CTCA
CALIFORNIA TUBERCULOSIS CONTROLLERS ASSOCIATION

May 16, 2013

Dear Congressman Honda,

As President of the California Tuberculosis Controller's Association (CTCA), I thank you for your many years of tireless advocacy for local California TB programs. Your efforts have been a key factor in helping California reduce its TB case rate by 66 percent since the surge of TB in the early 1990's, which was the result of a dismantled public health system and the emergence of HIV/AIDS. Californians comprise about one fifth of the nation's TB cases, and our success in reducing TB in California has helped drive the TB cases in the U.S. to an all time low.

While the success of domestic TB programs has improved the health and safety of Americans today, the challenging fiscal environment has already dramatically affected domestic TB control infrastructure and compromises its effectiveness. TB programs are facing other challenges, including ongoing multiple drug shortages and adaptation to the new healthcare landscape of the Affordable Care Act. With an equal opportunity disease like TB that is spread through the air, Americans have a lot to lose if domestic TB rates rise as they did in the 1990's.

CTCA welcomes the voice of the Congressional TB caucus, which was formed to reassert our country's commitment to stop TB in the United States and to respond to the global threat of multi-drug resistant and totally drug resistant strains of TB. To this end, CTCA presents to you the following three recommendations for legislative initiatives that will further the mission of the Congressional TB Caucus.

1. Restore the appropriation of funds for the Center of Disease Control's Division of Tuberculosis Elimination to ensure that domestic TB programs can fulfill their mandates and proactively address challenges such as drug shortages and adaptation to the Affordable Care Act.

2. Require the FDA to develop a national strategy to ensure a continuous and affordable anti-TB medication supply.

3. Make the diagnosis and treatment of TB infection and active TB disease an essential health benefit under the Affordable Care Act.

I have attached additional supporting documents as supplemental information for the basis of these recommendations. We are grateful for your invaluable support of TB as an important public health concern. Please do not hesitate to contact me with questions. I can be reached at Julie.Higashi@ctca.org and at 510 479 6139.

Yours sincerely,

Julie Higashi MD PhD

Julie Higashi, MD PhD
President, California TB Controller's Association

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Fact Sheet

Update: Tuberculosis Control in California

Tuberculosis (TB) remains a persistent health threat

- With one third of the world's population infected with this airborne infectious disease, TB anywhere is TB everywhere.
- TB is spread when a person with active TB coughs and releases infectious particles into the air. People who share the same air and breathe in these particles can become infected.
- Most TB is still curable and preventable.

California reports the most TB of any state in the US (20% of US cases)

- This year, more than 2,000 Californians will become sick with TB.
- Nearly every week, a child in California under the age of five is stricken with TB.
- Every other day a Californian dies with TB.

Californians with TB infection are a reservoir of future cases of TB disease

- With our global society and our mobile population, Californians encounter TB.
- The pool of individuals with TB infection in California, the source of future cases, is 2.3 million.
- Infection becomes disease when immune systems are weakened by conditions like diabetes, smoking, HIV, or simply through the aging process.

Local public health departments protect the health of Californians

- TB programs in California evaluate 10,000 TB suspects and nearly 20,000 contacts each year for TB.
- TB programs diagnose and ensure completion of appropriate drug therapy to cure TB thereby preventing new cases in communities across California.
- Effective diagnosis, monitoring and treatment of TB, as well as contact investigations are provided by public health departments directly or overseen and managed to ensure adequate treatment and cure.

Diminishing resources restrict California's ability to find and cure TB

- TB control is the shared responsibility of federal, state and local public health department TB programs.
- The past decade has seen funding for local TB control and prevention efforts reduced at every level, limiting the services provided to patients with TB disease, the capability to prevent TB disease in our communities, and the ability to prevent emergence of drug resistance.

Accessing drugs to combat TB is a growing challenge, calling for urgent action

- Drug shortages have grown, affecting the most common and potent drugs used to treat TB and drug resistant TB. Shortages threaten our ability to prevent and control TB.
- CTCA urges national partners to eliminate ongoing drug shortages that threaten the control of TB and cause inefficient, reactive, drains on limited resources nationwide to solve the same problems
- The California Conference of Local Health Officers and CTCA ask our National Representatives to support elimination of this treatable and preventable disease by joining the TB Elimination Caucus co-chaired by Reps. Eliot Engel (D-NY), Gene Green (D-TX) and Don Young (R-Alaska).

