Public Health Practice: Montana Statutes & Rules

CDEpi Office Hours
February 22 and 24, 2022

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Topics

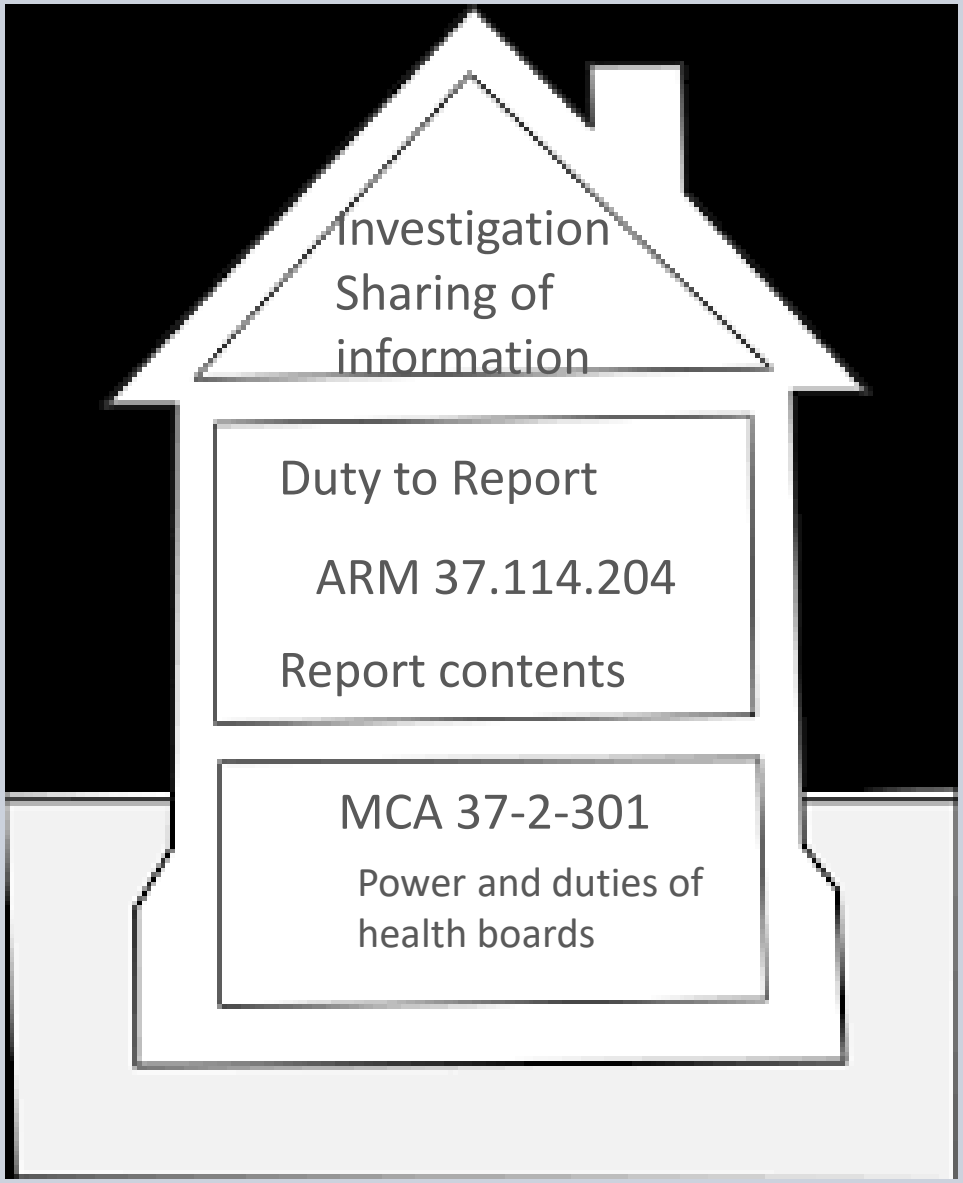
- Montana statutes and rules related to public health
- Powers and duties of public health officials
- Reporting/Surveillance
  - Investigation/Control
  - Enforcement Issues
- Confidentiality and release of information
- New legislation

DISCLAIMER

- This is an overview of key points of public law
- Does not take place of legal advice from the Department
- For specific legal advice, consult your county attorney

Common questions:

- What do Governing bodies, Health Boards, Health Officers and Lead Local Health Officials have the power to do?
- Reporting and investigation responsibilities
- Sharing of health care information
- Enforcement
- New statutes: HB 702 and HB 121


Investigation
Sharing of information
Duty to Report
ARM 37.114.204
Report contents
MCA 37-2-301
Power and duties of health boards

PublicHealth IN THE 406

MONTANA
COMMUNICABLE
DISEASE EPIDEMIOLOGY

Statutes and Rules

Both have the effect of law

Difference Between Statutes and Rules

Statute

- MCA (Montana Code Annotated)
- Written law passed by legislature
- Usually broad and general
- Requires legislative process to change, amend, or repeal
  - Or court can issue ruling or injunction
- **Numbers separated by dashes**
  - Example: 50-2-116, Powers and duties of local boards of health

