Sixty-second Legislative Assembly of North Dakota

SENATE BILL NO. 2084

Introduced by

Human Services Committee

(At the request of the State Department of Health)

- 1 A BILL for an Act to amend and reenact sections 23-07.1-01.1, 23-07.1-05, and 23-07.1-15 of
- 2 the North Dakota Century Code, relating to orders for the treatment of individuals with
- 3 tuberculosis; and to repeal sections 23-07.1-01, 23-07.1-06, 23-07.1-07, 23-07.1-08,

4 23-07.1-09, 23-07.1-10, 23-07.1-11, and 23-07.1-12 of the North Dakota Century Code, relating

5 to orders for the treatment of individuals with tuberculosis.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 7 SECTION 1. AMENDMENT. Section 23-07.1-01.1 of the North Dakota Century Code is
- 8 amended and reenacted as follows:
- 9 **23-07.1-01.1. Definitions.**

10 As used in this chapter:

- "Appropriate facility" includes a licensed hospital, a public or private outpatient clinic, a
 long-term care facility, a correctional facility, or a person's an individual's home, and
- 13 may also include directly observed therapy under the supervision of the department.
- 14 2. "Department" means the state department of health, including local public health
 15 boardsunits.
- 3. <u>"Infectious tuberculosis" means tuberculosis disease in any part of the body, capable</u>
 of producing infection or disease in others as demonstrated by laboratory evidence of
 tuberculosis bacteria in a specimen from any source in an individual's body or by
 radiographic or clinical findings.
- 4. "Medically approved course of treatment" means <u>ongoing monitoring for a disease</u>,
 treatment regimen, or therapy prescribed by a licensed physician <u>and approved by the</u>
 <u>department</u>.
- 23 <u>5.</u> <u>"Noninfectious tuberculosis" or "latent TB infection" means the presence of</u>
 24 <u>tuberculosis bacteria in the body of an individual as evidenced by testing, such as</u>

Sixty-second Legislative Assembly

1		significant reaction to a tuberculin skin test or a positive interferon gamma release			
2		assay, but without any other clinical findings of illness and without the capability of			
3		producing infection or disease in others.			
4	<u>6.</u>	"Substantial threat to the public health" means an individual with infectious or suspect			
5		tuberculosis who has not completed a medically approved course of therapy and does			
6		not adhere or threatens to not adhere to a recommended treatment regimen or does			
7		not adhere or threatens to not adhere to infection control measures.			
8	<u>7.</u>	"Suspect tuberculosis" means an illness marked by symptoms and laboratory tests			
9		that may be indicative of tuberculosis, such as a prolonged cough, prolonged fever,			
10		hemoptysis, compatible roentgenographic findings, or other appropriate medical			
11		imaging findings.			
12	<u>4.8.</u>	"Tuberculosis" includes those cases infectious tuberculosis, suspect tuberculosis,			
13		noninfectious tuberculosis, and any other case in which a personan individual is found			
14		to have tuberculosis based upon laboratory testing, clinical evidence, or as diagnosed			
15		by a physician, the department, or a local health officer.			
16	SECTION 2. AMENDMENT. Section 23-07.1-05 of the North Dakota Century Code is				
17	amended and reenacted as follows:				
18	23-07.1-05. Reports - Orders for the custody of personsindividuals.				
19	<u>1.</u>	Upon <u>the receipt of</u> a report to or receipt of information by the state health officer or			
20					
21		any physician in the state that any personindividual is reasonably suspected to have or			
		any physician in the state that any personindividual is reasonably suspected to have or to have been exposed to tuberculosis, a report must be made to the state health			
22					
		to have been exposed to tuberculosis, a report must be made to the state health			
22		to have been exposed to tuberculosis, a report must be made to the state health- officer. Upon the receipt of the report, the state health officer shall investigate the			
22 23		to have been exposed to tuberculosis, a report must be made to the state health- officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinced <u>determines</u> that the <u>personindividual</u>			
22 23 24		to have been exposed to tuberculosis, a report must be made to the state health- officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinced <u>determines</u> that the <u>personindividual</u> may have, or may have been exposed to, tuberculosis, the state health officer shall			
22 23 24 25		to have been exposed to tuberculosis, a report must be made to the state health officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinceddetermines that the personindividual may have, or may have been exposed to, tuberculosis, the state health officer shall request the personindividual to voluntarily seek appropriate evaluation and care and <u>a</u>			
22 23 24 25 26		to have been exposed to tuberculosis, a report must be made to the state health officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinceddetermines that the personindividual may have, or may have been exposed to, tuberculosis, the state health officer shall request the personindividual to voluntarily seek appropriate evaluation and care and <u>a</u> medically approved course of treatment. If the personindividual refuses to accept			
22 23 24 25 26 27		to have been exposed to tuberculosis, a report must be made to the state health officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinceddetermines that the personindividual may have, or may have been exposed to, tuberculosis, the state health officer shall request the personindividual to voluntarily seek appropriate evaluation and care and <u>a</u> medically approved course of treatment. If the personindividual refuses to accept voluntary evaluation and care and <u>a medically approved course of</u> treatment, <u>and the</u>			
22 23 24 25 26 27 28		to have been exposed to tuberculosis, a report must be made to the state health- officer. Upon the receipt of the report, the state health officer shall investigate the matter and if the state health officer is convinceddetermines that the personindividual may have, or may have been exposed to, tuberculosis, the state health officer shall request the personindividual to voluntarily seek appropriate evaluation and care and <u>a</u> medically approved course of treatment. If the personindividual refuses to accept voluntary evaluation and care and <u>a medically approved course of</u> treatment, and the individual has infectious or suspect tuberculosis, the state health officer may issue a-			