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Responsibilities of Public Health Departments to Control Tuberculosis

Purpose: Tuberculosis (TB) is an airborne infectious disease that endangers communities. This document articulates the activities that are the unique charge and responsibility of local and state health departments for TB control. This document also outlines activities that involve close oversight by health departments or that need to be done in concert with public health departments.

Audience: Policy makers, government agencies, providers caring for patients at risk for TB, and the public

Framework

Health departments are charged with public safety and with advancing and protecting population health. They are authorized and compelled by legal statutes to carry out specific duties. International and national standards define basic principles that guide health departments and represent a minimum practice to ensure success in protecting populations from TB. While many entities perform activities that reduce TB spread (e.g., evaluating and treating TB infection and disease), actions that are taken by health departments are time-sensitive, supported by a jurisdiction's legal framework, and focus beyond the individual level on safeguarding the community.

Framework of health departments

- Charged with public safety and advancing population health
- Authorized and compelled by legal statutes
- Guided by national and international standards

Legal authority

The unique scope of services and responsibilities of TB control is bound by a legal framework assigned to federal, state and local health departments. Legal authority for investigating persons with TB and persons exposed to TB, responding to TB outbreaks, enforcement of TB reporting, issuing orders of isolation, evaluation, and treatment, each rest with health departments.

Legal authority

The unique scope of services and responsibilities of TB control is bound by a legal framework assigned to federal, state and local health departments.

Partnership

Diagnosis and treatment of TB disease is accomplished by health department providers and by community providers. Oversight by health departments and partnership between health departments and community providers are critical ingredients for ensuring successful TB treatment and interrupting TB spread.

Health and safety

To ensure TB spread is interrupted, actions to protect the public from TB require a timely response to individual reports of suspected and confirmed TB throughout a jurisdiction, regardless of the provider, the payer source, or insurance status of the patient and those exposed.

Population health

Health departments are responsible for the public health and safety of the entire community or population. In contrast, community medical providers are responsible for individuals under their care in a given time period but are not charged with the health of a jurisdiction's population. If a TB patient's contact or family member is not part of the practice or insurance membership, for example, the medical provider may not be able to offer services to ensure the care of that individual.

Population health

The entire population is the focus of health departments while non-health department medical providers are responsible for individuals under their care.

Safety net for the uninsured

Many persons with TB infection or disease are uninsured and or ineligible for health insurance and will remain uninsurable even with health care reform. The uncovered fraction is estimated to be nearly 1/3 of those with latent TB infection and TB disease; many of these individuals are undocumented or recently arrived and ineligible for health care insurance coverage. The safety net function of health departments requires ensuring care of this population to prevent disease spread to the larger community.

Safety net for the uninsured

The uncovered fraction is estimated to be nearly 1/3 of those with latent TB infection and TB disease. The safety net function of health departments requires ensuring care of ALL to prevent disease spread.

Span of activities

To ensure that an individual does not spread TB to others, health departments monitor each patient closely, regardless of payer source or insurance status, and make sure patients with TB receive effective treatment and are rendered noninfectious. Ensuring that there is an adequate and uninterrupted drug supply for timely treatment is a basic role of public health departments, as is access to effective and rapid TB laboratory tests. TB patients are supported intensively by health departments to continue treatment to cure. This may require housing, transportation, and interpreter services. To prevent the occurrence of the more costly drug resistant form of TB, public health workers deliver and directly observe TB medicine ingestion by patients. If an infectious TB patient abandons treatment, prompt measures are taken by health departments to isolate them from others. For persons exposed to TB, it is the health department that is responsible and resourced to determine who had contact with an infectious TB patient, locate those exposed, and facilitate access to evaluation and treatment services. For all TB cases and especially complicated TB cases such as drug-resistant TB, it is crucial that there is oversight of the vast majority of clinicians now in practice who have managed few cases of TB in their lifetime. Health departments serve as a TB subject matter expert and function as a primary source for TB education and training for health workers.

