

Tuberculosis Prevention
Requirement for Abortion Clinics

ISDH HCQRS: Program Advisory Letter

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ADVISORY SUMMARY

- **Effective Date: January 01, 2022**
- **This advisory letter sets out the expectations for Indiana licensed abortion clinics for preventing the transmission of Mycobacterium tuberculosis.**
- **To become exempt from the rules at 410 IAC 26-8-2(3) for surgical abortion clinics or 410 IAC 26.5-9-2 for drug induced abortion clinics an abortion clinic must adopt and implement a nationally recognized standard for the control and prevention of Tuberculosis.**

Background: The rules for abortion clinics have long held prescriptive requirements related to testing and screening for tuberculosis. These prescriptive rules have not remained current as guidance has changed over time related to the prevention of tuberculosis.

Analysis: The guidance for the prevention and transmission of tuberculosis has changed significantly over time to the extent that the prescriptive guidance is out of sync with current guidance. Additionally, the prescriptive nature of the rules does not provide clinics the latitude to adjust infection control practices to meet the situational status of the clinic. It is the intent of this advisory letter to remove regulatory barriers and provide clinics the ability to adjust infection control procedures and processes to meet the level of intervention needed based on the clinic's risk. The applicable rules currently in place are:

410 IAC 26-8-2 Employee health monitoring Authority:

IC 16-21-1-7; IC 16-21-2-2.5

Affected: IC 16-21-1; IC 16-21-2

Sec. 2. The clinic shall do the following:

(3) Ensure that all employees, staff members, and contractors having direct patient contact are evaluated at least annually for tuberculosis as follows:

(A) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.

(B) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.

(C) Any person with a documented history of tuberculosis, documented previously positive test result for tuberculosis, documented completion of treatment for tuberculosis, or newly positive results to the tuberculin skin test must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.

(D) After baseline testing, tuberculosis screening must be completed annually and must include at a minimum a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to clause (C).

(E) Any person having a positive finding on a tuberculosis evaluation may not work in the abortion clinic or provide direct patient contact unless approved by a physician to work.

(F) The abortion clinic must maintain documentation of tuberculosis evaluations showing that any person working for the abortion clinic or having direct patient contact has had a negative finding on a tuberculosis examination within the previous twelve (12) months.

Note: 410 IAC 26.5-9-2 has identical language but a different administrative code section and are not repeated herein for brevity.

Policy: To allow clinics to maintain control and prevention of Tuberculosis in the least restrictive and most cost-effective manner, the ISDH is issuing a blanket waiver exempting clinics from current regulatory requirements and instituting an alternative method to achieve the intended outcome of 410 IAC 26-8-2(3) and 410 IAC 26.5-9-2(3). To be exempt from 410 IAC 26-8-2(3) or 410 IAC 26.5-9-2(3) the clinic must formally adopt a nationally recognized standard; implement and follow the standard as written. Should a clinic fail to meet the exemption requirement, a deficient practice citation will be written at 410 IAC 26-8-2(3) or 410 IAC 26.5-9-2(3).

Questions about this program advisory letter may be addressed to Jennifer Hembree, Program Director, (317) 232-3095, email: jhembree@isdh.in.gov; or Randy Snyder, Division Director, (317) 233-1286, email: rsnyder1@isdh.in.gov.

Approved by:

/s/

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