Sixty-second Legislative Assembly

1	to have tuberculosis resides to compel the attendance of the person and may provide						
2	for suitable housing and care of the person until a hearing is held pursuant to section						
3		23-07.1-08.					
4	Pri	Prior to issuing a final order, the state health officer or a designee shall hear all relevant					
5	testimony for or against the final order. The examination and hearing on the order must be in the						
6	presence of the person alleged to have tuberculosis. The alleged tubercular person and any						
7	relative may resist the order and the parties may be represented by counsel.order the individual						
8	or group of individuals into confinement under sections 23-07.6-02 and 23-07.6-03, and may						
9	order further isolation or quarantine as authorized under chapter 23-07.6. An order under this						
10	section may designate an appropriate facility for confinement, including the individual's home.						
11	<u>2.</u>		<u>The</u>	state health officer may immediately investigate all reported or suspected cases of			
12			<u>tube</u>	erculosis in the state and determine the sources of those infections.			
13	<u>3.</u>		<u>The</u>	state health officer may conduct screening programs of populations that are at			
14			incre	eased risk of developing tuberculosis or having latent tuberculosis infection and			
15			offer	r treatment as appropriate. Any such screening program may be implemented by a			
16			<u>loca</u>	I health officer with the approval of the state health officer.			
17	SECTION 3. AMENDMENT. Section 23-07.1-15 of the North Dakota Century Code is						
18	amended and reenacted as follows:						
19	23-07.1-15. Penalty.						
20	1.		A pe	ersonAn individual is guilty of a class A misdemeanor if:			
21			a.	That personindividual fails to undertake diagnostic examination for tuberculosis			
22				upon the request of the state health officer which is based upon the reasonable			
23				suspicion that that personthe individual has or has been exposed to tuberculosis;			
24			b.	That personindividual has been diagnosed with infectious or suspect tuberculosis			
25				and fails to undertake a medically approved course of treatment for tuberculosis;			
26				or			
27			c.	That person<u>individual</u> is the parent of a minor or guardian of a person<u>an</u>			
28				individual who violates subdivision a or b.			
29	2.		Upon conviction, the court may order that personindividual to obtain a supervised				
30			med	lically approved course of treatment for tuberculosis until the treatment is			
31	completed, in addition to other penalties or conditions provided by law.						

Sixty-second Legislative Assembly

- 1 SECTION 4. REPEAL. Sections 23-07.1-01, 23-07.1-06, 23-07.1-07, 23-07.1-08,
- 2 23-07.1-09, 23-07.1-10, 23-07.1-11, and 23-07.1-12 of the North Dakota Century Code are
- 3 repealed.