- Find at: http://leg.mt.gov/bills/mca/index.html

Public Health IN THE 406
MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Difference Between Statutes and Rules

Rule

- ARM (Administrative Rules of Montana)
- Agency regulations created with grant of rule making authority from legislation
- Usually, detail requirements of statute or policy
- Force and effect of law
- Agency can change, adopt, remove through a public notice process
- **Numbers separated by dots**
  - Example: 37.114.203, Reportable diseases and conditions

- Find at: http://mtrules.org/

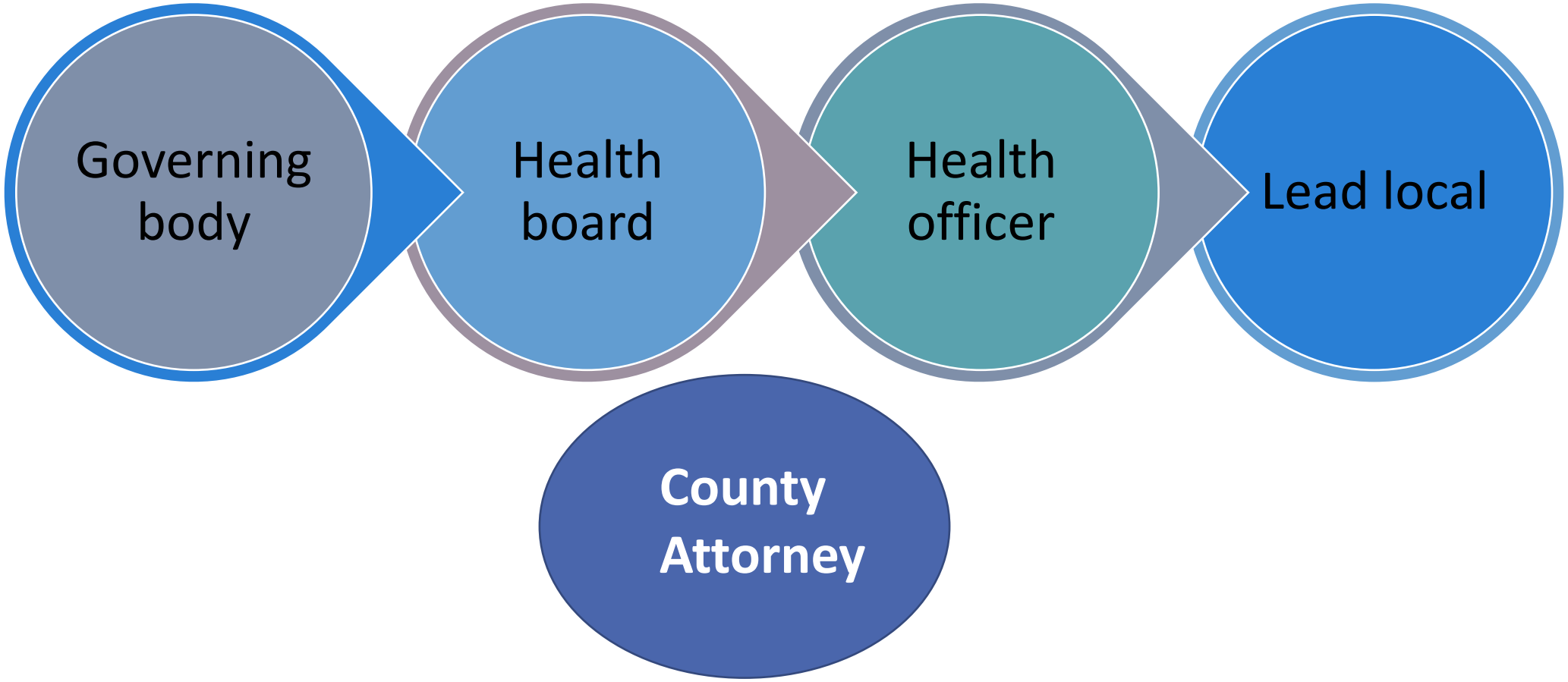
Public Health IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Q: If the department wants to outline a list of diseases that are reportable, what should be considered? Which would you recommend?

1. Stability is safe. Put the list of diseases into statute since it would take legislative action to add or take out diseases.

2. Let's be flexible. Put the list the diseases into administrative rule to allow the Department to update as needed.

Who does what?



