

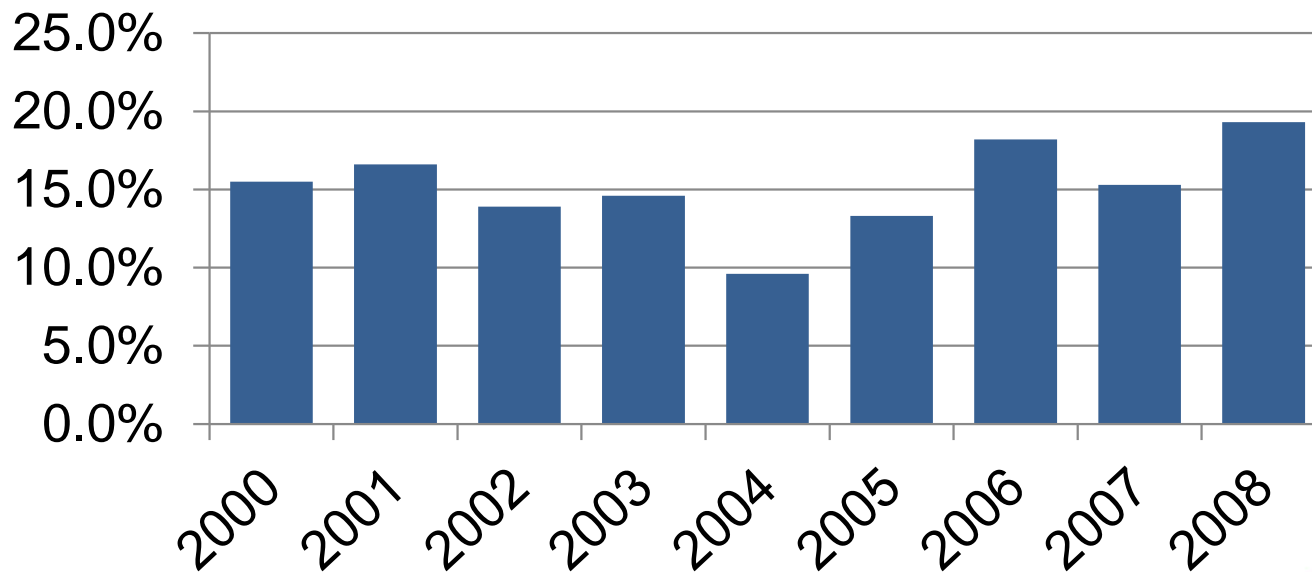
College Entrance: SAT, ACT and Now TST and IGRA Too How Kansas Got Here



Our Mission: To protect and improve the health and environment of all Kansans.

Looking at the Data

Percentage of annual TB disease found in Kansas Colleges and universities



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So Why Increase Requirements?

- Post Secondary students had accounted for as much as 18% of all TB disease in Kansas in various years
- Nationally MDR and XDR cases are being routinely found on college campuses
 - Kansas had already had one MDR case on campus and almost two
 - Texas had two XDR cases on campus

So Why Increase Requirements?

- With ease of transfer, students may fall through the gaps and diminish school efforts
- Contact investigations are costly both monetarily and politically
- Identifying and treating those who are ill is just the right thing to do...we may be the only opportunity to save their life

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The Legislative Journey

- 2006 - Presented statutory proposal and language to administration based on data review
- 2007 – Drafted and introduced language for new statute including TB evaluations of high school exchange students, post secondary students and post secondary faculty
- 2007 – Lobbyist from school districts and regents came to life and quickly agreed to remove high school students and post secondary faculty
- 2007 – Committee rewrote draft and created strict guidance of how screening would be done

The Legislative Journey

- 2008 – Passed new statutes with overwhelming support and signed into law
- 2008 - 2009 – Met with regents and other partners to hear concerns and start drafting the regulations
 - Could not meet the requirements in the statutes because they were too prescriptive and logistically could not be accomplished with wide array of school structures
 - Created model administrative regulations that could not be implemented because they did not match the statutes
- 2010 – Returned to the legislature with a champion Senator

The Legislative Journey

- 2010 – Champion stated, “We have an unusual situation where the regulations have been written that will work so we need to clean up our language and make the statute fit these regulations. We should have left the language alone when presented to us two years ago.”
- Amended the original statutes with the language we proposed which matched the regulations we had wide spread agreement with.
- **Statues in effect 2010, regulations flew through approval process with hearing objections.**

