

## ARTICLE 2. TUBERCULOSIS CONTROL

### Rule 1. General Regulations

#### 410 IAC 2-1-1 Definitions

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 1. Definitions. Unless the provisions of the context otherwise require, the definitions herein contained shall govern the construction of these regulations [410 IAC 2-1].

(1) Tuberculosis Infection—Any person who gives evidence of tuberculosis infection by means of a positive tuberculin reaction or clinical findings or x-ray or bacteriological examination without regard to development or activity of disease.

(2) Infectious State—A case of pulmonary tuberculosis in which the chest x-ray interpretation, the laboratory findings, the physical findings or any combination of these informative sources indicate active disease, and in all cases of extrapulmonary form in which tubercle bacilli are found in the discharge from the disease process.

(3) Suspect Case—Any person having a pulmonary or other lesion that may, but is not yet proven to be, tuberculosis; also, any person with symptoms suggestive of tuberculosis, with or without x-ray shadows.

(4) Contact—An individual who has been in intimate association with an infectious case of tuberculosis in the home or equivalent.

(5) Associate—Any person in close association with a tuberculin reactor, as differentiated from a person in close association with a diagnosed case of tuberculosis.

(6) Diagnostic X-ray—This is interpreted as a 14" × 17" film.

(Indiana State Department of Health; Reg HT 1R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 205; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

#### 410 IAC 2-1-2 Reporting requirements

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 2. Type of Cases to be Reported. In addition to the identifying information the following shall be reported:

(1) Pulmonary Disease—The extent of the pulmonary lesions and the clinical status as interpreted and defined in the 1969 edition of "Diagnostic Standards and Classifications of Tuberculosis", published by the National Tuberculosis Association, New York, New York, copies of which are available in the Supreme Court Library, office of the Attorney General and the office of the Commissioner of the State Board of Health.

(2) Extrapulmonary—The site and clinical status of disease.

(3) Positive Tuberculin Reactor—The measurement of the Mantoux tuberculin test, using Intermediate PPD(t), in millimeters, diagnostic chest x-ray findings and final diagnosis as either primary active, primary inactive or adult tuberculosis. If other than the Mantoux skin test is used, all positive reactors to such tests are to be confirmed by the Mantoux skin test.

(Indiana State Department of Health; Reg HT 2R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 206; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

#### 410 IAC 2-1-3 Moving patient; permission

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 3. Moving Patient. Permission of the local health officer having jurisdiction is to be obtained for removal of infectious patients from one dwelling to another within his jurisdiction. (Indiana State Department of Health; Reg HT 3R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 206; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

#### 410 IAC 2-1-4 Moving patient between jurisdictions; report

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 4. Moving of Patient Into or Out of a Health Jurisdiction. Whenever any local health officer learns that any person with infectious or noninfectious tuberculosis has been or is being transported into or out of his health jurisdiction, the health officer shall immediately notify the Indiana State Board of Health of such movement. Both the new and old address shall be stated. (*Indiana State Department of Health; Reg HT 4R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 206; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA*)

**410 IAC 2-1-5 X-rays of school employees**

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 5. X-rays. Any diagnostic film submitted for review for school employees' examination requirements shall have the date the film was taken, the name or number identification of the patient, in a readable position on the film. The contrast and density of the film shall be such that the detail of the lung parenchyma is satisfactory to the examining physician. (*Indiana State Department of Health; Reg HT 5R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 206; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA*)

**410 IAC 2-1-6 Hospital passes**

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-41

Sec. 6. Patient Passes. Passes from the tuberculosis sanatoria or hospitals shall be restricted to individuals with a negative sputum; except in extenuating circumstances. Infectious cases may transfer from the hospital to their home only on written approval of the local health officer. (*Indiana State Department of Health; Reg HT 7R; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 207; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA*)

**Rule 2. Tuberculosis Out-Patient Clinic Subsidy Payments**

**410 IAC 2-2-1 Definitions**

Authority: IC 16-46-9-5

Affected: IC 16-46-9

Sec. 1. Definitions—Unless the provisions of the context otherwise require, the definitions herein contained shall govern the construction of these regulations [410 IAC 2-2].

(1) "Local clinic", "out-patient care center", and "out-patient treatment center" are considered synonymous terms and may be used interchangeably.

(2) Contract private physician—Means any private physician with whom the State Board of Health has currently entered into a contract to provide services pursuant to Sec. 1, IC 1971, 16-3-4-1/4 [*IC 16-3 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.*], as originally enacted in the acts of 1969, Chapter 424.

