MINA' TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

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Bill No. 164 -32 (COR)

Introduced by: **D.G. RODRIGUEZ, JR.**
V.A. ADA
A.A. YAMASHITA, Ph.D.

AN ACT TO AUTHORIZE THE GOVERNOR, PURSUANT TO EXECUTIVE ORDER, TO TEMPORARILY ADJUST, WAIVE OR SUSPEND THE PROVISIONS FOR TUBERCULOSIS TESTING, BY *AMENDING* §3329 OF ARTICLE 3, CHAPTER 3, DIVISION 1, TITLE 10, GUAM CODE ANNOTATED.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent: *I Liheslaturan Guåhan* finds that the national shortage of tuberculosis testing resources necessitates a temporary accommodation for the reprioritization and utilization of testing resources, and the implementation of appropriate testing management practices.

It is the *intent* of *I Liheslaturan Guåhan* to authorize *I Maga'lahen Guåhan*, pursuant to Executive Order, to temporarily adjust, waive or suspend the requirements for tuberculosis testing until such time as tuberculosis testing resources once again become readily available.

Section 2. §3329 of Article 3, Chapter 3, Division 1, Title 10, Guam Code Annotated, is *amended*, to read:

"§3329. Testing for Tuberculosis. No student shall be permitted to attend any public or private school, college, or university within Guam unless they have on

file with the enrolling officer of such school, college or university a report of a Tuberculosis ("TB") skin test result.

(a) If the student is entering from the United States or states or its territories, such test must have been conducted within one year prior to enrollment. If the student is entering from an area other than the United States or its states or territories, such test must have been conducted within six (6) months prior to enrollment.

(b) If a student has had a positive TB skin test, a Certificate of Tuberculosis Evaluation must be obtained from the Department. If this certificate indicates that the student is TB contagious the student shall be permitted entrance to school only after he or she is certified as noncontagious by the Department.

(c) Upon the advice and recommendation of the Director, as circumstances may warrant and notwithstanding the provisions of subsection (a) of this Section, *I Maga'lahan Guåhan* may, pursuant to Executive Order, temporarily adjust, waive or suspend the testing requirements for tuberculosis testing; *provided, however,* in the interests of public health and safety, *I Maga'lahen Guåhan* shall seek to minimize the amount of time applicable and shall limit the period to increments of up to ninety (90) days, as deemed necessary and appropriate.

i. This subsection shall not apply to subsection (b).

ii. During such period(s) wherein *I Maga'lahen Guåhan* exercises Executive Order authority pursuant to this subsection, the Department *shall* immediately implement a coinciding program relative to the collection of health information data for all affected students. The Department shall circulate a *HEALTH QUESTIONNAIRE FOR TUBERCULOSIS SCREENING* for all students, the initial copy of which is appended to this Bill as Exhibit "A", and is hereby adopted by *I Liheslaturan Guåhan.* The

completed questionnaire shall be on file with the enrolling officer of a school, college or university in which the student attends."

Section 3. Severability. *If* any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Act which can be given effect without the invalid provisions or application, and to this end the provisions of this Act are severable.

Section 4. Effective Date. This Act shall become immediately effective upon enactment.

EXHIBIT "A"

HEALTH QUESTIONNAIRE FOR TUBERCULOSIS SCREENING:

Department of Public Health and Social Services

HEALTH QUESTIONNAIRE FOR TUBERCULOSIS SCREENING:

Date:_____

Employee's/Student's Name: _____ Date of Birth:_____

Name of School:_____

Date of last Tuberculin Skin Test: (if any)_____ Date of last Chest X-ray: (if any) _____

Treated for **Latent TB Infection (LTBI)?** Yes ☐ No ☐

Treated for **Active TB disease?** Yes ☐ No ☐

If you answered "YES" to any of the above questions, please answer the following:

Location of treatment/clinic: _____

Year/Dates of treatment: _____

Duration of Treatment: _____

Name(s) of Medication: _____

Have you been recently exposed to an **Active/ Infectious** case of Tuberculosis? Yes ☐ No ☐

Have you had any off-island travels in past 2 years? Yes ☐ No ☐

Do you have any of the following?	**Initial below if "No"**	**Initial below if "Yes"**
Chronic/prolonged Cough for ≥2 to 3 weeks		
Night time fevers		
Night Sweats		
Coughing up blood (hemoptysis)		
Loss of appetite		
Involuntary Weight Loss		
Prolonged fatigue/tiredness		
If you initialed "yes" for any of the above symptoms, please refer the student/employee for further medical evaluation by a physician/clinician.		

Please list any history of serious illnesses or if you are currently taking medications for any illness:

By signing below, I am indicating that I have answered the above questions truthfully and to the best of my knowledge.

_____ _____

Employee's / Parent's Signature **Date**

_____ _____

Health Counselor/Nurse **Date**