



Senate

File No. 585

General Assembly

February Session, 2002

(Reprint of File No. 47)

Senate Bill No. 218
As Amended by House
Amendment Schedule "A"

Approved by the Legislative Commissioner
April 26, 2002

AN ACT REQUIRING THE TESTING OF INMATES FOR TUBERCULOSIS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2002*) (a) As used in this
2 section:

3 (1) "Active tuberculosis" shall have the same meaning as "active
4 tuberculosis", as defined in subdivision (1) of subsection (a) of section
5 19a-265 of the general statutes;

6 (2) "Infectious tuberculosis" shall have the same meaning as
7 "infectious tuberculosis", as defined in subdivision (2) of subsection (a)
8 of section 19a-265 of the general statutes; and

9 (3) "Latent tuberculosis" means having a positive tuberculin skin
10 test with no clinical, bacteriologic or radiologic evidence of active
11 tuberculosis.

12 (b) Any person who has been committed to the custody of the
13 Commissioner of Correction and remains in custody for a period of at

14 least five consecutive days shall be tested to determine if such person
15 has active tuberculosis or latent tuberculosis infection. Any person
16 testing positive for active or infectious tuberculosis shall be subject to
17 the provisions of sections 19a-255, 19a-256 and 19a-262 to 19a-265,
18 inclusive, of the general statutes. Any person testing positive for latent
19 tuberculosis infection shall be first medically evaluated for infectious
20 tuberculosis and then offered treatment for latent tuberculosis
21 infection as recommended at the time by the National Centers for
22 Disease Control and Prevention, provided that the scheduled period of
23 custody of such a person is such that said treatment may be completed
24 prior to the release of such person from custody.

25 Sec. 2. (NEW) (*Effective October 1, 2002*) In facilities operated by the
26 Department of Correction, the medical director, contractor and chief
27 administrator of the facility shall ensure that: (1) Each incarcerated
28 inmate, upon incarceration, has a tuberculin skin test, unless already
29 known to be positive, a symptom evaluation and if indicated according
30 to the most recent recommendations from the National Centers for
31 Disease Control and Prevention, a chest radiograph for tuberculosis,
32 provided that each inmate who is asymptomatic and who has had a
33 chest radiography in a correctional facility within six months of
34 incarceration need not have an additional chest radiograph; (2) each
35 incarcerated inmate has an evaluation for active or infectious
36 tuberculosis whenever a cough lasting more than two weeks develops;
37 (3) each incarcerated inmate has at least an annual tuberculin skin test,
38 unless already known to be positive; and (4) information on the results
39 of testing for infectious tuberculosis and latent tuberculosis infection as
40 described in subdivisions (1) to (3), inclusive, of this section and all
41 efforts to treat each inmate for active tuberculosis or latent tuberculosis
42 infection and discharges of inmates who have not completed therapy
43 for tuberculosis or latent tuberculosis infection are reported promptly
44 to the central Department of Correction tuberculosis registry.

45 Sec. 3. (NEW) (*Effective October 1, 2002*) (a) The Department of
46 Correction shall establish a tuberculosis infection control committee.
47 Said committee shall include, but not be limited to, the following

48 members: (1) The Commissioner of Correction or said commissioner's
 49 designee; (2) the medical director for the Department of Correction; (3)
 50 a medical contractor or consultant currently executing any tuberculosis
 51 control contract with the Department of Correction. Said committee
 52 may consult with the Commissioner of Public Health or said
 53 commissioner's designee.

54 (b) The committee established pursuant to subsection (a) of this
 55 section shall develop guidelines and protocols for the purpose of
 56 implementing section 2 of this act. Said guidelines shall include, but
 57 not be limited to, the following tuberculosis infection control activities:
 58 (1) Screening of inmates; (2) containment; and (3) assessment of
 59 guidelines implementation. Any guidelines established shall be
 60 consistent with the most recent recommendations from the National
 61 Centers for Disease Control and Prevention.

62 Sec. 4. (NEW) (*Effective October 1, 2002*) (a) Any inmate found to
 63 have evidence of infectious tuberculosis shall be isolated from any
 64 public contact until such time as the inmate has received treatment and
 65 has been evaluated and found to be free of infection.

66 (b) If an inmate found to have infectious tuberculosis is believed,
 67 based on subsequent investigation, to have exposed visitors or
 68 employees to tuberculosis, efforts shall be made to inform such
 69 persons and encourage such persons to have an evaluation for
 70 tuberculosis infection.

71 Sec. 5. (NEW) (*Effective October 1, 2002*) The Department of
 72 Correction may enter into a contract agreement with an appropriate
 73 health care provider to manage the responsibilities as it relates to
 74 testing, screening or treatment of inmates for tuberculosis.

This act shall take effect as follows:	
Section 1	<i>October 1, 2002</i>
Sec. 2	<i>October 1, 2002</i>
Sec. 3	<i>October 1, 2002</i>

Sec. 4	<i>October 1, 2002</i>
Sec. 5	<i>October 1, 2002</i>

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill requires anyone sentenced to a term of confinement to undergo a tuberculosis test. Currently, all inmates placed in a state correctional facility are tested for tuberculosis (TB). The University of Connecticut Health Center (UCHC) conducts approximately 26,000 – 31,000 TB tests per year. There are about 14,500 sentenced offenders in the custody of the Department of Correction (DOC). UCHC provides all medical services for offenders in DOC. The value of these services in the current fiscal year is \$71 million.

