

CHAPTER 102

HEALTH AND ENVIRONMENT

HOUSE BILL 08-1199

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AN ACT

CONCERNING UPDATING THE TUBERCULOSIS STATUTES TO REFLECT CURRENT PUBLIC HEALTH PRACTICE FOR THE CONTROL OF TUBERCULOSIS IN COLORADO.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Part 5 of article 4 of title 25, Colorado Revised Statutes, is amended to read:

25-4-500.3. Definitions. AS USED IN THIS PART 5, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ACTIVE TUBERCULOSIS" MEANS A DIAGNOSIS OF TUBERCULOSIS DEMONSTRATED BY CLINICAL, BACTERIOLOGIC, OR DIAGNOSTIC IMAGING EVIDENCE, OR A COMBINATION THEREOF. A PERSON WHO HAS BEEN DIAGNOSED AS HAVING ACTIVE TUBERCULOSIS AND HAS NOT COMPLETED A COURSE OF ANTITUBERCULOSIS TREATMENT IS STILL CONSIDERED TO HAVE ACTIVE TUBERCULOSIS AND MAY BE INFECTIOUS.

(2) "BOARD OF HEALTH" MEANS THE STATE BOARD OF HEALTH CREATED IN SECTION 25-1-103.

(3) "CONTACT" MEANS A PERSON WHO HAS SHARED THE SAME AIR SPACE WITH A PERSON WHO HAS ACTIVE TUBERCULOSIS.

(4) "CONTAGIOUS" MEANS HAVING A DISEASE THAT MAY BE TRANSMITTED FROM ONE LIVING PERSON TO ANOTHER THROUGH DIRECT OR INDIRECT CONTACT.

(5) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH AND

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

ENVIRONMENT.

(6) "HEALTH OFFICER" MEANS THE STATE CHIEF MEDICAL OFFICER AND LOCAL HEALTH OFFICERS.

(7) "INFECTIOUS" MEANS CONTAGIOUS.

(8) "ISOLATION" MEANS SEPARATION OF A PERSON INFECTED, OR SUSPECTED TO BE INFECTED, WITH TUBERCULOSIS FROM OTHER PERSONS TO PREVENT THE SPREAD OF TUBERCULOSIS.

(9) "LATENT TUBERCULOSIS INFECTION" MEANS THAT TUBERCULOSIS ORGANISMS ARE PRESENT IN A PERSON'S BODY, BUT THE PERSON DOES NOT HAVE TUBERCULOSIS OR SYMPTOMS, NOR IS THE PERSON INFECTIOUS. SUCH A PERSON USUALLY HAS A POSITIVE REACTION TO THE TUBERCULIN SKIN TEST.

(10) "LOCAL HEALTH OFFICER" MEANS THE CHIEF MEDICAL HEALTH OFFICER OF A REGIONAL OR COUNTY HEALTH DEPARTMENT OR THE HEALTH OFFICER FOR A PUBLIC HEALTH NURSING SERVICE.

(11) "MULTIDRUG-RESISTANT TUBERCULOSIS" MEANS TUBERCULOSIS CAUSED BY TUBERCULOSIS ORGANISMS THAT ARE RESISTANT TO AT LEAST THE DRUGS ISONIAZID AND RIFAMPIN.

(12) "SCREENING" MEANS MEASURES USED TO IDENTIFY PERSONS WHO HAVE ACTIVE TUBERCULOSIS OR LATENT TUBERCULOSIS INFECTION.

(13) "STATE CHIEF MEDICAL OFFICER" MEANS THE CHIEF MEDICAL OFFICER OF THE DEPARTMENT, AS DESCRIBED IN SECTION 25-1-105.

(14) "SUSPECTED CASE OF ACTIVE TUBERCULOSIS", "SUSPECTED CASE OF TUBERCULOSIS", "SUSPECTED TUBERCULOSIS", OR "SUSPECTED TUBERCULOSIS CASE" MEANS A DIAGNOSIS OF TUBERCULOSIS IS BEING CONSIDERED FOR A PERSON, WHETHER OR NOT ANTITUBERCULOSIS THERAPY HAS BEEN STARTED.

(15) "TUBERCLE BACILLI" MEANS TUBERCULOSIS ORGANISMS.

