

# Scenario-Based Assessment: Understanding and Sufficiency of States' TB Control Laws

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In Consultation with:

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# CDC Disclaimer

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# Scenario Objectives

- This hypothetical scenario is designed to assist officials in state agencies and other jurisdictional settings with roles and responsibilities for controlling and preventing the spread of TB to explore their understanding of, and to identify potential limitations of or gaps in considerations including, but not limited to:
  - The viability and sufficiency of jurisdiction-specific legal authorities for limiting or preventing TB transmission through fundamental steps (e.g., screening, contact investigation, treatment, use of containment measures)
  - Legal authorities, requirements and options for coordination of multi-jurisdictional TB case management
  - Legal authorities for coordination of control efforts across key sectors (e.g., health-care, public safety) and in various settings (e.g., schools, correctional facilities)
  - Laws addressing the financial costs associated with treatment of adherent individuals and with detention of non-adherent individuals, and the housing and treatment of a person with a case of infectious TB in a treatment facility in a state other than that of the person's legal domicile
  - Legal authorities in relation to the infectiousness of smear-negative / culture-positive patients



# Scenario Context and Assumptions

- For the purposes of the following scenario and facts, it is assumed that the situations would be addressed by existing TB control and other public health personnel, systems, and resources in (this state).
- It also is assumed that (this state) law will apply, as will state judicial procedure.



# Background

- A 45-year-old professor at a large private university located in Centralia, a major metropolitan area in (this state) near the state line, has over a period of several weeks had onset of fever, night sweats, anorexia, weight loss, and a progressively productive cough.
- The professor (Patient A), a citizen of a country with high TB prevalence in Southeast Asia, has been admitted to the United States on a 24-month visa permitting him to teach and conduct research at the university.
- His duties include supervision of and frequent face-to-face contact with approximately 100 undergraduate students.
- He and his family – which includes his wife and son (age 17 years) – live in an apartment in a small community in a nearby county; his son attends a public high school.





# Background

- The university health service physician who is evaluating Patient A has diagnosed suspected active pulmonary TB based on Patient A's medical and family histories, findings on physical examination, and a suspicious chest x-ray; Patient A's TST is equivocal.
- Initial sputum specimens are smear-negative for AFB and sputum cultures have been initiated.



# Background

- Patient A's 17-year-old son (Patient B) receives high-dose, systemic corticosteroids to treat juvenile rheumatoid arthritis, and recently has developed symptoms similar to his father's, including fever, night sweats, and a cough.
- Because Patient B is not eligible to receive medical care at the university's health service, his parents have taken him to an outpatient "doc-in-the-box" clinic located in a shopping center.
- The evaluating physician detected rales and other auscultatory abnormalities, but failed to elicit Patient B's family history and did not order other diagnostic studies, including a chest x-ray and TST.



# Public Health Issue

- During the (this state) health department's investigation of a recent statewide measles outbreak, the university health service and other university officials initially refused health department requests for medical records and other information on suspected measles cases in the university community and on potentially exposed students, faculty, and staff.
- The university also refused to assist the health department with efforts to screen some students, faculty, and staff for the presence of measles-specific antibody.
- The university had refused to cooperate because of concerns about invasions of privacy and the university's own policies to strictly protect such information regarding members of the university community.





# Public Health Issue (cont'd)

- Nonetheless, the director of the university's health service has contacted the local public health unit for guidance in addressing the following:
  - Because of a strong history of pulmonary TB (including MDR-TB) among Patient A's extended family in his home country, Patient A fears that both he and his son might have TB.
  - Patient A therefore has informed the university health service that he has purchased plane tickets for himself and his family to leave for his home country in two days so that he can receive medical care in familiar surroundings.
- The nearest international airport is a short distance from Patient A's apartment, just over the state line in the bordering state.



# Initial Public Health Options: Question

1. If the local and state health departments decide to conduct TST and other TB screening of students, faculty, and staff who have been potentially exposed to the professor, Patient A, under what legal authority(ies) can these screening activities be carried out? What, if any, additional authority(ies) and procedures might be implicated if the university, or individuals within the university community, refuse to cooperate?



