



CCLHO BUDGETARY ACTION REQUEST FORM

Please complete the following information for all budgetary action request items and submit to Leah Northrop at leah.northrop@cdph.ca.gov. The request for each budgetary action item should be no longer than two pages total in length.

*Note that the purpose of this form is to request CCLHO to advise CDPH and other departments, officials, the Legislature and other organizations on budgetary matters described below.

Request Title:	TB Prevention and Linkage to Care		
Budgetary Request Amount	\$5,000,000 per year	<input type="checkbox"/> One time request <input checked="" type="checkbox"/> Multi-year request	
Amount per fiscal year:	\$5,000,000	Date:	TBD by CDCP
CCLHO Committee/Affiliate:	CDCP-CTCA		
Contact Person: (who will discuss request at the CCLHO Board)	TBD by CDCP		

Description of Budgetary Request Item (brief description only):

The CDCP Committee proposes that \$5,000,000 be allocated to CDPH each year to provide tuberculosis (TB) local assistance funds to health departments to coordinate treatment, monitoring, and follow-up for persons with latent tuberculosis infection (LTBI). If approved, the request will assure that California local health jurisdictions receive funding to address the workload of preventing TB disease in the large population with LTBI in California, which is essential to achieve TB elimination.

Beginning October 1, 2018, Civil Surgeons will be required to report to the local health department people with LTBI. This is public health's opportunity to identify a segment of the 2.5 million Californians with LTBI and link them to care. CDPH/TBCB will award funding to jurisdictions utilizing a formula developed in consultation with the California TB Controllers Association (CTCA). This investment in public health infrastructure will assure jurisdictions have resources to pursue prevention activities in their at-risk communities and among the Civil Surgeons and other providers that serve them through outreach, training, linkage to care, and use of new diagnostic tests and new, effective short course treatment options.

Local Impact **Regional Impact** **Statewide Impact**

Public Health System Impact: Describe how the budgetary request, if funded, will impact the Public Health System, including Public Health Infrastructure.

Effective October 1, 2018, a change is expected in Centers for Disease Control and Prevention (CDC)/Division of Global Migration and Quarantine Technical Instructions for Civil Surgeons. Civil Surgeons provide medical examinations for persons residing in the United States seeking to adjust their immigration status from temporary to permanent resident. The revised Technical Instructions will require that the medical examinations include testing for LTBI using the TB blood test and reporting of positive results to the local health jurisdiction of residence. CDPH/TBCB estimates that the changes in Technical Instructions will result in an additional 17,000 reports of LTBI to California local health jurisdictions each year. Currently, there is minimal staffing capacity in health departments for contacting these individuals, linking them to care, and tracking initiation and completion of treatment. Funding this request will enhance Public Health infrastructure to address the service gaps from this added workload, which can help to prevent cases of active TB and reduce associated morbidity, mortality, and healthcare costs across California.

Target Population: Name the target population that will be impacted by this budgetary request, if funded.

Individuals: An estimated 17,000 individuals diagnosed with LTBI reported to local health departments by Civil Surgeons in California as part of medical screening who are applying for permanent resident status.

TB affects certain segments of the population including those born outside the U.S., U.S. residents who cross the U.S.-Mexico border, people with medical conditions that weaken the immune system (diabetes, kidney disease, HIV, cancer, etc.), and the elderly. During 2017, 81% of individuals in California who were diagnosed with TB were born in a country with an increased rate of TB. Consequently, it is essential that TB prevention efforts focus on these groups. The reports from Civil Surgeons regarding California residents with LTBI will provide information to enable California local health jurisdictions to link these individuals with

LTBI to medical care and encourage LTBI treatment to prevent these individuals from developing active TB disease in the future.

Local Health Departments: *As noted, the changes to the CDC's Technical Instructions for Civil Surgeons are expected to result in a significant increase in reporting of LTBI cases to local health jurisdictions. The proposed funds will improve capacity of these local jurisdictions to link these individuals to care and track treatment initiation and completion.*

Impact on Health Inequities: *Briefly describe how this budget request would address health inequities, if funded.*

The current TB public health response is directed to identifying, testing and treating active cases and their contacts. There remain approximately 2.5 million California residents with LTBI not linked to care, including the estimated 17,000 persons with LTBI applying for permanent resident status. The funding will permit public health departments to address health inequities in their communities through LTBI surveillance, community outreach, provider engagement, targeted testing of high risk groups using new diagnostics and new, effective short course treatment regimens to prevent progression to disease. These efforts will reduce transmission of TB in affected populations, and limit morbidity and mortality, which affects specific groups including the non-US-born, medically fragile adults, and children from immigrant and border/binational communities.

Preventing TB in high-risk groups through targeted testing and treatment is cost-effective and consistent with guidelines from numerous bodies including the CDC. CDPH/TBCB estimates that, over their lifetime, each additional 20,000 persons with latent TB infection reported to local health jurisdictions will give rise to approximately 1,000 cases of active TB disease and 100 TB-related deaths. Not treating these individuals will result in \$41 million in direct medical costs and \$97 million in societal costs in California annually. Therefore, there is a tremendous opportunity for local health jurisdictions throughout California to provide outreach to newly reported residents with LTBI, assist with linkage to medical care, and encourage treatment of LTBI to prevent TB disease in the future

CCLHO Policy Platform/Strategic Plan Alignment: *What Public Health Issue(s) in the CCLHO Policy Platform and/or Strategic Plan does this request support?*

Policy Platform: Communicable Disease Control and Prevention
Strategic Plan Alignment: Core Public Health Functions

None

Additional Background Information: *(optional)*