To ensure an individual does not spread TB to others, health departments….

- Take prompt measures to isolate patients who are infectious
- Determine who was exposed to an infectious TB patient; locate them and facilitate evaluation and treatment of TB
- Ensure patients receive effective treatment and become noninfectious
- Monitor each patient closely, regardless of ability to pay
- Ensure there is an uninterrupted drug supply and access to TB laboratory tests
- Provide resources to keep patients in treatment such as, housing, transportation, and interpreters
- Deliver and directly observe patients take their TB medicine
- Provide expert clinical consultations

Monitoring and oversight

To ensure safety from TB and achieve TB control in a jurisdiction, necessary actions are taken that are strategic and based on evidence from epidemiologic monitoring and analysis. Scientific information that takes into account both effectiveness and cost is considered. These actions are focused at the level of the jurisdiction's population and include providing guidance, implementing population-based interventions, as well as ongoing monitoring and evaluation of the jurisdiction's TB cases and deaths. TB prevention strategies promoted by the health department are aimed at preventing TB in the first place, reducing costly treatment of TB disease and drug resistant TB, and making progress towards TB elimination. The practices of physicians caring for TB patients and treatment outcomes of each TB patient are monitored in a jurisdiction from diagnosis to cure or death. The outcome of each person with TB and practices of each physician caring for TB patients make a difference for community safety.

It is the health department's unique function to actively monitor TB disease in aggregate in a jurisdiction to inform public health action. This involves receiving and investigating case reports, maintaining a case registry, examining data over time, and detecting spikes in cases. In addition, health departments proactively

engage in investigation of health events that may impact the community (e.g., childhood TB clusters, TB deaths, outbreaks). These events may require health departments to alert and respond to media inquiries to inform the public about TB.

As stewards of public resources, health departments have an important charge to develop strategic and cost-effective prevention efforts based upon a jurisdiction's unique TB epidemiology. They create and share the evidence basis for public health policy decisions and provide TB control and prevention guidance for institutions and individual providers.

To keep the nation safe from infectious agents such as tuberculosis, the essential public health activities afforded by laws and international standards are carried out and supported by government; these activities are not borne by each individual when they experience a transmissible disease and not taken on solely by the individual provider caring for a TB patient.

Monitoring and oversight

Actions taken by public health departments are focused at the level of the jurisdiction's population, including providing guidance, implementing population-based interventions and ongoing monitoring and evaluation. The health department has the unique role to measure and evaluate outcomes in order to spot gaps and to improve the chances that TB transmission is prevented.

Consequences when health departments are not in place

We can go many places around the globe and observe communities that do not have an effective TB control program and can also look to our past (U.S. TB resurgence in the 1980s). Fire departments, like local health departments, are supported by public dollars and are an essential benefit in America. If the fire department was not publically supported and ready to respond to each fire, then each neighbor and surrounding community would be unprotected when a fire started in a single house. Similarly, when one person develops TB, TB can spread unless health departments take key steps. If tied to, or dependent on, an individual's payer source, these time-sensitive steps may not be done for everyone exposed or diagnosed with TB, leaving room for TB to spread.

Public health ensures public safety

Health departments, like fire departments, are supported by public dollars and are an essential benefit in America.

Opportunities

Many opportunities exist to increase the identification and treatment of TB infection by community providers, to prevent TB in the first place and drive down TB rates. These opportunities invite public health departments to initiate new partnerships and strengthen existing ones to shape the public's health. TB can be cured and prevented and future generations can have a chance of being spared death and disability from TB. This is possible only if each partner, public and private, work in concert.