(16) "TUBERCULOSIS" MEANS A POTENTIALLY FATAL CONTAGIOUS DISEASE CAUSED BY THE BACTERIAL MICROORGANISMS OF THE MYCOBACTERIUM TUBERCULOSIS COMPLEX THAT CAN AFFECT ALMOST ANY PART OF THE BODY BUT MOST COMMONLY AFFECTS THE LUNGS.

25-4-501. Tuberculosis declared to be an infectious and communicable disease. It is hereby declared that tuberculosis is an infectious and communicable disease, that it endangers the population of this state, and that the treatment and control of such disease is a state and local responsibility. It is further declared that the emergence of multidrug-resistant tuberculosis requires that this threat be addressed with a coherent and consistent strategy in order to protect the public health. To the end that tuberculosis may be brought better under control and multidrug-resistant tuberculosis prevented, it is further declared that ~~it is the duty of the department of public health and environment to conduct an active program of~~

~~hospitalization, as necessary and LOCAL PUBLIC HEALTH AGENCIES SHALL, within the available resources, COOPERATIVELY PROMOTE CONTROL and treatment of persons suffering from active or latent tuberculosis. infection, including assurance that patients receive a full course of therapy.~~

25-4-502. Tuberculosis to be reported. (1) Every attending physician AND OTHER PERSONS EITHER TREATING OR HAVING KNOWLEDGE OF ACTIVE OR SUSPECTED TUBERCULOSIS in this state shall make a report to the department ~~of public health and environment~~ in accordance with ~~the provisions of~~ section 25-1-122 (1) on every person known by said physician OR OTHER PERSON to have ACTIVE OR SUSPECTED tuberculosis. ~~after such fact comes to the knowledge of said physician.~~

(2) Any ~~hospital, dispensary, asylum,~~ HEALTH CARE FACILITY or other similar private or public institution in this state shall make a report to the department ~~of public health and environment~~ in accordance with ~~the provisions of~~ section 25-1-122 (1) on every patient PERSON having ACTIVE OR SUSPECTED tuberculosis who comes into ~~the~~ ITS care or ~~the~~ observation. ~~of the hospital.~~

(3) ~~The reports required to be made under the provisions of subsections (1) and (2) of this section shall be made in accordance with the requirements set forth in section 25-1-122 (1). In addition, the reporting physician shall also give evidence upon which the diagnosis of tuberculosis has been made, the part of the body affected, and the stage of the disease. All cases in which sputum, urine, feces, pus, or any other bodily discharge, secretion, or excretion contains the tubercle bacillus shall be regarded as active infectious cases of tuberculosis.~~ ALL CLINICAL LABORATORIES RENDERING DIAGNOSTIC SERVICE SHALL REPORT TO THE DEPARTMENT IN ACCORDANCE WITH SECTION 25-1-122 (1), WITHIN TWENTY-FOUR HOURS AFTER DIAGNOSIS, THE FULL NAME AND OTHER AVAILABLE DATA RELATING TO THE PERSON WHOSE SPUTA OR OTHER SPECIMENS SUBMITTED FOR EXAMINATION REVEAL THE PRESENCE OF TUBERCLE BACILLI.

25-4-503. Examination of sputum. ~~The chief medical health officer of a county, city and county, town, or city, when so requested by any physician or by the authorities of any hospital or dispensary, shall make or cause to be made a microscopical examination of the sputum or other bodily excretion or discharge forwarded to him as that of a person having symptoms of tuberculosis. The specimen shall be forwarded to such officer in a package supplied by the department of public health and environment, accompanied by forms having spaces for the name, age, sex, race, occupation, place where person was last employed if known, and address of the person on whom reported. Said officer shall promptly make a report of the result of such examination free of charge to the physician or person upon whose application the same is made. The examination provided for in this section shall be made by the department of public health and environment.~~

25-4-504. Statistical case register. ~~The chief medical health officer of a county, city and county, town, or city shall cause all reports made in accordance with the provisions of section 25-4-502 and all results of examinations showing the presence of the bacilli of tuberculosis made in accordance with the provisions of section 25-4-503 to be recorded in a register to be furnished by the department of public health and environment, of which he shall be the custodian and a copy of which he~~

shall transmit quarterly to the department of public health and environment. Such register shall not be opened to inspection by any person other than the health authorities of the state and of the said county, city and county, town, or city, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this part 5. All forms, vouchers, registers, and receptacles required by this part 5 shall be furnished by the department of public health and environment.

