

State	Objective	PH Intervention	Legal Authorities
MA		Definitions	<p>Clinically Suspected Tuberculosis: A condition in which the individual has acid fast bacilli in the sputum or other bodily fluid or tissue as evidenced by a laboratory smear; or has chest x-ray findings interpreted as probable tuberculosis by a qualified medical authority. (105 CMR 365.004) Drug Resistant Tuberculosis: Tuberculosis caused by tubercle bacilli that are unresponsive to one or more anti-tuberculosis drugs. (105 CMR 365.004) Tuberculosis Infection: Condition in which living tubercle bacilli are present in an individual, without producing clinically active disease. Infected individuals usually have a positive tuberculin skin test but are not infectious.(105 CMR 365.004)</p>
	Prevention of TB Cases	TB Control Programs	<p>The department shall establish a tuberculosis treatment center in one of the state hospitals, or may contract with a county, municipal or general hospital for the custody, care, treatment and rehabilitation of patients hospitalized under sections ninety-four A to ninety-four C, inclusive. Such center or hospital shall be equipped with adequate safeguards to prevent the escape of such patients. Such center or hospital shall be under the supervision of its superintendent, subject to the provisions of this chapter, or of any rules or regulations made by the commissioner. The commissioner may construct facilities similar to said treatment center at any state hospital, and all such facilities, including facilities provided by contract for the same purpose, shall constitute the treatment center, as used in sections ninety-four A to ninety-four C, inclusive. On any hospitalization under said sections, the commissioner may assign the patients to whichever facility he deems best suited to care for them. The commissioner may transfer such patients from one such facility to another if he deems it advisable. (ALM GL §94D). Every district health officer shall inform himself respecting the sanitary condition of his district and concerning all influences dangerous to the public health or threatening to affect the same; he shall gather all information possible concerning the prevalence of tuberculosis and other diseases dangerous to the public health within his district, shall disseminate knowledge as to the best methods of preventing the spread of such diseases, and shall take such steps as, after consultation with the department and the local authorities, shall be deemed advisable for their eradication. (ALM GL §18).</p> <p>The department shall have responsibility for providing hospital care and treatment for all persons resident in the commonwealth suffering from tuberculosis and who need such hospital care. Such care and treatment may be made available in hospitals within the department or under a contract basis in other public or private hospitals or sanatoria licensed for such care under section seventy-one. Contracts for such care may be made by the department under such arrangements as are determined reasonable and adequate by the department except in the case of county hospitals where contracts shall be made in accord with section seventy-eight.(ALM GL §77) (<u>See Payment</u>)</p> <p>The department shall have responsibility for conducting programs aimed at controlling and eradicating tuberculosis in the commonwealth. It may establish, foster, and give such aid and assistance as it deems necessary for the establishment and maintenance of out-patient and diagnostic facilities for tuberculosis within tuberculosis hospitals, in other institutions, or in collaboration with local boards of health. It shall provide co-ordination and consultation to local boards of health in gathering and disseminating information on a state-wide basis regarding the prevalence of tuberculosis in the commonwealth. (ALM GL §81)</p>
	Identification of TB Cases	Screening	<p>No ordinance, by-law, rule or regulation of a board of health or the requirements of any public or private institution, school or college shall be enacted, promulgated, or continued in effect which would require a chest x-ray examination to show freedom from tuberculosis in a communicable form, unless the recipient of such x-ray is known to be tuberculin positive. Any report required by such ordinance, by-law, rule or regulation showing freedom from tuberculosis in a communicable form shall be based upon a negative intradermal tuberculin test that is administered and interpreted in a manner approved by the commissioner. In the case of a person whose tuberculin test is positive, a statement by a physician, based upon the results of a standard chest x-ray film shall be required, and such other laboratory and clinical examinations as may be necessary for the exclusion of tuberculosis in a communicable form. (ALM GL §81A)</p>
	Examination & Testing	<p>On receipt of a certification from the board of health of any city or town, or two physicians licensed to practice medicine in the commonwealth, the commissioner or his agent shall conduct or have conducted an examination of such person, and, if he concurs in the certification shall file a petition in the district court under section ninety-four C for the hospitalization of such person. If, however, such person refuses to submit to examination, the commissioner may order him to be hospitalized immediately at the tuberculosis treatment center, established under section ninety-four D for a fifteen-day observational period. (ALM GL §94A(b)).</p>	

			<p>The superintendents of the correctional institutions of the commonwealth, and the keepers and superintendents of jails and houses of correction shall cause a thorough physical examination to be made by a competent physician of each inmate in their respective institutions committed for a term of thirty days' imprisonment or more. In conducting the examination special attention shall be given to determining the presence of communicable diseases, particularly venereal diseases as defined under section six of chapter one hundred and eleven and pulmonary tuberculosis. (ALM GL 127 §16)</p>