# Initial Public Health Options: Question

2. If the health departments' assessment indicates that Patient A and his family should not be permitted to travel out of state because of requirements for treatment of infectious TB, further evaluation, and/or monitoring, and because of risks to others, then under what legal authority(ies) and procedures can Patient A and his family be detained?



# The Health Department Responds

- The local health department notifies Patient A that he and his family members are not to travel and asks them to remain at their apartment while further decisions are being made regarding diagnostic and screening activities, and case management measures.
- Following conversations that Patient A has with his family overseas, with a local attorney, and with officials in his country's embassy in Washington, D.C., Patient A informs the health department that he refuses to cooperate and will, in fact, leave (this state) and the United States by air the next day.



# The Health Department Responds

- The local and state health departments – having determined that both the professor (Patient A) and his son (Patient B) have potentially infectious cases of pulmonary TB and pose risks to others – now make a decision to order both of them into home isolation while culture results are pending for Patient A, and to order Patient A’s wife also to cooperate with efforts to monitor her status for clinical indicators of TB.





# Public Health Response: Question

3. Under (this state) law, what steps and procedures are required to order Patients A and B into home isolation if they will not comply with a request to do so voluntarily? What additional considerations of law might apply given that Patient A and his family members are not U.S. citizens?



# Public Health Response: Questions

4. In addition to ordering home isolation, what additional tools would be available to public health officials to prevent Patient A from flying back to his home country?
5. What provisions of (this state) law address procedural due process considerations, as well as other personal liberty and privacy interests of non-U.S. citizens such as Patient A and his family members?



# Patient A Is Diagnosed as Infected

- As a result of health department orders, Patient A reluctantly agrees that he and his son (Patient B) will comply with the home isolation order and that his wife will comply with the request to cooperate with further evaluation and monitoring efforts.
- On multiple subsequent attempts to induce sputum, Patient A remains smear-negative.
- However, after three weeks, some of Patient A's initial sputum cultures are reported as positive for *M. tuberculosis* and resistant to isoniazid and rifampin, indicating that Patient A is infected with a multi-drug resistant (MDR) strain.
- Because of this, and taking into account the previous information, the health department has contacted the area Quarantine Station of CDC's Division of Global Migration and Quarantine about this situation and, as a result, the name of Patient A has been placed on a public health list to prevent him from boarding commercial airliners.



# Patient A Decides to Leave the United States

- The local public health department informs Patient A of this result, including the implications for his treatment, for ongoing evaluation of his son (Patient B), and for the continued monitoring of Patient A's wife.
- Hearing these details, Patient A becomes apprehensive, again deciding to travel with his family to his home country, and makes reservations to leave the following day.
- The next day, he and his family take a taxi from their apartment to the international airport just over the state line.



# At the International Airport

- The international airport is situated within both city and county limits in the adjacent state, but is operated jointly by both States (i.e., this and the adjacent state) under a charter agreement legislatively enacted by each state.
- At the airport's check-in counter, the airline agent observes that Patient A is sweating profusely and coughing up blood-streaked sputum.
- During the check-in process, the agent discovers that the name of Patient A appears on the public health list and, therefore, does not issue a boarding pass to Patient A, calls the Transportation Security Administration, and follows the instructions given on the public health request, including contacting the specified Quarantine Station.
- The agent also summons the airport's EMS responders who, in turn, elicit from Patient A details regarding his and his son's current status – including that he has been evaluated in (this state) and has been diagnosed with active pulmonary MDR-TB.





# Situation at the Airport: Question

6. At this point, within the international airport, which government jurisdictions and agencies may be responsible for detaining Patient A, and under what legal authority(ies)? What issues of concurrent jurisdiction may apply to this situation?



# Situation at the Airport: Question

7. If on-site medical assessment at the airport determines that Patient A's condition warrants transfer to a hospital for further evaluation, then which government jurisdictions and agencies may be responsible for: managing his transportation to the hospital and covering associated costs, and for notifying the embassy of Patient A's home country that he and possibly other family members have been detained; and under what legal authority(ies)?



