset (to 1/1/11) authorizing unlicensed Assistive personnel to be certified to place and read TSTs. This bill is scheduled to be heard in the Senate Health and Human Services committee on May 4<sup>th</sup>. After Senate approves it, it moves on to the Assembly.</p> <p>B. Charge: Model civil detention order, and to recommendations for due process requirements for other orders, such as exclusion from the workplace or isolation. Public Health Institute is doing the legal research and producing the materials.</p> <p>C. This workgroup met on 3/11/04. Sam Saunders surveyed and received 12 responses. Suggest stopping screening of teachers, food handlers, and hospital workers unless they are at high risk. Some TB Controllers felt ATS/CDC guidelines suffice for screening guidelines. Samuel Sanders and Frank Alvarez’s want to understand which of the state mandates are the most burdensome to you.</p> <p>D. Guidelines Review Workgroup</p> <ol style="list-style-type: none"> <li>1. The Guidelines Review Committee Survey, Criteria Development document, and the March 8<sup>th</sup> letter from Charles Crane to the EC, summarizing the survey results and criteria developed, were reviewed. <ul style="list-style-type: none"> <li>▼▼ Attachments IV D 1a,b,c; IV D 2; IV D 3</li> </ul> </li> <li>2. LTBI guidelines would be held up by a major revision to include all screening components. Guidelines don’t address the risk assessment for pediatrics. Risk assessment tool will be part of an upcoming American Academy of Pediatrics statement.</li> </ol> <p>E. Volunteers: Sundari Mase, TBCB and Colleen Lee Sutter County TB Program</p> <p>F. &amp; G. SNF and Renal Dialysis Guidelines will be Joint CTCA/CDNS Guidelines. SNF is going through this process first with LNC, then work will resume on the</p>	<p>A. Local counties flag this legislation for your legislative analysts to review it, take a position on it.</p> <p>B. Screening workgroup to make recommendations re: teachers to the EC. Alert rest of TB controllers when this agenda item is up.</p> <p>D. Alison to seek volunteers via email.</p>		

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Facility Guidelines - Robert Benjamin  G. Renal Dialysis Guidelines - Robert Benjamin  H. Laboratory Training - Frank Alvarez	Renal Dialysis Guidelines through the same process.  H. This workgroup is assessing how to bridge gaps in TB lab services so results are returned to providers more quickly. A survey of TB Lab Directors was conducted to find out what molecular diagnostic testing is used and what kind of rapid transit system is used to transport the specimens. This group is also looking at transportation (courier) contracts that would make testing and results more rapidly available. Lisa Pascopella distributed a survey for TB Controllers and requested survey responses to be faxed to (510) 540-3535. ▼ Attachment IV H 1, 2	H. Present the findings of this survey to the EC.	EC	
<b>V. Advocacy</b> A. World TB Day - Judith Thigpen  B. Action items from Thursday Sessions - Charles Crane, Judith Thigpen  C. NCET - Charles Crane  D. Advocacy - Barbara Cole, Judith Thigpen	A. More than 10 articles on TB were published statewide on World TB day, and 6 more in the subsequent days. We're evaluating effort.  C. NCET Survey Results ▼ Attachment V C  D. ALAC Technical Advisory Group (TAG) will propose policy initiative on TB advocacy to Program Committee, to recommend to ALAC Board that its government relations committee take on TB advocacy agenda. <ol style="list-style-type: none"> <li>1. National level: Bob Benjamin suggested that TB Controllers contact their congress persons and request that they call Tommy Thompson to get CA's fair share of CDC \$. Tony Paz indicated that it would hurt SF if the formula is phased in faster, but looking in bigger picture, SF will go along. CDHS will seek CTCA input re: Branch's 05 application for federal funds.</li> <li>2. State level: Bob talked about protecting local assistance from the state general fund. Bruce Pomer listed key state legislators in budget process for TB controllers to visit and educate.</li> </ol> ▼ Attachment V D	D. CTCA Legislative Committee to coordinate further advocacy efforts.	EC	

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<p><b>VII. CDHS TB Control Branch Update:</b> Funding, detention facility status, Hmong refugees, California TB Indicators Project (TIP), genotyping</p>	<p>Attachments VII 1; VII 2; VII 3</p> <p>1. Hmong: If jurisdiction has no refugee health dollars, CDHS refugee health program may arrange fee for service payments to your county. Refugee Health Electronic Info system (RHEIS) will collect information on the refugees' evaluations, and the TB Branch will follow-up to do a cohort review. Jenny Flood can get information about previous care for Hmong patients with suspected TB.</p> <p>2. Emergency Pot of Emergency Assistance Funds available for expenses incurred January through June of this year for ad hoc non-enduring needs, like outbreak support, extra staff to do an extensive contact investigation. An email will be sent about these funds.</p> <p>3. Participants asked if non-nurses can bill for Targeted Case management services they provide, and if any provider can bill TCM for case management activities provided to Medi-Cal eligible contacts.</p>	<p>1.a. Revise sentence re: refusals to indicate compliance with health officers' orders if patient has suspected TB.</p> <p>1.b. Add to Hmong briefing sheet: "While a refugee can refuse certain services, all persons with known or suspected active TB disease in California must comply with health officers' orders."</p> <p>1.c. Clarify ten issues and disseminate information.</p>	<p>Tuberculosis Control Branch</p> <p>Tuberculosis Control Branch</p> <p>Tuberculosis Control Branch</p>	<p>6/15</p>
<p><b>VIII. New Business</b></p> <p>A. Fall TB Controllers Meeting - Charles Crane</p> <p>B. Electronic Communications - Charles Crane</p> <p>C. Items from the floor</p>	<p>A. Will be alerted when dates and topics are solidified for a fall TB Controllers Meeting.</p> <p>B. No objections to relying solely on electronic communications for voting items, voting, EC notices, guideline updates, etc.</p> <p>C. None</p>			
<p><b>ADJOURN</b></p>				