25-4-505. Laboratories to report. (1) ~~All bacteriological laboratories and pathological laboratories rendering diagnostic service shall report to the department of public health and environment, within twenty-four hours after diagnosis, the full name and other available data relating to the person whose sputa, gastric contents, or other specimens submitted for examination reveal the presence of tubercule bacilli. Such report shall include the name and address of the physician or any other person or agency referring such positive specimen for clinical diagnosis.~~

~~(2) All reports and records of clinical or laboratory examination for or indicating the presence of tuberculosis shall be confidential and recorded in a register maintained by the department of public health and environment as provided in section 25-4-504.~~

25-4-506. Investigation and examination of suspected or known tuberculosis cases. (1) ~~(a) Every~~ THE STATE chief medical health officer is AND ALL LOCAL HEALTH OFFICERS ARE directed to use every available means to investigate immediately and ascertain the existence of all reported or suspected cases of ACTIVE tuberculosis in the infectious stages within the chief medical health officer's jurisdiction, to ascertain DETERMINE the sources of such infections, and to identify AND EVALUATE the contacts of such cases and offer treatment as appropriate. In carrying out such investigations, such chief medical health officer is invested with full powers of inspection AND examination and quarantine or isolation of all persons known to be infected with ACTIVE tuberculosis in an infectious stage and is directed to make or cause to be made such examinations as are deemed necessary of persons who, on reasonable grounds, are suspected of having ACTIVE tuberculosis in an infectious stage and to isolate or isolate and quarantine such persons whenever necessary for the protection of the public health FORM.

~~(b) A chief medical health officer may conduct screening programs of populations who are at increased risk of developing tuberculosis or having latent tuberculosis infection, as defined by the centers for disease control and prevention, and offer treatment as appropriate. Such screening programs shall not be implemented without the approval of the state chief medical health officer.~~

(2) Whenever ~~the chief medical~~ A health officer determines on reasonable grounds that an examination of any person is necessary for the preservation and protection of the public health, ~~he~~ THE HEALTH OFFICER shall issue a written order directing medical examination, setting forth the name of the person to be examined, the time and place of the examination, and such other terms and conditions as ~~he~~ THE HEALTH OFFICER may deem necessary. A copy of such order shall be served upon the ~~patient~~ PERSON. Such an examination may be made by a licensed physician of the ~~examinee's~~ PERSON'S own choice under such terms and conditions

as the health officer shall specify.

(3) Any person who depends exclusively on prayer for healing in accordance with the teachings of any well-recognized religious sect, denomination, or organization, and claims exemptions on such grounds, shall nevertheless be subject to examination, and the provisions of this part 5 regarding compulsory reporting of communicable diseases and isolations ~~and quarantine~~ shall apply where there is a probable cause to suspect that such person ~~is infected with disease in a communicable stage~~ HAS ACTIVE TUBERCULOSIS. Such person shall not be required to submit to any medical treatment or to go to or be confined in a hospital or other medical institution if ~~he~~ THE PERSON can safely be ~~quarantined~~ or isolated in ~~his~~ THE PERSON'S own home or other suitable place of ~~his~~ THE PERSON'S choice.

(4) A HEALTH OFFICER MAY CONDUCT SCREENING PROGRAMS OF POPULATIONS THAT ARE AT INCREASED RISK OF DEVELOPING TUBERCULOSIS OR HAVING LATENT TUBERCULOSIS INFECTION AND OFFER TREATMENT AS APPROPRIATE. SUCH SCREENING PROGRAMS MAY BE IMPLEMENTED BY A LOCAL HEALTH OFFICER WITH THE APPROVAL OF THE STATE CHIEF MEDICAL OFFICER.

25-4-507. Isolation order. (1) (a) Whenever a ~~chief medical~~ health officer determines that ~~quarantine~~ or isolation OF A PERSON in a particular TUBERCULOSIS case is necessary for the preservation and protection of the public health, ~~he~~ THE HEALTH OFFICER shall make an isolation ~~or quarantine~~ order in writing. ~~setting~~

(b) WHEN A HEALTH OFFICER IS DETERMINING WHETHER TO ISSUE AN ISOLATION ORDER FOR A PERSON, THE HEALTH OFFICER SHALL CONSIDER, BUT IS NOT LIMITED TO, THE FOLLOWING FACTORS:

(I) WHETHER THE PERSON HAS ACTIVE TUBERCULOSIS;

(II) IF THE PERSON IS VIOLATING THE RULES PROMULGATED BY THE BOARD OF HEALTH OR THE ORDERS ISSUED BY THE APPROPRIATE HEALTH OFFICER TO COMPLY WITH RULES OR ORDERS; AND

(III) WHETHER THE PERSON PRESENTS A SUBSTANTIAL RISK OF EXPOSING OTHER PERSONS TO AN IMMINENT DANGER OF INFECTION.