# Investigation of Newly-diagnosed TB: Undocumented Immigrant (Patient X)

- Separately and unrelated to the situation of Patient A and his family, a different local public health unit in Centralia is investigating a newly-diagnosed case of TB in an undocumented immigrant (Patient X) who is residing in laborers' housing on a farm.
- The investigation, which has included consultation with federal officials at ICE, reveals that Patient X, a citizen of a country in Central America, has on at least two previous occasions entered the United States, been apprehended, and then repatriated.



# Investigation of Newly-diagnosed TB: Undocumented Immigrant (Patient X)

- Patient X now is acutely ill with fever, frank hemoptysis, and possible miliary spread, and is deemed to require immediate hospitalization for isolation and treatment.
- However, Patient X already has expressed a fear of being turned over to federal officials and has shown indications that he might, if presented with the opportunity, attempt to flee (this state).



# Treating Patient X: Questions

8. What state legal authority(ies) will apply in determining in which facility(ies) Patient X may be ordered for hospitalization, isolation, and treatment?
9. What legal authority(ies) will apply in determining that isolation and treatment can be compelled for Patient X, and for the enforcement of compelled isolation and treatment?





# Treating Patient X: Question

10. What legal authority(ies) will apply in determining assurances of coverage of costs and reimbursements to the health-care facility for providing care and treatment to Patient X for the duration of his hospitalization?



# Investigation of Non-adherent Patient Who Relocated to (this state)

- During the investigation of the newly-diagnosed case of TB in Patient X, the local public health unit in Centralia identifies a potential source case-patient (Patient Y) who moved to (this state) 6 months ago from a nearby state.
- Further investigation reveals that, while residing in the other state, Patient Y had been non-adherent to that state health department's treatment regimen for him and, therefore, was placed under orders issued by that state's health officer that confined Patient Y during the pendency of his treatment.
- However, to avoid having to comply with those orders, Patient Y instead had relocated to (this state).



# Treating Non-adherent Patient Y: Question

11. To facilitate continuity in treatment of Patient Y, what legal authority(ies) can (this state) employ to incorporate or rely on the other state's legal authority and procedures for confinement and treatment of Patient Y, or will it be necessary to initiate an original and full proceeding in (this state)?



- Note to TB control officials who are conducting this scenario and for participants: for the following facts and question, there are two alternate approaches depending on whether your state has a dedicated TB facility. The first variant is for states that do not have an in-state dedicated TB facility; the second is for states that do have such a facility (e.g., Florida).



# Non-adherent Patient (in a state without a TB facility)

- Patient Z, a resident of (this state), has been diagnosed with MDR-TB and also has a history of non-adherence to treatment. As a result, the health department in (this state) has contracted with another state to provide treatment of Patient Z in an inpatient facility that is equipped for isolation and long-term treatment of MDR patients.





# Treating Patient Y in Another State: Question

12. Can (this state's) treatment orders for Patient Z be enforced in another state and, if so, under what legal authorities, or can Patient Z leave the facility at any time?



# Treating Patient from Another State

- Patient Z, a resident of another nearby state, has been diagnosed with MDR-TB and also has a history of non-adherence to treatment ordered and provided by that state. As a result, the health department in that state has contracted with (this state) to provide treatment of Patient Z in an inpatient facility that was established and equipped expressly for isolation and long-term treatment of MDR patients.



# Treating Patient from Another State: Question

12. Can (this state) enforce the other state's orders for Patient Z and, if so, under what legal authorities, or can Patient Z leave the facility at any time?



# For Additional Information on Public Health Law

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All accessible at [WWW.CDC.GOV/PHLP](http://WWW.CDC.GOV/PHLP)

- Compilation of public health legal preparedness resources
- National Action Agenda for Public Health Legal Preparedness
- “Public Health Emergency Law” Course
- *CDC Public Health Law News*

