

HB 210
Interested Party Testimony
House Health Committee
J. Edward Johnson, Director of Public Health Policy

Chair Lipps, Vice Chair Manning, Ranking Member Boyd and members of the House Health Committee, my name is Edward Johnson and I serve as the Director of Public Health Policy for Columbus Public Health. I am here today representing Dr. Mysheika W. Roberts, Health Commissioner for the cities of Columbus and Worthington, our board of health and the over 900,000 residents we serve. Thank you for the opportunity to comment on House Bill 210, to ensure that we are meeting the needs of all of Ohio's residents.

As many of you know, state law charges each county to engage in tuberculosis control, and for Franklin County, the Board of Commissioners contracts with Columbus Public Health's Ben Franklin Tuberculosis Clinic to manage tuberculosis. In 2018, Ohio had 153 new cases of tuberculosis – 78 of those cases were in Franklin County. That is the largest caseload for any county in Ohio, with the next highest caseload being 20 cases.

Gathering the feedback of public health officials around the state is critically important, and it is incumbent upon us to raise our concerns with the current bill and its concept.

Testing population

HB 210 seeks to create a requirement around the screening of child care and preschool employees for tuberculosis. The Centers for Disease Control and Prevention (CDC) do not currently list either of those groups as high risk for TB. From 2009 to present, Columbus Public Health has had 540 cases of tuberculosis; yet, in those 10 years, one case listed "child care" as their occupation, one case listed "educator" as their occupation, and one case listed "school principal" as their occupation. Using the broadest possible definition, that amounts to 0.55 percent of TB cases over the past 10 years involving child care providers of some sort.

Targeting that population, absent data and funding to support doing so is problematic in the eyes of Columbus Public Health.

Screening and testing methods

In line 29 of HB 210, definitions of a tuberculosis test are provided. Those definitions are problematic.

The nearly 100-year-old, two-step Mantoux tuberculin skin test is problematic when used for foreign-born individuals, as it produces false positives more often than not. This is important to note because the majority of tuberculosis cases in Franklin County are in foreign-born residents. For residents who received the Bacillus Calmette-Guérin (BCG) vaccine against

tuberculosis, the rate of false positives is as high as 75 percent. For those reasons, we do not feel it is appropriate to proscribe the Mantoux skin test for TB testing.

The second method of testing, blood assays, is far more accurate than the Mantoux skin test, however, it is very expensive. Costs can rise as high as \$350 per test. For individuals seeking entry-level work who must receive a TB test before they can be hired, this bill would require them to pay for a test before a paycheck is secured.

In line 45, if the individual is able to pay for testing prior to employment, HB 210 would require the individual to have annual TB testing for a period of five years. This is a highly objectionable portion of the bill as the CDC explicitly discourages serial testing without a known exposure, even in high-risk individuals, including healthcare workers.

Additionally, the testing portion of the bill will create confusion for local health departments. In line 50, the bill proscribes additional testing, which may include a chest X-ray and accompanying labs. Payment for those services is ambiguous. This type of testing is considered administrative, which means local TB control programs in Ohio are not compelled to provide the service. This creates a gray area of whether or not the employee or the employer will pay for the service.

Line 57 of the bill creates redundant regulation in excluding individuals with TB from work, as Ohio Revised Code 339.82 and Ohio Administrative Code 3701-3-13(AA) already restrict the movement of individuals with infectious active TB.

Furthermore, with HB 210's requirement to complete treatment in order to return to work, the bill does not respect the known science of TB – the infectious period is approximately three weeks for most patients, while treatment can last between six and 24 months. As the majority of TB patients are foreign-born and classified as immigrants, typically they must be in the country for at least five years to be eligible for Medicaid, SNAP and other benefits. Barring these individuals from marketplace participation for at least six months when it is not medically necessary is punitive and can create a drain on state and local resources.

Thank you for your time and attention. I am happy to answer any questions you may have as I am able.

If you have additional questions after the hearing, please feel free to contact me at edjohnson@columbus.gov or 614-645-7284.