

105 CMR 360.000: TUBERCULOSIS TREATMENT UNIT STANDARDS FOR ADMISSION, TREATMENT, AND DISCHARGE

Section

- 360.004: Definitions
- 360.100: Designation
- 360.200: Admissions
- 360.300: Treatment Standards
- 360.400: Discharge

360.004: Definitions

Active Tuberculosis. Tuberculosis in a state of active disease in any organ or tissue, with active reproduction of *Mycobacterium tuberculosis* as determined by positive culture for *M. tuberculosis*, or a diagnostic nucleic acid or other definitive laboratory test (in distinction to latent tuberculosis infection). The individual with active tuberculosis may or may not be infectious.

Adherence. The extent to which a patient continues an agreed upon treatment plan for active or clinically suspected tuberculosis, including taking anti-tuberculosis medications and keeping health care appointments.

Adherence Support. Any measures or interventions that assist an individual in achieving adherence with a regimen of treatment and care for tuberculosis. This may include, but is not limited to, assistance with food and shelter, incentives, enablers, and substance abuse and mental health treatment.

Clinically Suspected Tuberculosis. A condition in which the individual has laboratory evidence (smear or culture or other test) consistent with, but not confirmatory of, tuberculosis or has chest X-ray findings interpreted as probable tuberculosis by a qualified medical authority.

Communicable. The ability to transmit disease from one person or animal to another.

Confirmed Case of Tuberculosis. An individual who meets the Centers for Disease Control and Prevention (CDC) criteria to verify a case as tuberculosis disease.

Drug Resistant Tuberculosis. Tuberculosis caused by *tubercle bacilli* that are not susceptible to one or more anti-tuberculosis drugs.

Enablers. A term used to describe those things that make it possible or easier for patients to receive treatment by overcoming barriers such as transportation difficulties.

Incentives. Small rewards given to patients to encourage them to take their own medicines, keep their clinic appointments, or follow their directly observed therapy plan.

Latent Tuberculosis Infection. Condition in which living *Mycobacterium tuberculosis* bacteria are present in an individual as evidenced by skin test or other test for determining the presence of tuberculosis infection. A person with latent tuberculosis infection does not have an illness and is not infectious until and unless they develop active tuberculosis.

Tubercle Bacillus/Bacilli. A *bacillus* (bacteria) causing tuberculosis; usually refers to *Mycobacterium tuberculosis*.

Tuberculosis Program. The program within the Department of Public Health that administers the provisions of 105 CMR 360.000.

360.100: Designation

The Tuberculosis Program has the responsibility for designating and contracting with a treatment facility for a specialized Tuberculosis Treatment Unit and shall be responsible for the supervision and control of admissions, treatment, and discharges. Authority for the management of persons with tuberculosis or clinically suspected tuberculosis, admissions and discharges may be delegated to the treatment facility through contractual agreement or written policy.

360.200: Admissions

(A) Admission to the Tuberculosis Treatment Unit, as established by the Tuberculosis Program, is for the following persons with a confirmed case of tuberculosis or clinically suspected tuberculosis who cannot or should not be managed in the outpatient setting:

(1) Persons demonstrating continued inability or unwillingness to adhere to proper medical treatment for confirmed or clinically suspected tuberculosis in a communicable form. The admission may be voluntary or involuntary. If the admission is involuntary, the procedures set forth in M.G.L. c. 111, §§ 94A through 94C shall be followed. Least restrictive measures shall be used first, and the patient shall be given the opportunity for voluntary admission prior to an involuntary admission.

(2) Persons with complex medical management challenges that require close supervision in an inpatient setting. These challenges include, but are not limited to: drug resistant tuberculosis; progressive tuberculosis disease that is not improving with outpatient management; toxic reactions to therapy; and concurrent illnesses that interfere with or prohibit successful outpatient treatment of tuberculosis.

(3) Persons with a confirmed case of tuberculosis or clinically suspected tuberculosis, in a communicable form, whose living arrangements are in congregate settings where respiratory isolation is not possible and they present an immediate or imminent public health threat.

(B) Boards of health, hospitals, health care providers, or Tuberculosis Program staff who initiate the admission process shall review the appropriateness and the procedure for the admission with the medical director of the Tuberculosis Treatment Unit or with his or her designee.

(C) The Tuberculosis Treatment Unit shall notify the Tuberculosis Program of all admissions in accordance with Tuberculosis Program policies and procedures.

(D) The Tuberculosis Treatment Unit is responsible for billing third-party payors and for seeking insurance benefits for those who are eligible for such benefits. The Commonwealth is the payor of last resort; however, no patient shall be denied care and treatment for tuberculosis because of inability to pay.

360.300: Treatment Standards

(A) Medical treatment for tuberculosis shall be according to the current standards set forth by the American Thoracic Society (ATS), CDC, and the Infectious Disease Society of America (IDSA), or other qualified medical authority.

(B) Appropriate services for concurrent medical and psychosocial problems, and other factors that are barriers to adherence to care for tuberculosis, shall be part of the patient treatment plan.

360.400: Discharge

(A) Discharge planning shall involve the Tuberculosis Treatment Unit staff and other health care providers within the treatment facility, the Tuberculosis Program, the local board of health from the community where the patient did or will reside, and other appropriate community agencies. The designated discharge planner for the Tuberculosis Treatment Unit shall be responsible for consulting with the necessary personnel from the treatment facility, the Tuberculosis Program, the local board of health and appropriate community agencies, and shall arrange for discharge planning meetings. The Tuberculosis Program shall ensure that the appropriate local boards of health personnel are involved in the discharge plan.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

360.400: continued

(B) The designated Tuberculosis Treatment Unit shall host and facilitate multi-disciplinary health care provider conferences at least monthly to review patient progress and discharge plans in accordance with Tuberculosis Program standards.

(C) The Tuberculosis Treatment Unit shall notify the Tuberculosis Program prior to the discharge of the patient in accordance with Tuberculosis Program standards.

REGULATORY AUTHORITY

105 CMR 360.000: M.G.L. c. 111, §§ 3, 5, 6, 77, 79 and 94D.