(c) ALL ISOLATION ORDERS SHALL SET forth the name of the ~~patient~~ PERSON to be isolated and the initial period, ~~of time~~, not to exceed six months, during which the order shall remain effective, the place of isolation, ~~or quarantine~~, and such other terms and conditions as may be immediately necessary to protect the public health. A copy of such order shall be served upon the ~~patient~~ PERSON. The ~~patient~~ PERSON shall be reexamined at the time the initial order expires ~~or at any other time the patient so requests~~, to ascertain whether or not the tuberculous condition continues to be infectious. When it has been medically determined that the ~~patient's disease is no longer infectious and communicable~~ PERSON NO LONGER HAS ACTIVE TUBERCULOSIS, the ~~patient~~ PERSON shall be relieved from all further liability or duty imposed by this part 5, AND THE ORDER SHALL BE RESCINDED.

(2) ~~Upon the receipt of information that any examination, quarantine, or isolation order, made and served as provided in this part 5, has been violated, the chief~~

medical health officer shall advise the district attorney of the pertinent facts relating to the violation:

(2) In a case of a patient PERSON with multidrug-resistant tuberculosis, the chief medical health officer may issue a quarantine or AN isolation order to such patient PERSON if it is determined that the patient PERSON has ceased taking prescribed medications against medical advice. Such order may be issued even if the patient PERSON is no longer contagious so long as the patient PERSON has not completed an entire course of therapy.

25-4-508. Inspection of records. Authorized DEPARTMENT personnel of the department of public health and environment may inspect and have access to all medical records of all medical practitioners, hospitals, institutions, and clinics, both public and private, where PERSONS WITH KNOWN OR SUSPECTED tuberculosis patients are treated and shall provide consultation services to officers of state educational, correctional, and medical institutions regarding the control of tuberculosis and the care of patients or inmates PERSONS having tuberculosis TO HEALTH CARE PROVIDERS OR ANY OTHER PERSONS HAVING RESPONSIBILITY FOR THE CARE OF PERSONS WITH TUBERCULOSIS. AUTHORIZED DEPARTMENT PERSONNEL SHALL ALSO HAVE ACCESS TO LABORATORY RECORDS OF PERSONS TESTED FOR TUBERCULOSIS.

25-4-509. Violations - penalty. (1) Any person who, after service upon him OR HER of an order of a chief medical health officer directing his OR HER isolation or examination as provided in sections 25-4-506 and 25-4-507, violates or fails to comply with the same or any provision thereof ORDER is guilty of a misdemeanor and, upon conviction thereof, in addition to any and all other penalties which THAT may be imposed by law upon such convictions, the court may make an appropriate order providing for EXAMINATION, isolation, quarantine, or treatment.

(2) Any person, firm, or corporation that fails to make the reports required by this part 5 or knowingly makes any false report is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one FIVE hundred dollars.

(3) UPON THE RECEIPT OF INFORMATION THAT ANY EXAMINATION, ISOLATION, OR TREATMENT ORDER MADE AND SERVED AS PROVIDED IN THIS PART 5 HAS BEEN VIOLATED, THE HEALTH OFFICER SHALL ADVISE THE DISTRICT ATTORNEY OF THE JUDICIAL DISTRICT IN WHICH SUCH VIOLATION OCCURRED OF THE PERTINENT FACTS RELATING TO THE VIOLATION.

25-4-510. Jurisdiction. District courts shall have original jurisdiction under this part 5.

25-4-511. Duties of the board of health and the department - confidentiality of records. (1) (a) With respect to the tuberculosis program provided for in section 25-4-501, The state board of health is authorized to adopt such rules and regulations as are deemed necessary, appropriate, and consistent with good medical practice in the state of Colorado in order to insure adequate hospitalization and FOR THE treatment AND CONTROL of tubercular patients. The state board is further authorized to establish criteria to be considered by the executive director of the department of

~~public health and environment in determining the eligibility of persons applying for assistance under the program provided for in section 25-4-501~~ PERSONS WITH TUBERCULOSIS.