(3) Clinic visit—For the purpose of IC 1971, 16-3-4-1/4 [*IC 16-3 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.*], as originally enacted in the acts of 1969, Chapter 424, as amended by Public Law 209, Acts 1971, means those instances during which patient is examined and treated by a physician at a location as designated in (1) above.

(a) Visits for the purpose of completion of previous tests or treatments shall be deemed to not constitute a separate visit. (*Indiana State Department of Health; Reg HT 9; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 207; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA*)

**410 IAC 2-2-2 Facility standards**

Authority: IC 16-46-9-5

Affected: IC 16-46-9

Sec. 2. Facility Standards. (1) Each facility as specified in HT 9 (1) [410 IAC 2-2-1(1)] above shall be required to:

- (a) Be approved by the State Board of Health.
- (b) Have equipment, or have contractual arrangements, to permit the taking of diagnostic chest x-ray film.
- (c) Have the services of a physician with training in diseases of the chest.
- (d) Have needed equipment and materials to perform a Mantoux skin test.
- (e) Have State Board of Health approved capability for laboratory services to permit examination of sputum for tubercle bacilli, sensitivity tests to the antituberculosis antibiotics, and has facilities to differentiate the unclassified acid fast organisms.
- (f) Have required professional assistance to permit recording of the following essential data for each patient: history, physical examination, x-ray findings, Mantoux skin tests, laboratory findings, diagnosis and recommendations, treatment and progress reports, nurse visits and observations, social information and rehabilitation appraisal and recommendations.
- (g) Geographical location of the facility shall be in accordance with the general program of the Indiana State Board of Health in the control and eradication of tuberculosis and must be area wide in concept and service.

*(Indiana State Department of Health; Reg HT 10; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 207; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*

#### **410 IAC 2-2-3 Physician referral required**

Authority: IC 16-46-9-5

Affected: IC 16-46-9

Sec. 3. Only those patients who are referred by a physician may be accepted by any out-patient care center coming within the purview of IC 1971, 16-3-4-1/4 [*IC 16-3 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.*], as originally enacted in the acts of 1969, Chapter 424 as amended by Public Law 209, Acts 1971, Indiana General Assembly. *(Indiana State Department of Health; Reg HT 11; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 208; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*

#### **410 IAC 2-2-4 State subsidy payment**

Authority: IC 16-46-9-5

Affected: IC 16-46-9

Sec. 4. (1) Determination of source of payment—The county of residence of the referred patient shall have the sole responsibility for the determination and certification of the fact that the referred county resident is financially unable to pay such clinic costs.

(a) Proper county officials will submit, on forms furnished by the State Board of Health, assurance to the clinic that the county will pay the entire cost of examination and treatment for those patients financially unable to pay.

(b) The out-patient treatment center will bill the county of residence for services provided those patients whom the county has certified as being financially unable to pay such costs. The entire charge will, however, be reduced and so shown on the billing in the amount of \$5.00 per each "examination and treatment visit", which reduction represents a state subsidy in the interest of the control of tuberculosis.

(c) The state subsidy will not be paid until an official morbidity report is filed with the local health officer and the State Board of Health.

*(Indiana State Department of Health; Reg HT 12; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 208; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*

#### **410 IAC 2-2-5 Filing subsidy claim**

Authority: IC 16-46-9-5

Affected: IC 16-46-9

Sec. 5. (1) Claim filing—On the first day of January, April, July, and October, the director of the out-patient treatment center providing the services within the provisions of IC 1971, 16-3-4-1/4 [*IC 16-3 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.*], as originally enacted in the acts of 1969, Chapter 424 as amended by Public Law 209, Acts 1971, Indiana General Assembly, and these regulations, shall, on forms provided by the State Board of Health, list by name, those patients for whom such "examination and treatment" state subsidy payment is requested.

(a) Each "examination and treatment" clinic visit will be eligible for state subsidy, provided the county of residence has paid

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the clinic charge, less the \$5.00 state subsidy for each resident unable to pay the same. Distribution of monies to the several counties pursuant to Sec. 3, IC 1971, 16-3-4-1/4 [*IC 16-3 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.*], as originally enacted in the acts of 1969, Chapter 424 as amended by Public Law 209, Acts 1971, Indiana General Assembly, shall be through the payment of \$5.00 state subsidy to the various clinics.

*(Indiana State Department of Health; Reg HT 13; filed Mar 14, 1972, 3:45 pm: Rules and Regs. 1973, p. 208; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)*

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