		Reporting	<p>The board of health of any city or town, or any member thereof, or two physicians licensed to practice medicine in the commonwealth, may certify to the commissioner any non-hospitalized person who (1) is afflicted with active tuberculosis, (2) is unwilling or unable to accept proper medical treatment, and (3) is thereby a serious danger to the public health. (ALM GL §94A(a)).</p> <p>A householder who knows or has cause to believe that a person in his family or house is infected with a disease dangerous to the public health shall forthwith give notice thereof to the board of health of the town where such householder dwells, unless a physician is in attendance. Upon the death, recovery or removal of such person, the householder shall disinfect to the satisfaction of the board such rooms of his house and articles therein as, in the opinion of the board, have been exposed to infection or contagion, but the board may in its discretion, disinfect all such premises as, in its opinion, have been exposed to any disease dangerous to the public health, at the expense of the town, and may employ any proper and competent person to so disinfect. (ALM GL §109).</p> <p>If the board of health of a town has had notice of a case of any disease declared by the department dangerous to the public health therein, it shall within twenty-four hours thereafter give notice thereof to the department, stating the name and the location of the patient so afflicted, and upon request the department shall forthwith certify any such reports to the department of public welfare. (ALM GL §112).</p> <p>Any health care provider, laboratory, board of health or administrator of a city, state or private institution or hospital who has knowledge of a case of confirmed tuberculosis or clinically suspected tuberculosis shall notify the Division of Tuberculosis Prevention and Control in the Department within 24 hours. (105 CMR §300.180)</p>

MA	Management of TB Cases	Investigation		
		Treatment	Treatment	
			DOT	Directly Observed Therapy (DOT) by medical/nursing/outreach care givers or other individuals identified by the local board of health shall be employed when there is an identified risk to continued adherence to therapy. (105 CMR 365.200)
		Specific Measures	Emergency Detention	Involuntary hospitalization or confinement may be necessary when there is documented nonadherence to the appropriate medical follow-up and treatment for tuberculosis, and the public health is threatened as a result of this nonadherence. Least restrictive measures shall be employed before more restrictive measures are imposed. (See <i>M.G.L. c. 111, § 94A</i> for involuntary commitment procedures) (105 CMR 365.200) If the commissioner or his agent concurs in the certification of the board of health, and finds that a person is in need of immediate hospitalization for the protection of the public health, he may order him to be hospitalized immediately at the tuberculosis treatment center for a fifteen-day emergency observational period. (ALM GL §94A(c)).
			Quarantine	
			Isolation	
			Activities Restricted	
Enforcement	The commissioner or his agent may call on the police department of the city or town whose board of health certified such person, or the police department of the place where such person is present, to provide the transportation to the tuberculosis treatment center. (ALM GL §94A(d)). If any active tuberculosis patient in a municipal, county, state or private sanatorium or hospital indicates his desire to leave the institution against the medical advice of the superintendent or manager of the			

			<p>institution in accord with the accepted medical policy of the institution, and the superintendent or manager determines that to allow his release would be a serious danger to the public health, he may detain the patient, or, if he fears the patient may try to leave the hospital, he may request the local police department to transport the patient immediately to the tuberculosis treatment center established under section ninety-four D. (ALM GL §94B). A magistrate authorized to issue warrants may issue a warrant directed to the sheriff of the county or his deputy requiring him to remove any person infected with a disease dangerous to the public health or who is a carrier of the causative agent thereof. The removal authorized by this section may be made to a hospital in any town established for the reception of persons having diseases dangerous to the public health; provided, that the assent of the board of health of the town to which such removal is to be made shall first have been obtained. (ALM GL §96).</p>
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MA	Safeguarding Rights	Due Process	<p>If the patient is sent to the tuberculosis treatment center under (ALM GL §94A), the superintendent thereof shall, at the expiration of fifteen days, either release the patient or file a petition with the district court under section ninety-four C. The patient may be detained at the center pending disposition of the petition. (ALM GL §94A(e)).</p> <p>If the superintendent or manager detains the patient at his own institution, he shall immediately file a petition in the district court under section ninety-four C for the prolonged hospitalization of the patient. The patient may be detained at the institution pending disposition of the petition.