Governing Bodies and Health Boards

Health board and governing body– definition (*MCA 50-1-101, 50-2-105 and 50-2-106*)

- Governing body
  - Board of county commissioners
  - Elected body of a city
  - Oversee the county or city board of health
- Health board
  - Requirement of all counties
  - Cities over 5,000 (2nd class) and over 10,000 (1st class) are also required to have a health board consisting of 5 persons appointed by the governing body
- Most areas combine the requirements when needed and may form a city-county board of health

Power and duties of health boards (MCA 50-2-116)

- Must:
  - Meet at least quarterly
  - ~~Appoint Health Officer~~ – **Recommend to the governing board the appointment** a heath officer who is a physician; a person with a master's degree in public health; or with **equivalent education and experience, as determined by the department**
  - ~~Hire qualified staff~~
  - Identify to the department an administrative liaison for public health
  - The liaison must be the local health officer in jurisdictions that employ a full-time local health officer. In jurisdictions that do not employ a full-time local health officer, the liaison must be the highest-ranking public health professional employed by the jurisdiction
  - Protect the public from the introduction and spread of communicable disease or other conditions of public health importance, etc.
  - Propose for adoption by the local governing body regulations for control of communicable disease

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

What is a health officer or lead local? (*MCA 50-1-101)*

- Definitions.
  - (8) "Local health officer" means a county, city, city-county, or district health officer appointed by a local board of health. <u>With regard to the exercise of the duties and authorities of a local health officer, the term may include an authorized representative of the local health officer</u>.

Health Officer (or designee) Powers and Duties

Powers and duties of Health officers *(MCA 50-2-118)*

- Powers and duties of local health officers
  - **Make inspections** for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the condition;
  - **Take steps to limit contact between people in order to protect the public health** from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events;
  - **Report** communicable diseases to the department as required by rule;
  - Establish and maintain **quarantine and isolation measures** as adopted by the local board of health and
  - **Pursue action** with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

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  - **Pursue action** with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Mandates – HB 121

- Remains in effect only during the declared state of emergency or disaster ***or***
- Until the governing body holds a public meeting and allows public comment, and the majority of the governing body moves to amend, rescind, or otherwise change the directive, mandate, or order ***and***
- May not interfere with or otherwise limit or modify a place of worship

Powers and duties of Health officers (*MCA 50-2-118)*

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  - **Pursue action** with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Quarantine of contacts (*ARM 37.114.307)*

- If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever quarantine measures are necessary to prevent transmission,
- Must specify the duration of the quarantine

Quarantine – HB 702

- There may not be discrimination based on vaccination status or possession of immunity passport
- Must consider whether the measure has the effect of treating unvaccinated individuals differently and less favorably than vaccinated individuals

DPHHS Powers and Duties

General powers and duties of DPHHS *(MCA 50-1-202)*

(1) In order to carry out the purposes of the public health system to protect and promote the public health, the department, in collaboration with federal, state, and local partners, shall…

(p) adopt and enforce rules regarding:

(i) the reporting and control of communicable diseases and other conditions of public health importance; …

Responsibilities

Reporting and Surveillance

Reporting and Surveillance – Flow of information

PARK COUNTY MONTANA HEALTH DEPARTMENT

MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

MIDIS

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Reporting – *DUTY TO REPORT* (*MCA 37-2-301)*

Duty to Report Case of Communicable Disease

(1) If a physician or other practitioner of the healing arts examines or treats a person who the physician or other practitioner believes has a communicable disease or a disease declared reportable by the department of public health and human services, the physician or other practitioner shall immediately report the case to the local health officer. The report must be in the form and contain the information prescribed by the department.

Reporters – *WHO*? *(ARM 37.114.201)*

REPORTERS

Any person, including:

- a physician, dentist or nurse
- medical examiner, other health care practitioner
- administrator of a health care facility or laboratory
- public or private school administrator, or
- laboratory professional

Who knows or has reason to believe that a case exists of a reportable disease or condition defined in ARM 37.114.203 must immediately report to the local health officer the information specified in ARM 37.114.205(1) and (2).

NOTE: "Exceptions noted" allow for state-funded anonymous HIV testing

Public Health IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Reporting – *WHAT? (ARM 37.114.203)*

REPORTABLE DISEASES AND CONDITIONS (1) The following communicable diseases and conditions are reportable:

(a) AIDS, as defined by the Centers for Disease Control and Prevention, and HIV infection, as determined by a positive result from a test approved by the Federal Food and Drug Administration for the detection of HIV, including antibody, antigen, and all HIV nucleic acid tests;

(all the way to…)

(bs) Yellow Fever

Reporting – *WHAT? (ARM 37.114.203)*

REPORTABLE DISEASES AND CONDITIONS (1) The following communicable diseases and conditions are reportable:

(l) Chancroid;

(m) Chlamydia trachomatis infection;

(n) Cholera;

(o) Coccidioidomycosis;

(p) Colorado tick fever;

(q) Cryptosporidiosis;

(r) Cyclosporiasis;

Where's COVID!?

Also reportable is an outbreak of any communicable disease listed in the "Control of Communicable Diseases Manual, an Official Report of the American Public Health Association" (20th edition, 2015) in an **institutional or congregate setting** and any **unusual incident of unexplained illness or death in a human or animal with potential human health implications**.

