

CHAPTER 23-07.1 TUBERCULOSIS TREATMENT

23-07.1-01. Declaration of legislative intent.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-01.1. Definitions. (Effective through August 31, 2022)

As used in this chapter:

1. "Appropriate facility" includes a licensed hospital, a public or private outpatient clinic, a long-term care facility, a correctional facility, or an individual's home, and may also include directly observed therapy under the supervision of the department.
2. "Department" means the state department of health, including local public health units.
3. "Infectious tuberculosis" means tuberculosis disease in any part of the body, capable of producing infection or disease in others as demonstrated by laboratory evidence of tuberculosis bacteria in a specimen from any source in an individual's body or by radiographic or clinical findings.
4. "Medically approved course of treatment" means ongoing monitoring for a disease, treatment regimen, or therapy prescribed by a licensed physician and approved by the department.
5. "Noninfectious tuberculosis" or "latent TB infection" means the presence of tuberculosis bacteria in the body of an individual as evidenced by testing, such as significant reaction to a tuberculin skin test or a positive interferon gamma release assay, but without any other clinical findings of illness and without the capability of producing infection or disease in others.
6. "Substantial threat to the public health" means an individual with infectious or suspect tuberculosis who has not completed a medically approved course of therapy and does not adhere or threatens to not adhere to a recommended treatment regimen or does not adhere or threatens to not adhere to infection control measures.
7. "Suspect tuberculosis" means an illness marked by symptoms and laboratory tests that may be indicative of tuberculosis, such as a prolonged cough, prolonged fever, hemoptysis, compatible roentgenographic findings, or other appropriate medical imaging findings.
8. "Tuberculosis" includes infectious tuberculosis, suspect tuberculosis, noninfectious tuberculosis, and any other case in which an individual is found to have tuberculosis based upon laboratory testing, clinical evidence, or as diagnosed by a physician, the department, or a local health officer.

Definitions. (Effective after August 31, 2022)

As used in this chapter:

1. "Appropriate facility" includes a licensed hospital, a public or private outpatient clinic, a long-term care facility, a correctional facility, or an individual's home, and may also include directly observed therapy under the supervision of the department.
2. "Department" means the department of health and human services, including local public health units.
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23-07.1-02. Care and treatment of tuberculosis patients or suspects provided without charge by state.

Care and treatment provided by the state of North Dakota for persons suffering from tuberculosis, including diagnosis, tests, studies, and analyses for the discovery of tuberculosis, must be available without cost or charge to anyone who is suffering from tuberculosis or is suspected of having tuberculosis. Any such person who volunteers to assume and pay for the cost of such care and treatment or for the cost of such diagnosis, test, studies, or analyses must be permitted to do so; but no state, county, or other public official may request or require such payment or make or cause to be made any inquiry or investigation for the purpose of determining the ability of such person or of the person's legally responsible relatives to pay therefor. This section in no way bars freedom of the individual to seek treatment from a physician or in an institution of the individual's choice at the individual's own expense.

23-07.1-03. State has prior claim on patient benefits.

Notwithstanding any provision in this chapter, this state has prior claim on benefits for the care and treatment of tuberculosis, including diagnosis, tests, studies, and analyses, accruing to patients for whom care and treatment is provided by the state of North Dakota under entitlement by the federal government, medical or hospital insurance contracts, workforce safety and insurance, or the medical care and disability provisions of programs under the supervision of the department of human services.

23-07.1-04. State health officer - Designee - Responsibility. (Effective through August 31, 2022)

The state health officer or designee is responsible for the inpatient and outpatient care of persons afflicted or suspected of being afflicted with tuberculosis. If the state health officer determines that suspected or actual tuberculous patients may be adequately cared for on an inpatient basis by contract with general hospitals or other appropriate facilities, authority for contracting with such facilities is granted to the state health officer. In addition, the state health officer is authorized to establish and maintain the necessary outpatient clinics for diagnostic workup and evaluation on all suspected or actual tuberculous patients in the state. The state health officer shall pay the contract fee to general hospitals or other appropriate facilities and provide funds to the outpatient evaluation clinics from funds to be appropriated for this purpose by the legislative assembly. The state's claim on patient benefits as provided in section 23-07.1-03 applies insofar as applicable to tuberculous patients in general hospitals and for services rendered in outpatient clinics. The state health officer or a designee has the power to:

1. Do any act necessary and proper in the performance of the functions imposed upon the state health officer by the provisions of this chapter.
2. Issue orders and compel obedience thereto.
3. Administer oaths.

