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Dear Secretary Dooley:

The California Conference of Local Health Officers (CCLHO) urges Covered California to recognize the diagnosis and treatment of tuberculosis (TB) as an essential health benefit for all Californians.

CCLHO was established in statute in 1947 to advise the California Department of Health Services (now California Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California's 61 city and county jurisdictions.

TB in the United States remains a public safety concern, especially in California, which reports more than 20% of the TB cases in the country every year. When a person with active TB disease coughs infectious droplets into the air, anyone in continuous close contact breathing that air can become infected with TB. Even though TB is treatable, every other day a Californian dies with TB, and every week a young child is reported with TB disease in California. Prompt diagnosis, isolation, and treatment of TB is necessary to stop transmission in our California communities.

Because there is no effective vaccine to prevent TB, the only way to stop the spread of TB is to find and treat people with TB. Many people with normal immune systems are able to keep TB infection under control in a state that is not contagious. However, development of a medical condition like diabetes, HIV, cancer, immunosuppressive medical therapy or simply the aging process can cause TB infection to progress to active TB disease. Individuals with TB infection and risk factors for progression represent the reservoir of future active cases. Preventive treatment is the only way to effectively eliminate TB infection in this vulnerable population.

Diagnosis and treatment of TB must be accessible to all Californians as an essential health benefit and preventive care service with no cost sharing for the patient. This would encourage providers to include a TB risk assessment in their routine practice and execute targeted diagnosis and treatment of TB when identified at no additional cost to the patient. Making these services more accessible in all health care settings is critical for reducing the impact of TB in California, since some people with TB infection do not have symptoms. Removing cost sharing for TB diagnosis and treatment minimizes costly delays in detecting TB cases and improves opportunities to offer preventive treatment.

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CCLHO recommends that the following services should be considered important preventative services as part of the routine diagnosis and treatment for TB disease and TB infection:

- Diagnostics, including tuberculosis skin tests and Quantiferon, blood work, radiological imaging, and microbiological testing
- Medical visits in the outpatient, emergency, and inpatient settings during evaluation and treatment for TB
- Drugs to treat TB, drug resistant TB, and the adverse effects that can be caused by anti-TB treatment.

Patients should not be required to share costs such as copays and deductibles for appropriate medical evaluation and treatment of TB.

Recognizing that the diagnosis and treatment of TB is an essential health benefit for Californians is central for continued TB control and to advance TB elimination in California. Making the diagnosis and treatment of TB as accessible as possible will aid California communities that are disproportionately affected by TB, and will lead to a healthier and more equitable California.

For more information about TB in California, please contact Julie Higashi, President of the California Tuberculosis Controller's Association at Julie.Higashi@ctca.org.

Sincerely,

Wilma J. Wooten. MD. MPH

President, California Conference of Local Health Officers

Wilma Je Wooten, M.D.

cc: Peter Lee, Executive Director, Covered California

Ron Chapman, MD, MPH, Director, California Department of Public Health