Public Health IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Reporting – *WHAT? (ARM 37.114.203)*

Cluster of RSV cases in a day care

Also reportable is an:

- **Outbreak** of any communicable disease listed in the "Control of Communicable Diseases Manual, an Official Report of the American Public Health Association" (20th edition, 2015) in an **institutional or congregate setting** *and*
- Any **unusual incident of unexplained illness or death in a human or animal with potential human health implications**.

COVID

Reporting – *MUST CONTAIN? (ARM 37.114.205)*

REPORT CONTENTS (2) must include, if available:

a) first and last name and middle initial, physical address including city, state and zip code, date of birth, gender, race, and ethnicity of the case;

b) dates of onset of the disease or condition and the date the disease or condition was reported to the health officer;

c) whether or not the case is suspected or confirmed;

d) name and address of the case's physician; and

e) name of the reporter or other person the department can contact for further information regarding the case.

(2) The information required by (1) must be supplemented by any other information in the possession of the reporter which the department or local health officer requests and which is related to case management and/or investigation of the case.

(3) The name or other identifying information of any case with a reportable disease or condition and the name and address of the reporter of any such case are confidential and not open to public inspection.

Reporting – *WHEN?* *(ARM 37.114.201 and ARM 37.114.204)*

REPORTERS

… (Anyone who knows about) a reportable disease or condition defined in ARM 37.114.203 must immediately report to the local health officer …

REPORTS AND REPORT DEADLINES

This section applies to "local health officer" reporting to DPHHS

1. Immediate reporting by telephone (444-0273 - within 4 hours) required on 8 conditions

   Anthrax; Botulism; Plague; Poliomyelitis; SARS-CoV; Smallpox; Tularemia; Viral hemorrhagic fevers

2. Notification by telephone or secure electronic means within 24 hours on about 11 others

   GI outbreak; Syphilis; Measles; and others

3. Notification by telephone or secure electronic means within 7 days on all others

   - Weekly number of laboratory confirmed influenza cases

Responsibilities

Investigation and Control

Overview of Public Health Authorities

If warranted, the local health officer (or designee) has the power and duty to:

- ✓ Confirmation of disease
- ✓ Investigate the case – source and transmission of disease
- ✓ Follow the steps outlined in the Control of Communicable Diseases Manual (CCDM)
- ✓ Implement control measures, notify contacts, etc.

Investigation – Confirmation of disease *(ARM 37.114.313)*

CONFIRMATION OF DISEASE

- … if a local health officer receives information about a case of any of the following diseases, the officer must ensure that a specimen from the case is submitted to the department, when possible, which will be analyzed to confirm the existence or absence of the disease in question, or for use in surveillance:
    - List over 30 conditions of interest- some are not individually reportable (i.e. specific drug resistant bacteria)
    - A laboratory professional or any other person in possession of a specimen from a case of a disease listed in (1)(a) through (ag) must submit the specimen to the department upon request.
    - During an outbreak a limited number of samples- not all- may be requested

Investigation of a case *(ARM 37.114.314)*

INVESTIGATION OF A CASE

(1) Immediately after being notified of a case or an outbreak of a reportable disease, a local health officer must investigate and take whatever steps are necessary to prevent transmission of the disease.

(2) If the local health officer finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, the local health officer **must**:

(a) examine or ensure that a health care provider examines any infected person in order to verify the diagnosis;

(b) make an epidemiologic investigation to determine the source and possible transmission of infection;

(c) take appropriate steps, as outlined in the "Control of Communicable Diseases Manual,

(d) notify contacts as defined in ARM 37.114.101 of the case and give them the information needed to prevent contracting the disease.

If the contact is outside of the jurisdiction of the local health officer, the local health officer must notify the department who will then notify the health officer of the relevant jurisdiction.