House Amendment “A” specifies procedures for managing TB in the state’s prisons. Aside from establishing a tuberculosis infection control committee, these procedures, as described in the amendment, are current practice and would result in no fiscal impact to the state.

OLR Amended Bill Analysis

SB 218 (as amended by House "A")*

AN ACT REQUIRING THE TESTING OF INMATES FOR TUBERCULOSIS**SUMMARY:**

This bill requires anyone committed to the custody of the Department of Correction (DOC) commissioner and in custody for at least five consecutive days to undergo a tuberculosis (TB) test to determine if he has active TB or latent TB infection. A person testing positive for active or infectious TB is subject to existing law concerning plans of treatment; responsibility for costs of treatment; reporting of cases to and by public health officials; adequate instruction and necessary precautions by attending physicians and local health officials; and tuberculosis control requirements and procedures, including emergency commitment.

Anyone testing positive for latent TB infection must be medically evaluated for infectious TB and then offered treatment for latent TB infection as recommended by the National Centers for Disease Control and Prevention (CDC). The bill appears to require treatment to be offered only if treatment can be completed before the person is released from custody.

The bill requires certain DOC facility officials to ensure that inmates are tested, screened, and treated for TB. It also requires DOC to establish a TB infection control committee.

The bill requires any inmate found to have evidence of infectious TB to be isolated until he has been treated and is no longer infected. It also requires notifying visitors or employees who may have been exposed to infectious TB by an inmate. Such exposed individuals must be encouraged to be evaluated for infection. (The bill does not specify who does the notifying.)

*House Amendment "A" adds the definition of "latent TB," requires

that the custody period allow for treatment completion, and specifies that a symptomatic inmate does not have to get a chest X-ray if he had one in the past six months.

EFFECTIVE DATE: October 1, 2002

ACTIVE AND INFECTIOUS TUBERCULOSIS

Active Tuberculosis

“Active tuberculosis” means (1) a specimen taken from a pulmonary, laryngeal, or other airway source has tested positive for TB and the person did not subsequently complete a standard recommended course of medication or (2) a specimen from an extra-pulmonary source has tested positive for TB, there is clinical evidence or clinical suspicion of pulmonary TB, and the person did not complete the recommended course of medication. “Active tuberculosis” also covers situations where sputum (material spat out of the mouth), smears, or cultures are unobtainable, but the radiographic and current clinical or laboratory evidence is sufficient to establish a medical diagnosis of pulmonary TB (for which treatment is indicated and a subsequent course of therapy has not been completed).

Infectious TB

Infectious TB is TB disease in a communicable or infectious state as determined by chest X-ray, bacteriologic examination of body tissue, or secretions, or other diagnostic procedures. A person is considered infectious until sputum smears from a pulmonary, laryngeal, or other airway source collected on three consecutive days have tested negative for TB and the person shows clinical improvement, such as resolution of cough or fever.

Latent TB

The bill defines “latent TB infection” as having a positive tuberculin skin test with no clinical, bacteriological, or radiological evidence of active TB.

DOC FACILITIES

Under the bill, the medical director, contractor, and chief administrator

of a DOC facility must ensure that each incarcerated inmate has (1) a tuberculin skin test upon incarceration (unless already known to be positive), a symptom evaluation, and a chest X-ray for TB if indicated according to the most recent CDC recommendations (except that an inmate who is asymptomatic and has had a chest radiograph in a correctional facility within six months of incarceration does not have to get another one); (2) an evaluation for active or infectious TB when a cough lasts for more than two weeks; and (3) at least an annual tuberculin skin test, unless he is already known to be positive.

The DOC officials must promptly report to DOC's TB central registry: (1) test results, (2) all efforts to treat each inmate for active TB or latent TB infection, and (3) inmates discharged who did not complete TB-related therapy.

DOC can contract with an appropriate health care provider to manage its TB testing, screening, and treatment responsibilities.

TUBERCULOSIS INFECTION CONTROL COMMITTEE

The bill requires DOC to establish a TB infection control committee that includes, at a minimum, the DOC commissioner or his designee, DOC medical director, and current medical director or consultant executing a TB-control contract with DOC. The committee can consult with the public health commissioner.

The committee must establish guidelines and protocols for TB infection control including inmate screening, containment, and guideline implementation assessment. Guidelines must be consistent with the most recent CDC recommendations.

BACKGROUND

Legislative History

On April 3, the Senate referred the bill to the Judiciary Committee, which reported the bill favorably without change on April 8. The Senate passed the bill with Senate "A" on April 10. On April 17, the House rejected Senate "A," adopted House "A," and referred the bill to the Government Administration and Elections Committee. That committee reported it favorably on April 19.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Report
Yea 24 Nay 0

Judiciary Committee

Joint Favorable Report
Yea 39 Nay 0

Government Administration and Elections Committee

Joint Favorable Report with Recommendation
Yea 16 Nay 0