The Statutes

- KSA 65-129e
 - Authorizes and directs KDHE to establish regulations for TB evaluation in compliance with best practice standards
 - Requires each post secondary institution to develop policy for TB evaluation with KDHE assistance and designate a person who is responsible for oversight and sets record retention policy at minimum of five years

The Statutes

- KSA 65-129e
 - Requires students to be in compliance and if not, shall not attend classes, be allowed to enroll in subsequent terms or obtain transcripts.
 - Does not apply to continuing education programs, other seminars or functions associated with the institution

The Statutes

- KSA 65-129e
 - Applies to all public and private universities, municipal universities, community colleges and technical colleges
 - All costs associated with the evaluation are the responsibility of the student
 - Follow up reporting and treatment of infected or disease diagnosed students must be in compliance with other Kansas Statutes already enacted

The Statutes

- KSA 65-129f
 - Authorizes and directs KDHE to establish regulations establishing guidelines for TB Prevention and Control Plans to be established at post secondary institutions
 - Directs post secondary institutions to develop a TB prevention and control plan and maintain records for five years

The Regulations

- KAR 28-1-30
 - This regulation is simply the definitions of terms used in the rest of the regulations
 - This was the most difficult part of the writing because we knew in practice what we did but we had to make that legal language compliant

The Regulations

- KAR 28-1-31
 - Requires that each post secondary institution have a TB Prevention and Control Plan
 - Outlines what must be included in the plan
 - States implementation date

The Regulations

- KAR 28-1-32
 - Requires submission of plan to KDHE for compliance review
 - Provides record keeping direction
 - Specific to institution student health structure

Who is Responsible for What?

- KDHE
 - Provision of technical assistance
 - Collect and monitor plans
 - Assist with contact investigations and provide direction for diagnosis and treatment as needed

Who is Responsible for What?

- Institutions
 - Designate a person responsible for compliance with statutes and regulations
 - Develop and implement a TB Prevention and Control Plan specific to the needs of the institution and in compliance with best practice
 - Maintain records for a minimum of five years
 - Provide access for review by KDHE upon reasonable request

Who is Responsible for What?

- Students
 - Comply with screening and evaluation directions
 - Pay for any associated costs
 - Comply with requirements for not entering classroom until screening and evaluation is completed

Tips Provided to Institutions

- Ask questions as needed
- Work with registration process to develop best means for screening questions which will identify “high risk students”
- Partner with international student programs to develop processes that will be easiest for student compliance as this will be the largest group of high risk students

Tips Provided to Institutions

- Implement, evaluate and adjust when needed
- Have a follow up plan in place for those who do not comply initially
- Work with administration to use “holds”
- Phase in as needed within reason
- Provide for education in the plan which increases compliance
- Draft and send for review – request a visit

Tips Provided to Institutions

- Use exclusive country list, not inclusive – available through KDHE
- Encourage use of IGRA for BCG vaccinated students
- Consider short term treatments
- Share Study Abroad Program educational materials between institutions

Has This Ended TB in Kansas Colleges?

- NO!
- BUT!
- Prior to statutes and regulations, multiple large contact investigations frequently costing \$10,000 or more in Public Health resources plus untold financial cost to schools because of publicity damage control

Has This Ended TB in Kansas Colleges?

- In the last two weeks in Kansas
- 1 Graduate student diagnosed with infectious TB
- 1 Visiting professor diagnosed with infectious TB
- 1 Student athlete diagnosed with infectious TB

So HOW has this Helped?

- Most persons diagnosed prior to entering classroom
- When diagnosed later – smaller investigation
- More students are completing treatment for TB infection
- Better educated students, staff and faculty – less panic
- TOTAL cooperation with Public Health
 - Easy access to campuses
 - Ease of testing and treating

Lessons Learned

- Be patient and persistent
- Find a legislative champion to carry the water
- Work with the schools to provide education and technical assistance
- Develop relationships and partnerships
- Work with compromises when needed to reach best outcomes
- Hard work up front makes for much less work later

Resources

- Heartland National TB Center Model Tuberculosis Prevention Program for College Campuses
- American College Health Association
- Other jurisdictions that have statues in place
- College Health Networks (i.e. Big 12 Student Health Group etc)

Feel Free to Contact Me

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