Investigation and Control – Minimal control measures *(ARM 37.114.501)*

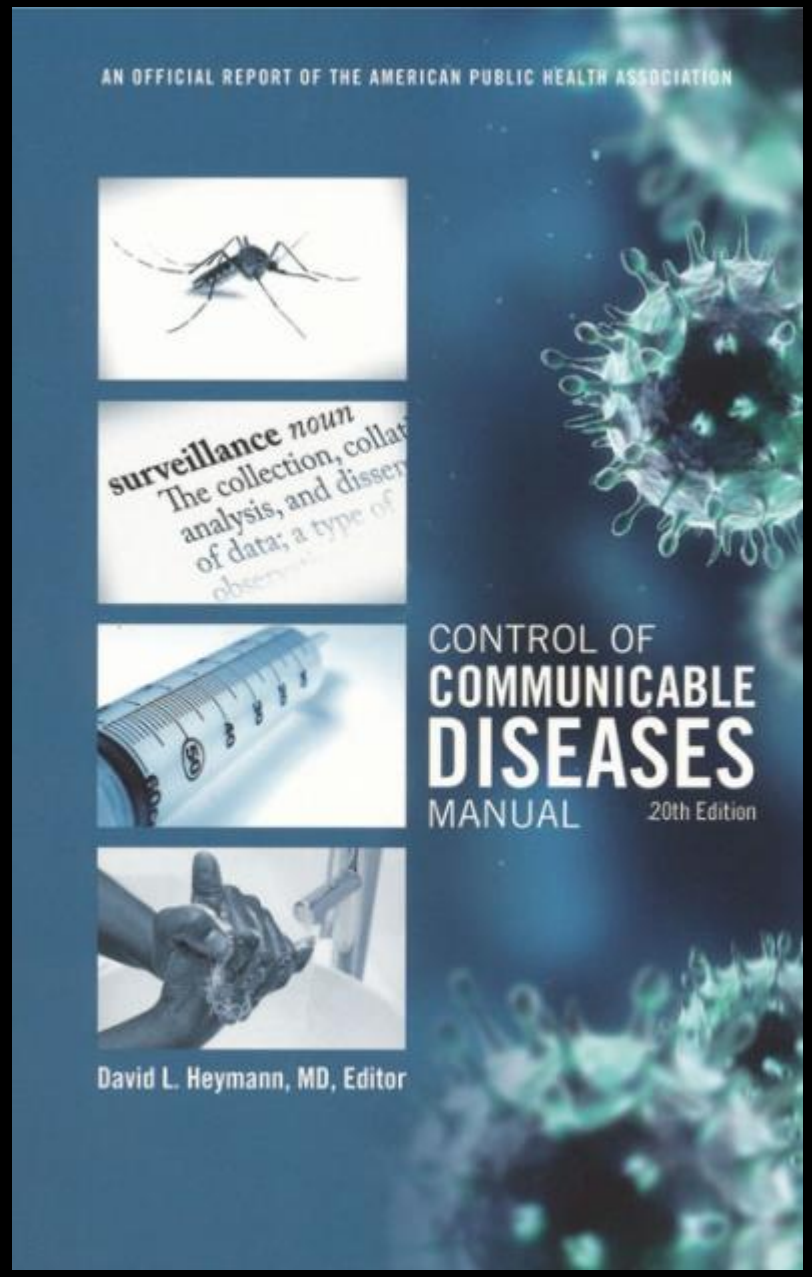
MINIMAL CONTROL MEASURES

(1) The department, except as otherwise provided in this subchapter, adopts and incorporates by reference the control measures in the "**Control of Communicable Diseases Manual,** An Official Report of the American Public Health Association" (20th edition, 2015).

(2) The local health officer or the authorized representative of a local health officer must:

(a) employ the minimum control measures; or

(b) ensure that minimal control measures are employed by a health care provider or other person caring for a person with a reportable disease.



Investigation and Control – Potential outbreaks *(ARM 37.114.315)*

POTENTIAL OUTBREAKS

(1) Whenever a communicable disease listed in ARM 37.114.203, or the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association" (20th edition, 2015), or other communicable disease that constitutes a threat to the health of the public, becomes so prevalent as to endanger an area outside of the jurisdiction where it first occurred, the **local health officer of the jurisdictional area in which the disease occurs must notify and cooperate with the department to control the transmission of the disease in question.**

"outside of the jurisdiction": means another county/district, state or tribal jurisdiction

Public Health IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Incorporation by Reference

Incorporation by Reference *(ARM 37.114.105)*

37.114.105 INCORPORATION BY REFERENCE

(1) The department adopts and incorporates by reference the following publications:

- (a) The "**Control of Communicable Diseases Manual**, An Official Report of the American Public Health Association", 20th edition, 2015, which lists and specifies control measures for communicable diseases.
- (b) The "**2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings**" published by the U.S. Centers for Disease Control and Prevention, which specifies precautions that should be taken to prevent transmission of communicable diseases for cases admitted to a hospital or other health care facility.
- (c) The "**Sexually Transmitted Diseases Treatment Guidelines, 2015**" are published by the U.S. Centers for Disease Control and Prevention in the June 5, 2015, Morbidity and Mortality Weekly Report, volume 64, hereafter referred to as "Sexually Transmitted Diseases Treatment Guidelines, 2015," and specify the most currently accepted effective treatments for sexually transmitted diseases.
- (d) The "**Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration**" published by the National Technical Information Service.
- (e) The Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: **Treatment of Drug-Susceptible Tuberculosis**, published in Clinical Infectious Diseases, October 1, 2016.
- (f) The "**Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis**," which provide recommendations from the National Tuberculosis Controllers Association and the U.S. Centers for Disease Control and Prevention, published December 16, 2005.

MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Confidentiality

Laws related to confidentiality

- Government Health Care Information Act (MCA 50-16-603) → Health care information in possession of *government*
- Uniform Health Care Information Act (MCA 50-16-530) and HIPAA → Health care information in possession of *providers*

Government Health Care Information Act *(MCA 50-16-602)*

DEFINITIONS

(2)(a) “Health care information” means information, whether oral or recorded, that identifies or can readily be associated with the identity of an individual, including one who is diseased, and that relates to the individual’s health care or status.

Government Health Care Information Act *(MCA 50-16-603)*

Health care information in the possession of the department, a local board, a local health officer, or the entity's authorized representatives may not be released **<u>except</u>**:

- Statistical purposes
- Written consent
- Medical emergency
- To another state or local public health agency to control disease or prevent injury
- Reporting child abuse
- To the department, a local health officer or board, or a district court when necessary to implement or enforce state statutes or state or local health rules concerning the prevention or control of diseases

Releasing Information for Statistical Purposes

In low population or low morbidity areas

- Care must be taken so that persons can't be identified or *believed* to be identified

Statewide data

- Number of events ≥ 20, report counts/rates
- Number of events between 5 and 19, report count or aggregate years
- If the number of events <5, reporting counts is discretionary. Consider aggregating numbers

Stratified data (by county, demographics, risk)

- Number of events ≥20, report counts/rates
- Number of events between 5 and 19, report counts with care or aggregate years
- Number of events <5, suppress counts or aggregate years

https://dphhs.mt.gov/assets/publichealth/Epidemiology/GuidelinesReportingPHI.pdf

PublicHealth IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Government Health Care Information Act
(MCA 50-16-603)

Health care information in the possession of the department, a local board, a local health officer, or the entity's authorized representatives may not be released **except**:

- for statistical purposes, if no identification of individuals can be made from the information released;
- Person has provided written consent to the release
- to medical personnel in a medical emergency
- to another state or local public health agency, including those in other states, whenever necessary to continue health services to the named person or to undertake public health efforts to prevent or interrupt the transmission of a communicable disease or to alleviate and prevent injury caused by the release of biological, chemical, or radiological agents capable of causing imminent disability, death, or infection;
- in the case of a minor, as required by 41-3-201 or pursuant to an investigation under 41-3-202 or if the health care information is to be presented as evidence in a court proceeding involving child abuse pursuant to Title 41, chapter 3. Documents containing the information must be sealed by the court upon conclusion of the proceedings.
- to medical personnel, the department, a local health officer or board, or a district court when necessary to implement or enforce state statutes or state or local health rules concerning the prevention or control of diseases designated as reportable pursuant to 50-1-202, if the release does not conflict with any other provision contained in this part.

PublicHealth IN THE 406
MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

Uniform Health Care Information Act *(MCA 50-16-530)*

- Providers may not disclosure health information without patients' authorization except
  - To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information or when needed to protect the public health;
  - To federal, state, or local law enforcement authorities to the extent required by law
  - To the state medical examiner or a county coroner for use in determining cause of death. The information is required to be held confidential as provided by law.

Family Education Rights and Privacy Act (FERPA)

- Federal law to protects the privacy of student education records.
- Applies to all schools that receive funds of the US Department of Education
- Gives parents certain rights with respect of their children's education records.
- FERPA allows disclosures of records, without consent, to:
  - **Appropriate officials in cases of health and safety emergencies**

HIPAA and COVID

HIPAA Privacy Rule permits a covered entity to disclose the protected health information (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's HIPAA authorization, in certain circumstances:

- Treatment
- Required by law
- To notify a public health authority in order to prevent or control spread of disease
- When first responders may be at risk of infection
- When necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public
- When responding to a request for PHI by a correctional institution or law enforcement official having lawful custody of an inmate or other individual

https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf.

Public Health IN THE 406 MONTANA COMMUNICABLE DISEASE EPIDEMIOLOGY

2021 Legislation

Match the Legislation

- HB 702
- HB 121

Relationship between governing boards and boards of health/health officers

Vaccination status

HB 702

- Prohibits discrimination based on a person's vaccination status or possession of immunity passport. May not:
  - Refuse or withhold services, good, facilities, educational/employment opportunities, etc.
  - Refuse employment or discriminate against a person in compensation
  - Ask an employee to disclose vaccination status
- Impacts disease control measures – such as quarantine, isolation orders and vaccination requirements

HB 702

- HB 702 does not preclude a public accommodation from requiring <u>everyone</u> to present evidence of a negative COVID-19 test or wear a mask (as long as it allows for reasonable accommodations based on sincerely held religious beliefs and disability).

NOTE: The law includes exceptions for health care facilities, licensed nursing homes, long-term care facilities, and assisted living facilities. These facilities may require you to wear a mask in certain situations.