</p> <p>If the patient is transported to the tuberculosis treatment center he shall be detained there no longer than fifteen days, and upon the expiration of that time he shall be released, unless a petition for the prolonged hospitalization of such patient is filed by the superintendent thereof in the district court under section ninety-four C. (ALM GL §94B).</p> <p>Any justice or associate justice of the district court may commit to the tuberculosis treatment center established under section ninety-four D, for prolonged hospitalization, any person afflicted with active tuberculosis and residing in or present in the jurisdiction of the court, concerning whom a petition has been filed in accordance with sections ninety-four A and ninety-four B. The procedure for commitment shall be as follows:--(1) If the petition is filed by the commissioner of public health or his agent under section ninety-four A in a nonemergency situation, the court shall appoint two physicians experienced in the diagnosis, care and treatment of tuberculosis to examine the person and report to the court on his condition and on his willingness and ability to accept proper medical treatment, and to give their opinion on whether or not it would be a serious danger to the public health to allow the person to be unhospitalized. Neither of these physicians shall be on the full-time staff of a state, county or municipal tuberculosis hospital. The court shall give the person notice of his right to a hearing on the matter of his commitment. If the person does not request a hearing, the judge may order his commitment on the basis of the physicians' reports. If a hearing is requested, the court shall allow the person a reasonable time to prepare his case. The court need not see the person or hear him in open court if it is deemed inadvisable by the physicians because of his contagious condition. If, however, it is determined that the person cannot be present because of his condition, he must be given notice of this fact and of his right to have counsel and witnesses present at the hearing. In the latter case, the court shall appoint legal counsel to represent the person's interests at the hearing if he does not have his own legal counsel. If the judge finds the</p>
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	Burden of Proof	
	Payment	<p>The full financial responsibility for the care and treatment of patients hospitalized at the tuberculosis treatment center shall be on the commonwealth. The placing of such financial responsibility on the commonwealth for the patients shall in no way affect the residence or other matters concerning the family or dependents of the patients. (ALM GL §94E).</p> <p>Where county institutions are utilized for providing such care and treatment, the department is authorized to enter into a contract with the county commissioners of the respective counties upon terms satisfactory to the contracting parties under which the county institutions will admit tuberculous patients and give them care and treatment in compliance with the terms of the contract and the regulations of the department in regard thereto. Such contracts shall be made for periods of not longer than two years and may be renewed upon such terms as are satisfactory to the parties. Should the department determine that a particular county institution will no longer be utilized for such tuberculosis care and treatment, it must give written notice of such intention to the county commissioners at least one year in advance of such discontinuance. If such notice is given and would take effect after the expiration of an existing contract, the terms of the existing contract shall remain in effect until the end of the notice period unless a new contract is entered into by the parties. Under the terms of contracts entered into under this section the department shall pay the institutions so utilized for all general health supplies, care, services and accommodations furnished each patient under the contract, the rates established by the division of health care finance and policy. The department is hereby authorized to adopt regulations concerning the care and treatment of tuberculous patients in hospitals under such contract arrangements. If a hospital or sanatorium is not in compliance with these regulations the department may refuse to utilize it for such contract care. (ALM GL § 78)</p> <p>Each city and town shall pay to the commonwealth its share of the cost of providing general health supplies, care, services and accommodations for any tuberculosis patient resident in such city or town hospitalized under section 78 or section 79 a sum equal to one-half the reasonable cost as established by the division of health care finance and policy. If a patient is able to pay or if a third party payor is responsible, the department shall collect from the patient or the payor such rates as are established by said division. Fifty per cent of the amount so received on account of any patient shall be credited against the payment charged to a city or town on account of such patient as authorized in this section. For the purposes of this section, the term "resident" means any person having his principal living quarters in such city or town and having no present intention to move to another city or town, or, in the case of a person who is an inmate or patient in an institution, in the city or town in which he last maintained a residence outside of an institution; provided, however, that any tuberculous patient determined to be a chronically non-resident person and a special problem for tuberculosis disease control shall not be charged as a resident of any city or town, and shall be the financial responsibility of the state. For the purposes of this section an "institution" shall include any sanatorium, hospital, rest home, convalescent or nursing home, for the operation of which a license is required by law; any facility