~~(b) Assistance under section 25-4-501 shall be given to any applicant who is suffering from tuberculosis in any form requiring treatment and is without sufficient means to obtain such treatment or to an outpatient tubercular.~~

(2) SUBJECT TO AVAILABLE APPROPRIATIONS, the ~~executive director of the department of public health and environment, with respect to the tuberculosis program provided for in section 25-4-501, shall~~ MAY CONTRACT WITH LOCAL PUBLIC HEALTH AGENCIES TO PROVIDE ASSISTANCE WITH TUBERCULOSIS TREATMENT AND CONTROL. THE DEPARTMENT SHALL RETAIN THE AUTHORITY TO, WHEN NECESSARY:

(a) Direct any program of investigation and examination of suspected tuberculosis cases, including persons who have had contact with a person who ~~is a~~ HAS suspected OR CONFIRMED ACTIVE tuberculosis, ~~case~~; and the administration of antituberculosis chemotherapy or the treatment of a latent tuberculosis infection on an outpatient basis where appropriate;

~~(b) Make the necessary contractual arrangements with hospitals within this state for the care and treatment of patients with either drug-susceptible or drug-resistant tuberculosis as necessary and if resources permit;~~

~~(c) Determine eligibility of persons applying for assistance;~~

~~(d)~~ (b) Perform such other duties and have such other powers with relation to the provisions, objects, and purposes of this part 5 as the ~~state~~ board of health shall prescribe.

(3) The department of public health and environment shall cooperate with the state and local medical societies, other state and local medical organizations, the secretary of the United States department of health, education, and welfare, or any other agency of the United States government in order to qualify for and procure the aid of the federal government in caring for tuberculosis patients under the program provided for in section 25-4-501. The department of public health and environment shall make such applications and submit such reports as may be required by agencies of the federal government EXCEPT AS OTHERWISE PROVIDED BY LAW, ALL RECORDS KEPT BY THE DEPARTMENT AND BY LOCAL PUBLIC HEALTH AGENCIES AND ALL RECORDS RETAINED IN A COUNTY CORONER'S OFFICE IN ACCORDANCE WITH SECTION 30-10-606 (4) (c), C.R.S., AS A RESULT OF THE INVESTIGATION OF TUBERCULOSIS SHALL BE KEPT STRICTLY CONFIDENTIAL AND SHALL ONLY BE SHARED TO THE EXTENT NECESSARY FOR THE INVESTIGATION, TREATMENT, CONTROL, AND PREVENTION OF TUBERCULOSIS; EXCEPT THAT EVERY EFFORT SHALL BE MADE TO LIMIT DISCLOSURE OF PERSONAL IDENTIFYING INFORMATION TO THE MINIMAL AMOUNT NECESSARY TO ACCOMPLISH THE PUBLIC HEALTH PURPOSE.

25-4-512. Nondiscrimination in the provision of general services.

~~(1) Eligibility of persons applying for hospitalization assistance under this part 5 shall be limited to persons who:~~

~~(a) Have actually resided, as distinguished from legal residence, in the state for one or more years immediately preceding the date of application;~~

~~(b) Were born in the state within one year immediately preceding the making of such application; or~~

~~(c) Have multidrug-resistant tuberculosis or require hospitalized isolation; regardless of their immigration status or length of residence in this state.~~

~~(2) Notwithstanding any other provision of this part 5 to the contrary, and except for the residency requirements set forth in subsection (1) of this section for hospitalization assistance; programs and services that provide for the investigation, identification, testing, preventive care, or treatment of tuberculosis shall be available to a person regardless of his or her race, religion, gender, ethnicity, national origin, or immigration status.~~

~~**25-4-513. Funding.** All assistance granted to recipients under the provisions of this part 5 shall be provided eighty percent from state funding sources and twenty percent from the county in which a recipient resides. If an actual change in place of residence of a recipient shall occur, he shall be entitled to receive assistance from the county to which he has moved, but the placement of a recipient in a sanatorium located in a county other than that of his residence shall not be construed as a change in place of residence. THE DEPARTMENT SHALL PROVIDE FUNDING TO LOCAL PUBLIC HEALTH AGENCIES FOR TUBERCULOSIS TREATMENT AND CONTROL AND SHALL CONSIDER THE NUMBER OF ACTIVE, SUSPECTED, AND LATENT TUBERCULOSIS CASES UNDERGOING THERAPY IN EACH AGENCY'S JURISDICTION WHEN DETERMINING FUNDING LEVELS.~~

SECTION 2. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: April 7, 2008