HB 702 - *EXEMPTIONS*

- Does not apply to school vaccination requirements for students set forth under Title 20, Chapter 5, Part 4, MCA
- The law specifically allows day-care facilities to follow existing law on vaccination requirements found in Title 52, chapter 2, part 7, MCA.
- A licensed nursing home, long-term care facility, or assisted living facility is exempt from compliance during any period of time that compliance would result in a violation of regulations or guidance issued by the centers for Medicare and Medicaid services or the CDC.

HB 121 – Relationship between boards of health and governing bodies

Stated purpose is to address

- Ongoing issues or conditions created during a declared state of emergency as a result of orders, directives, or mandates issued by the governor for a state of emergency acting longer than 7 days.

- It is not a purpose of this chapter to hinder, slow, or remove nonemergency-related powers granted to a local board of health.

HB 121 – Relationship between boards of health and governing bodies

- Allows a local board of health to adopt rules to implement regulations adopted by a local governing body
- Allows a governing body to amend a directive/mandate/order given by a local board of health during time of emergency or disaster
- Directs the local board to ***propose***, rather than ***adopt***, rules

HB 121 – Relationship between boards of health and governing bodies

- Mandates may not limit or modify a person's physical attendance at any plan of worship
- Mandates/order issued by local health office in response to a declaration of emergency or disaster by the governor remains in effect until the governing body holds a public meeting and allow public comment
- Local regulations no more stringent that state regulations or guidelines

Will the Department be able to amend HB 702 or HB 121 through rule making?

Yes, because these are House Bills, the Department has an opportunity to set rules a future date

No, these House Bills changed the statutes. There would need to be a new bill to amend or create new law

Enforcement

Enforcement – MCA 50-1-103

- Either the county attorney or county where a cause of action arises or the department may bring an action necessary to abate, restrain or prosecute the violation of public health law
- ~~This is a misdemeanor~~

Miscellaneous tools:

- **Assistance from law enforcement**. If the officer does not provide service, s/he is guilty of a misdemeanor and may be removed from office **MCA 50-2-120**
- **Removal of diseased prisoner** who is considered dangerous to the health of other prisoners can be from jail with a written order from the health officer **MCA 50-2-121**
- **Authorize a compliance order**. If a person refuses or neglects to comply with a writer order from state or local health officer within a reasonable time, the state or local health officer may cause the order to be complied with and initiate an action to recover any expenses incurred from the person who refused or neglected to comply with the order. The action to recover expenses shall be brought in the name of the city or county **MCA 50-2-123**

Miscellaneous tools:

MCA 50-2-120 through 50-2-123

- **<u>Obstructing a local health officer is unlawful</u>**. It is unlawful to:

  (1) hinder a local health officer in the performance of his duties under this chapter;
  (2) remove or deface any placard or notice posted by the local health officer; or
  (3) violate a quarantine regulation. **MCA 50-2-122**

State or local health officer may cause the order to be complied with and initiate an action to recover any expenses incurred from the person who refused or neglected to comply with the order. The action to recover expenses shall be brought in the name of the city or county **MCA 50-2-123**

Penalties for violations

- MCA 50-2-124 as amended:
  - A person is subject to a civil penalty not less than $10 or more than $200
  - A business that does not comply to rules adopted by a local board is subject to a civil penalty of not more than $250.

Record Retention

How long do records need to be kept?

It depends on the type of record and county policy:

37.106.314 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: **MEDICAL RECORDS**

(1) A health care facility must initiate and maintain a safe, secure, and confidential medical record for each patient, resident, or client.

(2) A health care facility, excluding a hospital, shall retain a patient's, resident's, or client's medical records for **no less than six years** following the date of the patient's, resident's, or client's discharge or death, or upon the closure of the facility.

How long do records need to be kept?

Look at the Secretary of State website

https://sosmt.gov/Records/Local/

Local Government Retention Schedules		Revision Date
1	General (i.e. correspondence)	August 2017
7	School District	August 2015
8	Municipal	June 2021
29	Public Works	June 2017
30	Email Managed Under a Capstone Approach	May 2017
31	Airport Records Schedule	April 2018

Communication

Suggestions

Communication Suggestions

1

Be part of the team, especially if you are not leading it

- Be professional but assertive when necessary
- Who and what is in place- plans, PIOs?

2

Be preemptive

- With cases/family members
- With Schools and Facilities
- With press and social media

3

Don’t assume partners know what the procedures and messages are

- Good intentions can lead to unnecessary work and worry
- “Huddle” before the play to ensure everyone is on the same page
- Over-share drafts and materials

4

Strive to prevent anyone from being surprised

Quick reference

Montana Code Annotated (MCA)	
Duty to Report Cases	37-2-301
Definitions (ex: Health Officer, Board of Health, etc.)	50-1-101
Boards of Health – powers and duties	50-2-116
Local Health Officers – powers and duties	50-2-118
Assistance from Law Enforcement	50-2-120
Removal of Diseased Prisoner	50-2-121
Obstruction of a Health Officer	50-2-122
Authorize a compliance order	50-2-123
General Powers and Duties of DPHHS	50-1-202
Confidentiality of Health Care Information	50-16-603