conducted by an agency incorporated under chapter one hundred and eighty; and any facility operated by municipal, county, state and federal governments. For purposes of this section the term "chronically non-resident" means a person who evidences by his past conduct an inability or unwillingness to establish and maintain a residency with any degree of permanency and whose instability and general living standards in exposing himself and others to infection makes him a special problem for tuberculosis disease control in the commonwealth. If a city or town requests that a patient be classified as chronically nonresident as indicated in this section, the division of sanatoria and tuberculosis may so classify him. If on such a request, the said division of sanatoria and tuberculosis does not agree to so classify the patient, the city or town may appeal this decision to a three-member board made up as follows: The public health council shall appoint the members of the board who shall serve without compensation. In the first appointments, one member shall be appointed for three years, one for two, and one for one year with all appointments thereafter being for three years. One member of the board shall be a medical director of a municipal health department, one member shall be a non-medical public health administrator or agent of a municipal health department, and one member shall be a person experienced in social work on a municipal or state level. On any such appeal the board shall hold a hearing and may affirm or reverse such decision. The decision of the board shall be final. Patients who are receiving or are eligible to receive public assistance shall have their responsibility to pay such charges to their city or town of residence fixed in accordance with the provisions of the particular category of public assistance applicable to them. (ALM GL §80)</p>
	Confidentiality and Privacy	
	Anti-Discrimination	
	Religious Exemptions	

<p>Special Populations</p>	<p>Considerations for Certain Populations</p>	<p>If a prisoner in a jail or house of correction has a disease which, in the opinion of the physician of the board of health or of such other physician as it may consult, is dangerous to the safety and health of other prisoners or of the inhabitants of the town, the board shall, in writing, direct his removal to a hospital or other place of safety, there to be provided for and securely kept until its further order. If he recovers from the disease, he shall be returned to his former place of confinement. If the person so removed has been committed by order of court or under judicial process, the order for his removal, or a copy thereof attested by the presiding member of the board, shall be returned by him, with the doings thereon, into the office of the clerk of the court from which the process of commitment was issued. No prisoner so removed shall thereby commit an escape. (ALM GL §108).</p>
<p>Additional TB Provisions</p>		<p>Any person hospitalized at the treatment center may be discharged therefrom by the superintendent at any time he determines that it is in the best interest of the patient and of the public health so to do. The superintendent may also declassify the patient as under the care and custody of this center and transfer him to an open ward at the same hospital, or transfer him to another sanatorium or hospital, state, county, municipal or private, if he deems it in the best interest of the patient and the public health. The admission of the patient to such other institutions shall be in accordance with the requirements of law for admission to such institutions. (ALM GL §94F). The commissioner and the public health council may make regulations concerning the content of the certification made by boards of health and physicians under section ninety-four A, including the definition of, and the methods for determining active tuberculosis. The commissioner and public health council may make regulations concerning the minimum standards for proper medical treatment for active tuberculosis patients cared for outside a hospital, so that such patients will not be a menace to the public health. (ALM GL §94H). If a disease dangerous to the public health breaks out in a town, or if a person is infected or lately has been infected therewith, the board of health shall immediately provide such hospital or place of reception and such nurses and other assistance and necessaries as is judged best for his accommodation and for the safety of the inhabitants, and the same shall be subject to the regulations of the board. The board may cause any sick or infected person to be removed to such hospital or place, if it can be done without danger to his health; otherwise the house or place in which he remains shall be considered as a hospital, and all persons residing in or in any way connected therewith shall be subject to the regulations of the board, and, if necessary, persons in the neighborhood may be removed. When the board of health of a town shall deem it necessary, in the interest of the public health, to require a resident wage earner to remain within such house or place or otherwise to interfere with the following of his employment, he shall receive from such town during the period of his restraint compensation to the extent of three fourths of his regular wages; provided, that the amount so received shall not exceed two dollars for each working day. (ALM GL §95). No town shall transport or permit to be transported to another town any person infected with a disease dangerous to the public health, without first obtaining the assent of the board of health of the town to which the patient is to be transported; but this requirement shall not apply to transportation to a hospital except under section ninety-six. (ALM GL §96A).</p>