DAVID Y. IGE GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D. DIRECTOR OF HEALTH

STATE OF HAWAII DEPARTMENT OF HEALTH P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

## Testimony in SUPPORT of H.B. 558 RELATING TO THE REPEAL OF SECTION 325-15, HAWAII REVISED STATUTES

REPRESENTATIVE DELLA AU BELATTI, CHAIR HOUSE COMMITTEE ON HEALTH

Hearing Date: February 9, 2017 Room Number: 329

Fiscal Implications: Requirements to track, test and document United States citizens returning
 from tuberculosis endemic areas for absences of five or more years does not currently exist and
 would be costly to establish and maintain.

4 Department Testimony: The Department SUPPORTS H.B. 558. This measure would repeal
5 section 325-15, Hawaii Revised Statutes, which requires United States citizens or nationals who
6 return after five years residence in any region with a high rate of infectious and communicable
7 diseases to submit a medical examination report that includes a tuberculin skin test (TST), chest
8 x-ray examination or chest x-ray report to the department within sixty days of returning to the
9 State.
10 Section 325-15, HRS has not been in effect for over twenty years and, to our knowledge, was

11 never implemented since its enactment in 1978. Our knowledge of the epidemiology of

12 turberculosis (TB) has improved significantly since then. More than 85% of Hawaii's TB cases

13 occur in individuals who are born in countries that have high rates of communicable TB, and of

14 the 15% born in the U.S., most are born from immigrant parents. Very few, if any, contagious

15 TB cases would be identified in U.S. citizens or nationals through this system. Consequently,

1	voluntary testing rather than mandatory testing for TB on return from an extended stay in a high
2	risk area is recommended.
3	Hawaii does not currently have a system to track, test and document travel of U.S. citizens and
4	nationals for five years or more for TB testing. It would be challenging and costly to develop an
5	accurate system for this purpose and would not be an efficient use of resources as this population
6	has comparatively low risk for developing communicable TB. This system would require
7	extensive data-sharing with federal agencies, and would appear to threaten individual privacy
8	rights. There is no similar legislation in any of the other 49 states or the District of Columbia.
9	Perception of such a system warrants consideration. There is no evidence that it would provide
10	any significant degree of benefit for TB control at the present time.
11	Thank you for the opportunity to testify.