

State	Objective	PH Intervention	Legal Authorities
VT	Definitions		Persons afflicted with tuberculosis who are without the means to obtain adequate care and treatment shall be deemed indigent for the purposes of this subchapter. (18 VSA § 1047)
	Prevention of TB Cases	TB Control Programs	The board shall investigate the prevalence and extent of tuberculosis, and other chronic respiratory diseases in the state, shall adopt and make use of means for educating the people in the state with regards to the cause and nature of these diseases, means for their prevention and treatment. (18 VSA §1043).
	Identification of TB Cases	Screening	
		Examination & Testing	When the commissioner of health has reasonable cause to believe that any person has tuberculosis in an active stage or in a communicable form, he may request the person to undergo an examination at a clinic or hospital approved by the secretary of the agency of human services for that purpose at the expense of the state. If the person refuses the examination, the commissioner may petition the district court for an order requiring the person to submit to examination. Where the court finds there is reasonable cause, it may order the person to be examined. (18 VSA §1055). The examination shall be in the manner and form prescribed by the commissioner of health. It may include taking of an x-ray of the chest and enough microscopical examinations and cultures to permit complete diagnosis. The findings of the examination shall be reported in full to the commissioner who shall furnish copies thereof to the person examined. (18 VSA §1056).
	Reporting	When a HCP or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the DOH as a reportable disease and dangerous to the public health or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and to the commissioner of health. (18 VSA §1001(a)). A physician who is consulted by a person infected with tuberculosis in any form shall submit the name and address to the commissioner within one week after consultation. (18 VSA §1041). A physician shall immediately after the examination of an indigent person wishing treatment for tuberculosis make a report of his findings to the commissioner of health. (18 VSA §1048) <u>(See Due Process)</u>	

VT	Management of TB Cases	Investigation		When the commissioner of health determines, as a result of an examination provided by (18 VSA §1055-1056), that any person afflicted with tuberculosis in an active stage and in communicable form, he shall investigate the circumstances thereof and if he finds that the person does constitute a health hazard to the public, he may request the court to order the person to a hospital or other suitable place and require appropriate medical management of the person therein until he determines that the management is no longer necessary. Such treatment as the commissioner considers necessary and proper may be furnished to the sick person at the expense of the state. Treatment shall not be imposed against his will unless the commissioner determines that the person constitutes a public health hazard without treatment. (18 VSA §1057(a)).
		Treatment	Treatment	Upon receipt of a report of an indigent person with tuberculosis, the commissioner may authorize treatment of the afflicted person. The person's physician shall thereupon prescribe the time of treatment and designate the facility at which treatment shall be given, provided that in a case of suspected infectious tuberculosis, the commissioner may apply the laws and regulations of communicable disease control. (18 VSA §1048). The commissioner shall approve facilities in the state where indigent persons may be treated for tuberculosis under this subchapter. (18 VSA §1051). The secretary of the agency of human services may provide for treatment and care of tuberculosis at facilities designated by him. (18 VSA §1053). The department shall visit all newly reported cases or suspect cases of tuberculosis with periodic follow-up visits as deemed necessary. The department shall provide for: (1) prompt examination of all suspects and contacts; (2) Chemotherapeutic treatment of all active cases attending this clinic; and hospitalization in accordance with sections (18 VSA §1047-1051); (3) Chemotherapy for converters and inactive cases; (4) the re-evaluation and re-examination of inactive cases as medically indicated. (18 VSA §1054)
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		Specific Measures	Emergency Detention	If any person fails to comply with an order of the court issued under (18 VSA §1057), the commissioner of health in accordance with the order, may request any police officer or sheriff in writing to take the person into custody and deliver him

			forthwith to a place or facility for such services as designated by the secretary of the agency of human services as provided in (18 VSA §1053) and (18 VSA §1055). (18 VSA §1058).
		<b>Quarantine</b>	Any physician who knows or suspects that a person is sick or has died of a communicable disease dangerous to public health shall immediately quarantine and report to the health officer the place where such case exists, but if the physician is unable to make a specific diagnosis he may quarantine the premises temporarily and until a specific diagnosis is made. Such quarantine shall continue in force until the health officer examines and quarantines as is provided in this title. (18 VSA §1004) The commissioner shall have the power to quarantine a person diagnosed or suspected of having a disease dangerous to the public health. (18 VSA §1004a). When a patient who has a communicable disease subject to quarantine leaves a hospital or institution without the consent of the authorities of such hospital or institution the physician or person in charge of the hospital shall notify the commissioner. (18 VSA §1007).
		<b>Isolation</b>	
		<b>Activities Restricted</b>	
		<b>Enforcement</b>	A person who is managed by order of the court shall not leave the place of compulsory medical management without the permission in writing of the court or the commissioner of health. Any person so managed who leave the place of management without permission, or who fails to return thereto within the time prescribed, may be returned to the place of management without further court order and the commissioner of health may direct any officer specified in (18 VSA §1058) in writing, to apprehend the person and to return him forthwith to the place of management. (18 VSA §1059)

VT	Safeguarding Rights	<b>Due Process</b>	Any person in compulsory medical management by order of the court who believes his physical condition is such as to warrant his discharge, if the discharge is refused by the commissioner of health, is entitled to a physical examination by a qualified physician of his own choice. If as a result of the examination the physician feels that the continued compulsory medical management is no longer justified and the commissioner of health does not concur in that opinion, the person may appeal by petition to the court issuing the original order for his compulsory medical management. At the conclusion of the proceedings, the court shall make findings of fact and issue such order as it considers proper. The order of the court may be appealed to the supreme court in the manner provided by law for appeals from a district court generally. A person may not petition for release from medical management within six months from the date a court order is made, whether an appeal is taken or not. (18 VSA §1060).
		<b>Burden of Proof</b>	
		<b>Payment</b>	
		<b>Confidentiality and Privacy</b>	A confidential public health record including any information obtained pursuant to (18 VSA §1001) shall not be (1) disclosed or discoverable in any civil, criminal, administrative, or other proceeding; (2) used to determine issues relating to employment or insurance for any individual; (3) used for any purpose other than public health surveillance and epidemiological follow-up. Any person who discloses the content of any confidential public health records without authorization shall be subject to civil penalty. (18 VSA §1001(d)-(e)).The commissioner shall keep an accurate record of cases reported in sections (18 VSA §1007) and (18 VSA §1041) which shall not be published. (18 VSA §1042).
		<b>Anti-Discrimination</b>	
		<b>Religious Exemptions</b>	Nothing in (18 VSA §1055-1056) shall be construed to compel any person who is being treated by prayer or spiritual means alone in accordance with the tenets and practice of a well recognized church or religious denomination by a duly accredited practitioner to be medically managed in a place to which he objects as long as suitable healing methods or isolation can be maintained in a place of his own choosing, provided that he does not constitute a public health hazard as determined by the commissioner, and that all sanitation rules and regulations are complied with. (18 VSA §1057(b)).
		<b>Special Populations</b>	<b>Considerations for Certain Populations</b>
<b>Additional TB Provisions</b>			