Responsibilities of Public Health Departments to Control Tuberculosis

Public Health Actions	Legal Statute / Public Health Standards and Measures
Report TB and Conduct Surveillance	
1. Receive and rapidly act on all reports of suspected and confirmed TB from health care providers, laboratories and schools. Maintain a comprehensive TB case registry of patients with TB disease	***HSC* 121365*** ***CCR** Title 17 Sections 2500; 2502; 2504; 2508; 2509*** ***PHAB ***1.2.1***
2. Facilitate timely and complete case reporting by all laboratories and health care providers in the jurisdiction	***HSC 121361; 121362*** ***CCR Title 17 Section 2500*** ***PHAB 1.2.2***
3. Report TB cases and TB outbreaks to the state as required by law	***HSC 120185; 120190*** ***CCR Title 17 Sections 2501; 2502*** ***PHAB 1.2.4***
4. Conduct epidemiologic analyses and monitor disease trends for jurisdiction's population. Create and issue summary reports to inform community and health care providers about TB disease trends and actions to reduce disease spread	***PHAB 1.3*** ***PHAB 1.3.2***
5. Investigate unusual events: TB clusters, case spikes, pediatric TB, each TB death, adverse events associated with treatment requiring public health action	***PHAB 2.1*** ***PHAB 2.2***
Diagnose and Treat TB Disease	
6. Ensure all patients with suspected or confirmed TB regardless of provider and payer source or ability to pay, receive timely diagnosis and effective treatment	***HSC 120175; 121360*** ***CCR Title 17 Section 2501***
7. Receive and follow-up on notifications of newly arriving immigrants with a TB condition (B-classification) and promptly arrange for TB evaluation to prevent spread of imported TB;	***HSC 121365***
8. Ensure individuals with infectious TB in jurisdiction are rapidly isolated at home or in another secure setting	***HSC 120175; 120215; 121365***
9. Review and approve the hospital discharge of patients with suspected and confirmed TB to coordinate care and protect the safety of the public	***HSC 120175; 121361; 121362***
10. Take prompt action when patient prematurely stops treatment to ensure patient is not a threat to the public's health	***HSC 120175; 121362***

* California Health and Safety Code
** California Code of Regulations
*** Public Health Accreditation Board standards, version 1.0

11. Issue health officer orders for patient isolation, evaluation, treatment or detention as needed to protect the public from TB	***HSC 120175; 120280; 121365***
12. Monitor and provide patient-centered TB treatment and ensure they become noninfectious and complete treatment which may require directly observed treatment, food, shelter, incentives, transportation, and language services	***HSC 120175***
13. Provide or ensure access to consultation with a clinician who has expertise fluent with complex and drug resistant TB cases	***PHAB 5.1***
14. Engage with state and federal partners to investigate and mitigate drug shortages, laboratory insufficiencies and other resource gaps to diagnose and treat TB	***PHAB 4.1***
Find and Evaluate Persons Exposed to Infectious TB	
15. To interrupt spread of TB, promptly interview infectious TB patients to identify persons who were exposed. Evaluate or arrange for evaluation individuals exposed, prioritizing those most vulnerable/at highest risk	***HSC 120175; 121363***
16. Ensure infected contacts are treated to reduce likelihood of developing disease	***PHAB 7.1*** ***PHAB 7.2***
17. Investigate TB disease in children under age 5 to identify infectious source case and prevent further spread	***HSC 120175; 121365***
18. Take immediate action to investigate and contain TB spread in response to TB outbreaks, and large scale, complex exposures and exposures in vulnerable settings	***HSC 120175; 121365*** ***120195***
Prevent TB in High-Risk Populations	
19. Examine local tuberculosis disease surveillance reports to identify populations at high risk for infection and progression to TB disease and recommend for targeted testing and treatment	***PHAB 1.3*** ***PHAB 1.4***
20. Prevent TB in high-risk groups through targeted testing and treatment. Build partnerships and collaborate with community agencies working with populations at high risk for TB to promote TB prevention and control	***HSC 121364*** ***PHAB 2.1; 2.2; 4.1; 12.3***
Educate the Community About TB and Assess Effectiveness of Interventions	
21. Educate the public on TB events by providing media alerts and responding to media inquiries. Develop and disseminate guidelines and evidence-based interventions	***PHAB 3.1; 3.2*** ***PHAB 5.1*** ***PHAB 10.1*** ***PHAB 10.2***
22. Educate and train clinical providers and public health workforce on TB standards and practices, including prompt feedback when errors occur that put public at risk	***PHAB 8.2***
23. Monitor and evaluate TB control practices and effectiveness of interventions in halting transmission and decreasing new cases of TB disease	***PHAB 9.2***

