



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

Testimony in OPPOSITION to SB 2200
(RELATING TO TUBERCULOSIS SCREENING)

SENATOR JOY SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

SENATOR JARRETT KEOHOKALO, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: 225

1 **Fiscal Implications:** None

2 **Department Testimony:** Department of Health opposes SB 2200.

3 SB 2200 seeks to: 1) classify all direct support workers in its developmental disabilities division
4 to be non-licensed, non-facility based workers, rather than health care facility or residential
5 facility-based workers; and 2) require only symptom screening for the purposes of tuberculosis
6 (TB) screening.

7 The department opposes this bill because it seeks to classify all direct support workers as “non-
8 licensed, non-facility based workers”, regardless of the worker’s duties, service setting, or hours
9 of work per week. Medicaid Home and Community Based Services Waivers, or Section 1915(c)
10 waivers, enable developmentally disabled (DD) persons to receive Medicaid reimbursed services
11 in their own private homes (non-licensed) or in a community group residence. These community
12 group residences are required to be certified and licensed by the DOH.

13 Hawaii’s active TB case rate decreased from 12.3 to 7.3 per 100,000 between 2001 and 2020.
14 However, Hawaii still has the first or second highest U.S. TB case rate. Symptom screening is a
15 very basic form of TB evaluation, usually reserved for non-health care workers, individuals
16 without other risk factors, or those who already have a positive skin test. The department

1 occasionally has workers screened for TB who report no symptoms of TB, yet clearly have
2 active, contagious TB disease based on their chest x-ray and confirmatory microbiology tests.

3 Developmentally disabled individuals are dependent on us to ensure that their direct support
4 workers do not pose a risk to their health. This bill suggests that DD direct support workers
5 should not be subject to the same standards of TB screening used for childcare workers, foster
6 care workers, and school personnel.

7 Thank you for the opportunity to testify on this measure.



20 Years of Empowering People to Live, Work,
Learn and Enjoy Life on Hawai'i Island

To: Committee on Health and Committee on Human services
Hearing Date/Time: 2/10/22 at 3:00PM
Re: **SB 2200**, Relating to tuberculosis screening requirements for direct support workers

Dear HMS Chair Sen. San Buenaventura, HTH Chair Sen. Keohokalole, Vice Chairs, and Committee Members:

Thank you for the opportunity to **testify in support** on **SB 2200** relating to tuberculosis screening requirements for direct support workers providing Medicaid Home and Community Based (HCBS) Waiver Services for people with intellectual and developmental disabilities (I/DD).

The current interpretation of the TB rules designates all direct support workers (DSWs) in the Medicaid I/DD home and community-based waiver program as working in health care facilities or residential care facilities. This rule is intended for assisted living facilities, nursing facilities, ARCH homes, licensed home health providers, licensed DD Domiciliary homes, licensed free standing adult day facilities, and hospitals. The requirements for workers designated in that category include an initial 2 step TST (under skin injection - tuberculin skin test) or IGRA blood draw or Chest Xray if previous positive skin test and an annual TST or IGRA.

We would like to advocate for a revision of the interpretation of developmental disability service workers designation. These workers are not residential care home workers or facility-based workers. We are providing individualized services to people with developmental disabilities to learn, improve, and maintain independent living skills, employment skills, and community inclusion skills. The I/DD Home and Community Based Waiver program is not facility based and health care is not the primary focus of our services. We are exempt from home health licensure. By nature, home and community-based services are integrated in the community. We advocate for TB requirements at the same level as other community-based services such as childcare workers or school employees.

Furthermore, many services are provided by family members living in the same household. Families are not required to undergo TB skin testing as unpaid supports. But if they are paid for the work, they are required to undergo the same level of testing requirements as a hospital employee. Similarly, a job coach supporting a person with a developmental disability at a community business is required to have clearances at the same level as nursing home employee. But unpaid supports at the same business are not required to complete the initial and annual testing requirements.

Full Life has found that the requirements are unnecessarily burdensome and impact service delivery. The rule interpretations hinder access to services for people with developmental disabilities. For a new hire it can take up to one month to complete the 2-step Tb requirements by scheduling an appointment with at the Public Health Nursing Offices on Hawai'i Island. Participants and employees cannot wait a month after hire to begin working or receiving services. A current alternative is costly and includes going to an urgent care facility for a 2-step TST. Alternatively, risk assessments can be completed by phone, email, or in person and is much timelier, less costly, and less invasive. Furthermore, there have been no cases of active TB identified through initial testing or annual screening for Full Life employees in the past 20 years.

Recently we tried to schedule an employee for a 2-step TST in Hilo, HI on February 7th, 2022. We were informed that the next available appointment was February 28th and the second step of the 2-step TB TST would be read on March 14th. That means that the new worker needs to wait over 30 days to be cleared to begin providing services. A participant with developmental disabilities and their family will need to wait over 30 days to receive services from that employee.

In closing, we advocate for the same level of TB clearance for non-facility I/DD HCBS Waiver Direct Support Workers as school personnel, childcare facility workers, and foster family parents. This includes an initial risk assessment rather than an initial 2-step TST or IGRA and annual TST/IGRA testing identified in the TB branch tables 2-4¹. Risk assessments are adequate public health measures for clearing school personnel, childcare facility personnel, and foster family homes for children. Further testing is required only if the staff member has risks identified in the risk assessment such as coughing blood, fever, night sweats, born in countries with elevated TB rates, contact with someone with infectious TB, etc. Most school personnel, childcare facility workers, and foster family home parents only require a previous clearance or risk assessment and no annual clearance requirements.

Thank you for the opportunity to testify in support of SB 2200.

Respectfully,

Jim Kilgore, Executive Director
Full Life

¹ <https://health.hawaii.gov/tb/state-tb-requirements-2/>

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 10, 2022

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Human Services
The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health
The Thirty-First Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator San Buenaventura, Senator Keohokalole, and Committee Members:

SUBJECT: SB2200 Relating to Tuberculosis Screening

The Hawaii State Council on Developmental Disabilities offers **Comments on SB2200**, which Requires the Department of Health to amend its administrative rules regarding tuberculosis screening requirements for Direct Support Workers in the Department's Developmental Disabilities Division.

The Council appreciates the intent of this bill. We support section B (include language regarding institutional vs community based). For section C, we defer to the Department of Health, Health Center TB Control Branch.

Thank you for the opportunity to submit testimony offering **comments on SB2200**

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus
Executive Administrator

SB-2200

Submitted on: 2/9/2022 5:03:53 PM

Testimony for HTH on 2/10/2022 3:00:00 PM



Submitted By	Organization	Testifier Position	Remote Testimony Requested
Vicki Linter	Individual	Support	No

Comments:

I have worked in the field of I/DD and Medicaid Waiver with Direct Support Workers for over 20 years, in Hawaii, with 2 different organizations. I strongly support decreasing or eliminating the requirement for annual TB testing/screening in the State of Hawaii for Direct Support Workers in unlicensed, home and community based settings.

According to the CDC: "Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission."

Direct Support Workers are not healthcare personnel, yet in the TB rules, they are under the category of healthcare workers. Even healthcare workers, according to the CDC should not be tested annually. I have been in this field for over 20 years and tested over 20 times; which is way too much.

Hawaii no longer has high rates of TB as we did when these rules were written long ago. In many professions, a single TB test upon hire is all that is required. It has been a burden to Medicaid Waiver providers to have all workers tested every year, especially during the pandemic. Even before COVID, the annual testing of hundreds of workers statewide, who all work in a very low risk environment, is a poor use of our Dept of Health's limited resources.

Please support SB2200.