State health officer - Designee - Responsibility. (Effective after August 31, 2022)

The state health officer or designee is responsible for the inpatient and outpatient care of persons afflicted or suspected of being afflicted with tuberculosis. If the state health officer

determines that suspected or actual tuberculous patients may be adequately cared for on an inpatient basis by contract with general hospitals or other appropriate facilities, authority for contracting with such facilities is granted to the department of health and human services. In addition, the department of health and human services is authorized to establish and maintain the necessary outpatient clinics for diagnostic workup and evaluation on all suspected or actual tuberculous patients in the state. The department of health and human services shall pay the contract fee to general hospitals or other appropriate facilities and provide funds to the outpatient evaluation clinics from funds to be appropriated for this purpose by the legislative assembly. The state's claim on patient benefits as provided in section 23-07.1-03 applies insofar as applicable to tuberculous patients in general hospitals and for services rendered in outpatient clinics. The state health officer or a designee has the power to:

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23-07.1-05. Reports - Orders for the custody of individuals.

1. Upon the receipt of a report that any individual is reasonably suspected to have or to have been exposed to tuberculosis, the state health officer shall investigate the matter and if the state health officer determines that the individual may have, or may have been exposed to, tuberculosis, the state health officer shall request the individual to voluntarily seek appropriate evaluation and care and a medically approved course of treatment. If the individual refuses to accept voluntary evaluation and care and a medically approved course of treatment, and the individual has infectious or suspect tuberculosis, the state health officer may order the individual or group of individuals into confinement under sections 23-07.6-02 and 23-07.6-03, and may order further isolation or quarantine as authorized under chapter 23-07.6. An order under this section may designate an appropriate facility for confinement, including the individual's home.
2. The state health officer may immediately investigate all reported or suspected cases of tuberculosis in the state and determine the sources of those infections.
3. The state health officer may conduct screening programs of populations that are at increased risk of developing tuberculosis or having latent tuberculosis infection and offer treatment as appropriate. Any such screening program may be implemented by a local health officer with the approval of the state health officer.

23-07.1-06. Physician's examination - Findings - Final order.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-07. Sheriff's execution of state health officer's final order.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-08. Hearing - Order.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-09. Appeal to supreme court - Habeas corpus - Hearing.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-10. Discharge - Release.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-11. Liability of officers.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-12. Confinement exception - Quarantine.

Repealed by S.L. 2011, ch. 187, § 4.

23-07.1-13. Indian jurisdiction.

Nothing in this chapter requires the admission of an enrolled Indian, resident on any reservation in this state, to any off-reservation institution except upon written request and authorization of the superintendent of the reservation on which said Indian is enrolled. However, in the public interest and with the objective of eradication of tuberculosis in the state of North Dakota, an Indian with tuberculosis off any reservation is subject to this chapter. It is the responsibility of the Indian affairs commission pursuant to the commission's powers and duties, stated in section 54-36-03, to work closely with the tribal councils and other reservation officials to adopt any agreements found necessary in assisting the state health officer in carrying out responsibilities under this chapter so that all residents of this state will benefit, and eradication of tuberculosis in North Dakota can be achieved.

23-07.1-14. Care of tubercular patients - Acceptance of federal funds - General hospital. (Effective through August 31, 2022)

The state health officer, or a designee, is hereby authorized to contract with public or private agencies for the care of persons having tuberculosis. The state health officer is hereby authorized to accept any federal funds or to enter into any federal programs on behalf of persons having tuberculosis in North Dakota. The state health officer may also utilize general hospitals or other appropriate facilities in the placement of recalcitrant persons having tuberculosis.

Care of tubercular patients - Acceptance of federal funds - General hospital. (Effective after August 31, 2022)

The department may contract with public or private agencies for the care of persons having tuberculosis. The department is hereby authorized to accept any federal funds or to enter into any federal programs on behalf of persons having tuberculosis in North Dakota. The department may also utilize general hospitals or other appropriate facilities in the placement of recalcitrant persons having tuberculosis.

23-07.1-15. Penalty.

1. An individual is guilty of a class A misdemeanor if:
 - a. That individual fails to undertake diagnostic examination for tuberculosis upon the request of the state health officer which is based upon the reasonable suspicion that the individual has or has been exposed to tuberculosis;
 - b. That individual has been diagnosed with infectious or suspect tuberculosis and fails to undertake a medically approved course of treatment for tuberculosis; or
 - c. That individual is the parent of a minor or guardian of an individual who violates subdivision a or b.
2. Upon conviction, the court may order that individual to obtain a supervised medically approved course of treatment for tuberculosis until the treatment is completed, in addition to other penalties or conditions provided by law.