Quick reference

Administrative Rules of Montana (ARM)	
Local Board Rules	37.114.102
Incorporation by Reference	37.114.105
Reporters	37.114.201
Reportable Diseases and Conditions	37.114.203
Reports and Report Deadlines	37.114.204
Report Contents	37.114.205
Confirmation of Disease	37.114.313
Investigation of a Case	37.114.314
Potential Outbreaks	37.114.315
Minimal Control Measures	37.114.501

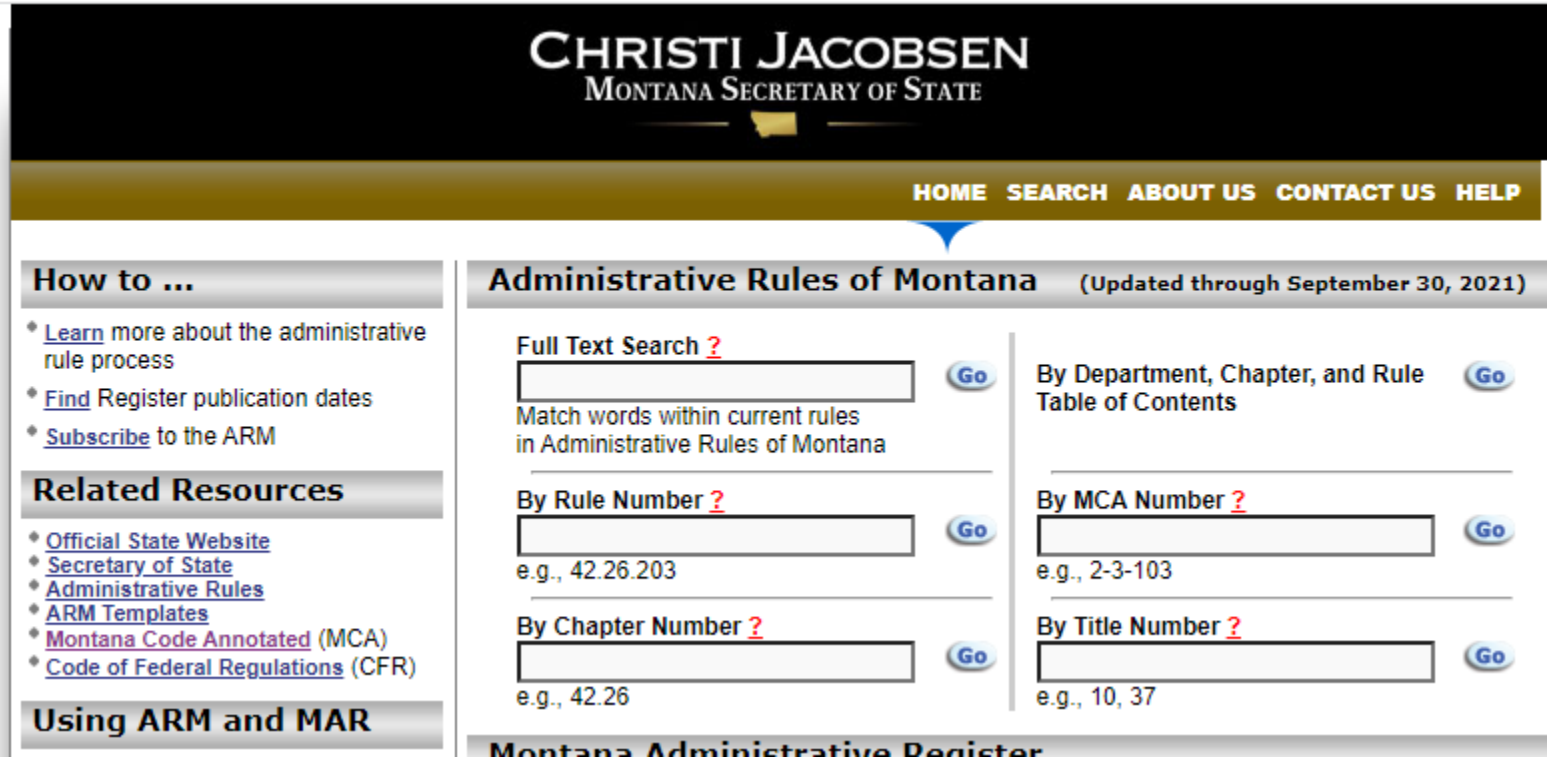
Quick reference

For Montana Code Annotated, 2021

http://leg.mt.gov/bills/mca/index.html

For Administrative Rules of Montana, 2021

http://www.mtrules.org/



Summary

- Reporting mechanisms and authority in place and well established
- Statutes and rules can help guide response and provide the authority needed to prevent spread of the disease
- Many steps are *required* by law or rule
- Help is a call away at 444-0273

Thank you!