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# SENATE COMMITTEE ON EDUCATION

Senator Carol Liu, Chair  
2015 - 2016 Regular

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**Bill No:** SB 1038  
**Author:** Allen  
**Version:** February 12, 2016  
**Urgency:** No  
**Consultant:** Lenin Del Castillo  
**Hearing Date:** March 30, 2016  
**Fiscal:** No

**Subject:** Community colleges: employees

## SUMMARY

This bill replaces current mandatory tuberculosis (TB) testing for community college employees with a TB risk assessment developed by the State Department of Public Health and the California Tuberculosis Controllers Association.

## BACKGROUND

Existing law:

- 1) Prohibits a person from being initially employed by a community college district in an academic or classified position unless the person has had a TB test within the past 60 days to determine if he or she has TB, as specified.
- 2) Requires the TB test to consist of an approved intradermal TB test or any other test for TB infection that is recommended by the federal Centers for Disease Control and Prevention and licensed by the federal Food and Drug Administration, and requires if the test is positive, that the test be followed by an X-ray of the lungs.
- 3) Allows a district superintendent to exempt a pregnant employee who tests positive for TB from the requirement for an X-ray of the lungs for up to 60 days following termination of the pregnancy.
- 4) Requires employees who test negative for TB to be tested at least once every four years.
- 5) Requires that once an employee has been documented as having TB, the test is no longer required, and requires the employee to be referred within 30 days to the local health officer to determine the need for follow-up care.
- 6) Requires employees, after the test, to file a certificate from the physician showing the employee was examined and found free from active TB.  
(Education Code § 87408.6 )

**ANALYSIS**

This bill:

- 1) Replaces current mandatory tuberculosis (TB) testing for school employees with a TB risk assessment developed by the State Department of Public Health and the California Tuberculosis Controllers Association.
- 2) Prohibits a person from being initially employed by a community college school district unless the person has had a TB risk assessment within the past 60 days.
- 3) Specifies that if no risk factors are identified by a TB risk assessment, an examination is not required.
- 4) Requires that if TB risk factors are identified by a TB risk assessment, employees are to be examined by a physician to determine if they are free of infectious TB.
- 5) Requires employees who have no identified risk factors, or who test negative, to undergo a TB risk assessment at least once each four years.
- 6) Specifies that once an employee has been documented as having TB, the risk assessment is no longer required.
- 7) Requires employees, after a TB risk assessment and, if necessary, an examination, to file with the district superintendent, a certificate from the physician and surgeon showing the employee was examined and found free from infectious TB.
- 8) Makes the risk assessment and, if indicated, the TB test a condition of employment and requires the cost to be borne by the applicant. Allows schools or districts to reimburse applicants once they are hired.
- 9) Requires existing employees to be reimbursed for the expense of the TB assessment and examination.
- 10) Provides that if a person who transfers his or her employment from one campus or community college district to another or who transfers employment from a private or parochial elementary school, secondary schools, or nursery school to the community college district, he or she may be employed if he or she can produce a certificate that shows he or she had a tuberculosis risk assessment in the last four years that showed no risk factors were present or was examined.
- 11) Requires all drivers, as a condition of contract providing the transportation of pupils, to have a TB risk assessment and, if indicated, the examination for TB within 60 days of initial hire and be found free of infectious TB.

**STAFF COMMENTS**

- 1) **Need for the bill.** According to the author's office, "SB 1038 will help alleviate the reoccurring shortage of TB tests by eliminating mandated universal TB testing for community college administrators, faculty, and classified employees and replace these testing requirements with universal TB screening and testing only when indicated. The most common test for TB infection is the tuberculin skin test. Purified protein derivative is injected into the inner surface of the forearm, and the test is read two to three days later by measuring the diameter of swelling at the injection site. Though the tuberculin skin test (TST) is often a valuable tool in determining the presence of tuberculosis (TB) infection, the tuberculin used for TB skin testing is frequently in short supply. As one approach to combat the recurring national shortage of tuberculin, the Centers for Disease Control and Prevention (CDC), among numerous other expert bodies, recommend allocating TSTs only to those who are a high-risk for TB."
  
- 2) **Tuberculosis.** According to the CDC, TB is a disease that is spread through the air from one person to another. There are two kinds of tests that are used to determine if a person has been infected with TB bacteria: the TST and TB blood tests. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does not tell whether the person has latent TB infection or has progressed to TB disease. Other tests, such as a chest X-ray and a sample of sputum, are needed to see whether the person has TB disease. According to the CDC, TB tests are generally not needed for people with a low risk of infection with TB bacteria. Certain people should be tested for TB bacteria because they are more likely to get TB disease, including:
  - a) People who have spent time with someone who has TB disease;
  - b) People with HIV infection or another medical problem that weakens the immune system;
  - c) People who have symptoms of TB disease (fever, night sweats, cough, and weight loss);
  - d) People from a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia);
  - e) People who live or work somewhere in the United States where TB disease is more common (homeless shelters, prison or jails, or some nursing homes); and,
  - f) People who use illegal drugs.

The two purified protein derivatives licensed by the Food and Drug Administration that serve as antigens for TB tests have been experiencing nationwide shortages since April 2013. In their September 4, 2013 health update, the CDC recommends allocating TB tests to priority usages as determined by public health authorities. Since 2000, the Centers for Disease

Control and Prevention (CDC) has stated that screening of low-risk persons and testing for administrative purposes should be replaced by targeted testing. In 2006, the California Department of Public Health and the Cancer Treatment Centers of America issued joint guidelines, *Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children*, which state that tuberculin skin testing of low risk populations will result in unnecessary treatment because of false-positive test results. Currently, five states (Florida, Texas, New Mexico, Nebraska, and North Dakota) do not require teachers to be tested for TB.

- 3) **No double referral.** This bill addresses substantially similar policy issues as that of AB 1667 (Williams, Chapter 329, Statutes of 2014), which replaced TB testing for K-12 school employees and volunteers with a TB risk assessment and was heard by the Senate Health Committee during the 2013-14 legislative session. The application of those provisions to community college employees, as this measure proposes, is consistent with the prior action of the Senate Health Committee.
- 4) **Related legislation.** AB 1667 (Williams, Chapter 329, Statutes of 2014), similar to this bill, replaced TB testing for K-12 school employees and volunteers with a TB risk assessment, as specified.

#### **SUPPORT**

County Health Executives Association of California  
Health Officers Association of California

#### **OPPOSITION**

None received.

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