Introduced by Senator Torres

(Principal coauthor: Assembly Member Maienschein)

February 21, 2014

An act to amend Section 38000 122405 of, and to add Section 122407 to, the Health and Safety Code, relating to social services. public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1303, as amended, Torres. Public social services: direct service contracts. Public health: hepatitis C.

Existing law, the Hepatitis C Education, Screening, and Treatment Act, requires the Director of Public Health to develop and implement a public education and outreach program to raise awareness of the hepatitis C virus aimed at high-risk groups, physician's offices, health care workers, and health care facilities that, among other things, includes hepatitis C counseling, education, and testing, as appropriate, into local state-funded programs.

This bill would require a health care practitioner to offer a qualifying individual, as defined, a hepatitis C screening test or hepatitis C diagnostic test, as defined, unless the health care practitioner reasonably believes, among other things, that the qualifying individual is being treated for a life threatening emergency. If an individual consents to a hepatitis C screening test or diagnostic test and the test is positive or reactive, the health care practitioner would be required to offer followup health care or to refer the individual to a health care practitioner who can provide followup health care. The bill would require that the offering of a hepatitis C screening test or diagnostic test be culturally and linguistically appropriate, and would require the director to issue

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guidance on the culturally and linguistically appropriate offering of a test by July 1, 2015. These requirements would not apply to an individual receiving health care from a health care practitioner in a hospital or emergency room setting.

Existing law states the intent of the Legislature, with respect to direct service contracts of the departments within the California Health and Human Services Agency, that the contract approval process and payment for services rendered occur within specified timeframes.

This bill would make technical, nonsubstantive changes to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 122405 of the Health and Safety Code is 2 amended to read:
- 3 122405. (a) The Legislature hereby finds and declares all of the following:
- 5 (a)
- 6 (1) Hepatitis C is classified as a silent killer, where no recognizable signs or symptoms occur until severe liver damage has occurred.
 - (b)

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- 10 (2) Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity.
- 12 (c
- 13 (3) Studies indicate that 1.8 percent of the population, nearly 4 million Americans, carry the virus HCV that causes hepatitis C.
- million Americans, carry the virus HCV that causes hepatitis C. In California, as many as 500,000 individuals may be carriers and
- 16 could develop the debilitating and potentially deadly liver disease
- 17 associated with hepatitis C in their lifetime. An expert panel,
- 18 convened in March by the National Institutes of Health (NIH),
- 19 estimated that 30,000 acute new infections occur each year in the
- 20 United States, and only 25 to 30 percent of those are diagnosed.
- 21 Current data sources indicate that 8,000 to 10,000 Americans die
- 22 from hepatitis C each year.
- 23 (d)
- 24 (4) Studies also indicate that 39.4 percent of male inmates and
- 25 54.5 percent of female inmates in California correctional facilities

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have hepatitis C, 26 times higher than the general population. Upon
their release from prison, these inmates present a significant health
risk to the general population of California.

- (5) Hepatitis C is the most common bloodborne pathogen in the United States, and is a leading cause of complications from chronic liver disease.
- 7 (6) According to the federal Centers for Disease Control and 8 Prevention, 2.7 million Americans are living with chronic hepatitis 9 C, which is almost 1 percent of the entire population of the United 10 States.
 - (7) Hepatitis C infections are most common among individuals born between 1945 and 1965, commonly known as the baby boomers
 - (8) Hepatitis C infections have reached epidemic levels, especially in underrepresented communities.
 - (9) Up to 75 percent of individuals infected with hepatitis C do not know they are infected, and are therefore not connected to any source of care or treatment.
 - (10) In June 2013, the United States Preventive Services Task Force recommended that all high risk individuals and anyone born between 1945 and 1965 be screened for hepatitis C. In making this recommendation, the United States Preventive Services Task Force cited evidence that early screening and detection can lead to improved clinical outcomes.
- 25 (b) Accordingly, it is the intent of the Legislature to do both of the following:
 - (e) It is the intent of the Legislature to study
 - (1) Study the adequacy of the health care delivery system as it pertains to hepatitis C.
 - (f) It is the intent of the Legislature to urge
 - (2) *Urge* the department to make funds available to community-based nonprofit organizations for education and outreach with respect to the hepatitis C virus.
 - SEC. 2. Section 122407 is added to the Health and Safety Code, to read:
 - 122407. (a) Every qualifying individual who receives medical care from a health care practitioner shall be offered a hepatitis C screening test or hepatitis C diagnostic test, unless the health care practitioner providing those services reasonably believes that any one of the following applies:

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(1) The individual is being treated for a life-threatening emergency.

- (2) The individual has previously been offered a hepatitis C screening test or diagnostic test, or has been the subject of a hepatitis C screening test or diagnostic test, unless the individual is a person described in clause (ii), (v), (vii), or (viii) of paragraph (4) of subdivision (e).
- (3) The individual lacks capacity to consent to a hepatitis C screening test or diagnostic test.
- (b) If an individual consents to a hepatitis C screening test or diagnostic test and the test is positive or reactive, the health care practitioner shall either offer followup health care or refer the individual to a health care practitioner who can provide followup health care. The followup health care shall include a hepatitis C diagnostic test.
- (c) The offering of a hepatitis C screening test or diagnostic test pursuant to this section shall be culturally and linguistically appropriate. The director shall issue guidance on the culturally and linguistically appropriate offering of a test by July 1, 2015.
- (d) This section does not affect the scope of practice of a health care practitioner or diminish the authority, legal, or professional obligation of a health care practitioner to offer a hepatitis C screening test or diagnostic test, or to provide services or care for the subject of a hepatitis C screening test or diagnostic test.
- (e) As used in this section, the following terms shall have the *following meanings:*
- (1) "Health care practitioner" means a physician, surgeon, or any other health care provider licensed to order a hepatitis C screening test or hepatitis C diagnostic test.
- (2) "Hepatitis C diagnostic test" means any laboratory test or tests that detects the presence of the hepatitis C virus in the blood and provides confirmation of whether the individual has a hepatitis C virus infection.
- (3) "Hepatitis C screening test" means an FDA-approved laboratory screening test, FDA-approved rapid point-of-care test, or other FDA-approved test that detects the presence of hepatitis
- 37 *C* antibodies in the blood.
 - (4) "Qualifying individual" means any of the following:
 - (i) A person born between the years of 1945 and 1965.
- 40 (ii) A current or former user of an injection drug.

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(iii) A recipient of a blood transfusion, blood product, or organ 2 transplant before 1992. 3

- (iv) A recipient of a blood clotting product before 1987.
- 4 (v) An individual who has liver disease or has had abnormal 5 liver test results.
 - (vi) A hemodialysis patient.

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- (vii) A health care worker who may be exposed to needle sticks.
- is (viii) An individual whoinfected with immunodeficiency virus (HIV).
- (f) This section does not apply to an individual receiving health care from a health care practitioner in a hospital or emergency room setting.
- SECTION 1. Section 38000 of the Health and Safety Code is amended to read:
- 38000. The Legislature states its intent with respect to direct service contracts of the departments within the California Health and Human Services Agency as follows:
- (a) The contract approval process should take no longer than 30 days from the time the administrative agency generating the contract has approved its provisions.
- (b) Payment for services rendered shall take no longer than 30 days after an invoice has been approved by the responsible department.
- (c) If contract approval or payment or both are delayed, the state shall notify community based agencies within 15 days with instructions to either defer or interrupt services to be contracted. If the state requests an agency to continue providing services, conditions shall be mutually agreed upon in advance for amortization of particular additional costs to the agency involved.