Appendix:
Statutes, Regulation and Public Health Standards/Measures

California Health and Safety Code (HSC)

Local Health Officers must take measures to prevent spread of communicable diseases or occurrence of additional cases.
HSC 120175

In the case of a local epidemic of disease, the health officer shall report at those times as are requested by the California Department of Public Health (CDPH) all facts concerning the disease, and the measures taken to abate and prevent its spread.
HSC 120185

Each health officer shall immediately report to CDPH every discovered or known case or suspect case of those diseases designated for immediate reporting by the Department. Within 24 hours after investigation each health officer shall make reports as the CDPH may require.
HSC 120190

Each health officer shall enforce all orders, rules, and regulations concerning quarantine or isolation prescribed or directed by the CDPH.
HSC 120195

Upon receiving notification of the existence of a contagious, infectious or communicable disease, the local health officer shall ensure adequate isolation of each case.
HSC 120215

Local health officer may detain persistently nonadherent tuberculosis (TB) patient in any appropriate facility, penal institution, or dwelling approved by the health officer after the District Attorney prosecutes the patient for violations of health orders as provided in HSC 121365.
HSC 120280

Pulmonary tuberculosis is an infectious and communicable disease, dangerous to the public health, and all proper expenditures that may be made by any county, pursuant to this chapter, are necessary for the preservation of the public health of the county.
HSC 121360

Local health officer must approve TB patient written treatment plan (within 24 hours of receipt of the plan) when hospitalized inpatients are discharged or transferred (unless transfer is for higher level of care).
HSC 121361

Each health care provider must report suspected or active tuberculosis disease to the health department and shall promptly report to the local health officer when there are reasonable grounds to believe that a person with suspected or active tuberculosis ceases treatment (fails to keep appointments, relocates without transferring care, or discontinues care. In the case of a parolee under the jurisdiction of the California Department of Corrections and Rehabilitation, the local health officer shall notify the assigned parole agent, when known or the regional parole administrator when the parolee ceases treatment for tuberculosis.
HSC 121362

Each health care provider who treats a person with active TB disease shall examine, or cause to be examined, all household contacts or shall refer them to the local health officer for examination. When requested by the local health officer, a health care provider shall report the results of any examination related to tuberculosis of a contact.
HSC 121363

Within the territory under his or her jurisdiction, each local health officer may order examinations for TB infection for the purpose of directly preventive measures
HSC 121364

Each local health officer is directed to use every available means to ascertain the existence of, and immediately investigate all reported or suspected cases of active tuberculosis disease in the jurisdiction, and to ascertain the sources of those infections. The local health officer may issue any orders (TB examination, isolation, completion of appropriate treatment, directly observed therapy, detention, exclusion from attendance at the workplace if infectious) he or she deems necessary to protect public health or the health of any other person, and may make application to a court for enforcement of the orders.
HSC 121365

The local health officer may detain in hospital or other appropriate facility
HSC 121366

California Code of Regulations (CCR), Title 17. Public Health

Health care providers, clinics, health care facilities, labs and schools are required to report TB.
CCR Title 17 Section 2500

Local health officer is required to investigate and control TB cases & outbreaks.
CCR Title 17 Section 2501

Local health officer is required to prepare and send to CDPH individual TB case and outbreak reports.
CCR Title 17 Section 2502

Whenever a health care provider's identification of a case or suspected TB case includes laboratory findings from an out-of-state lab, the health care provider shall include those findings along with performed drug susceptibility testing.
CCR Title 17 Section 2504

It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence of any of the communicable diseases.
CCR Title 17 Section 2508

Local health officer is required to maintain records as deemed necessary by CDPH.
CCR Title 17 Section 2509

Public Health Accreditation Board (PHAB) Standards and Measures, version 1.0

Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards
PHAB Measure 1.2.1

Communicate with surveillance sites at least annually
PHAB Measure 1.2.2

Provide reports of primary and secondary data to tribal and local health departments located in the state
PHAB Measure 1.2.4

Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health
PHAB Standard 1.3

Provide statewide public health data to various audiences on a variety of public health issues at least annually
PHAB Measure 1.3.2

Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions
PHAB Standard 1.4

Conduct timely investigations of health problems and environmental public health hazards
PHAB Standard 2.1

Contain/mitigate health problems and environmental public health hazards
PHAB Standard 2.2

Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
PHAB Standard 3.1

Provide information on public health issues and public health functions through multiple methods to a variety of audiences
PHAB Standard 3.2

Engage with the public health system and the community in identifying and addressing health problems through collaborative processes
PHAB Standard 4.1

Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity
PHAB Standard 5.1

Assess health care capacity and access to health care services
PHAB Standard 7.1

Identify and implement strategies to improve access to health care services
PHAB Standard 7.2

Assess staff competencies and address gaps by enabling organizational and individual training and development
PHAB Standard 8.2

Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions
PHAB Standard 9.2

Identify and use the best available evidence for making informed public health practice decisions
PHAB Standard 10.1

Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences
PHAB Standard 10.2

Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities
PHAB Standard 12.3

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Tuberculosis Drug Shortages in the United States: Call to Action

Shortages and cost increases of tuberculosis (TB) drugs and basic tools for TB control and prevention are derailing efforts to achieve TB elimination in the United States. While the problem has grown more acute with the list of drug shortages now including both first and second line drugs and solutions for TB tests, there is no effective national strategy in place.

Ensuring a continuous drug supply is the most basic element of TB control programs across the world. The World Health Organization's first component for each national TB program includes: 1) an uninterrupted and sustained supply of anti-TB drugs; 2) a reliable system of procurement and distribution of anti-TB drugs; and states that 3) anti-TB drugs should be available free of charge.

The most recent shortages of isoniazid (INH)—a first line drug--and Tubersol® --the solution for TB skin tests--are undermining the confidence of patients, providers, and TB programs who expect ready access to the key tools for treating TB and interrupting TB spread. A new short course drug regimen, requiring only 12 doses of INH and rifapentine, has provided the nation hope for securing a future without TB. Standing in the way of this achievement is the cost of rifapentine, the shortage of INH, and now Tubersol®.

While shortages of drugs and price increases are not unique to TB drugs, these tools allow a disease which is spread through the air to be treated and prevented, thereby securing a basic protection for the American public. Although the FDA Safety and Innovation Act of July 2012 requires early notification by manufacturers of shortages, most often it is providers and TB programs across the nation who brings a shortage to the attention of federal partners. The National TB Controller's Association has recommended that the Centers for Disease Control and Prevention intensify its current response to anti-TB drug shortages and develop a strategy which requires as a first step, establishing a team fully dedicated and resourced to secure an effective solution, which will support a continuous and affordable drug supply.

CALL TO ACTION

- An effective **national strategy** is the critical first step.
    - A centralized drug procurement and distribution system similar to other countries should be considered for essential communicable diseases medication. In addition to ensuring availability, a national system will limit hoarding of medications in times of shortages and could serve as an early warning system of drug shortages.
    - Establish regulatory requirements for early notification to FDA of potential shortages and plans for discontinuation of products. Additionally, there should be a system for FDA to notify key stakeholders within a specified timeframe when shortages are anticipated.

- Federal legislation requiring approval to be sought before a manufacturer ceased to produce any essential public health medication. The manufacturer would be required to work with federal partners to develop an alternate strategy to provide the essential medication prior to discontinuation.
- Develop federal legislation that provides tax credits or other effective incentive to drug makers to produce drugs for communicable diseases.
- Develop federal legislation that define price gouging of essential public health medications, reporting procedures as well as enforcement procedures when price gouging is reported.

1. MMWR, Interruptions in Supplies of Second-Line Antituberculosis Drugs-United States, 2005-2012 /Jan 18,2013, Vol 62, no 2.
2. MMWR, National Shortage of Isoniazid 300 mg Tablets, December 21,2012 Vol 61, No 50

CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

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Roberta Lawson
RDH, MPH
Executive Administrator

January 18, 2013

Diana S. Dooley, Board Chair
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

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.

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

cc: Peter Lee, Executive Director, Covered California
Ron Chapman, MD, MPH, Director, California Department of Public Health