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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair  
2021 - 2022 Regular Session

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### SB 306 (Pan) - Sexually transmitted disease: testing

**Version:** March 24, 2021

**Policy Vote:** HEALTH 9 - 1, B., P. & E.D.  
10 - 3

**Urgency:** No

**Mandate:** Yes

**Hearing Date:** May 10, 2021

**Consultant:** Karen French

**Bill Summary:** Permits pharmacists to dispense a drug, without the name of an individual for whom the drug is intended, when prescribed for the sexual partner of someone who has been diagnosed with a sexually transmitted disease (STD) and provides immunity from civil, criminal, or administrative penalties for an individual who prescribes, dispenses, or furnishes the drug. Requires a syphilis blood test during the third trimester of pregnancy and at delivery.

This bill, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, would require the department to provide reimbursement for sexually transmitted disease related services and would authorize an office visit to a Family PACT provider or Medi-Cal provider for specified STD-related services for uninsured, income-eligible patients, or patients with health care coverage who have confidentiality concerns, who are not at risk of experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services, to be reimbursed at the same rate as comprehensive clinical family planning services.

The bill would include in the benefits for Medi-Cal and the Family PACT program home test kits for sexually transmitted diseases and the laboratory testing required to process those kits.

#### **Fiscal Impact:**

- California Department of Public Health Office of AIDS reports costs of \$382,000 FY 2021-22 and \$410,000 FY 2022-2023 (General Fund) for 3.0 positions to carry out the requirements of this bill if HIV test counselors are allowed to perform all CLIA-waived STI tests, including for herpes simplex virus and trichomonas. (See details in Staff Comments, below)
- The Department of Managed Health Care estimates the total cost of this bill to be approximately \$126,000 MCF and 0.6 PY in FY 2021-22, \$217,000 MCF and 1.1 PYs in FY 2022-23, \$126,000 MCF and 0.6 PY in FY 2023-24 and annually thereafter (See Details in Staff Comments, below)
- Medi-Cal & Family PACT reimbursement subject to appropriation. Unknown, potentially in the tens of millions General Fund and federal match
- Medi-Cal & Family Pact home tests & related costs of \$30 million.

**Background:** The Author provided the following information on the current, broader problem this bill seeks to address: "The Centers for Disease Control and Prevention (CDC) estimates that one in five people in the U.S. have an STD. In 2018, nearly 68 million STD infections were reported nationwide; with rates of syphilis, chlamydia, or

gonorrhea is up 40% since 2013. California had the second highest syphilis rates in the nation in 2018. Between 2008 and 2018, the syphilis rate among women of reproductive age increased by 743%. In 2018, more than 329 babies were born with congenital syphilis in California and there were 20 stillbirths associated with the disease. The COVID-19 pandemic has exacerbated STD infection rates across the country. Last year, the CDC announced that a new, antibiotic-resistant strain of gonorrhea began to spread across the country amidst the COVID-19 crisis. A December 2020 alert from DPH about the rising number of disseminated gonococcal infections warned of a severe complication of untreated gonorrhea that spreads across the body through the bloodstream. The CDC estimates that untreated STDs cause at least 24,000 women in the U.S. each year to become infertile. Untreated syphilis can also lead to negative maternal child health outcomes, including infant deaths. The CDC estimates that of pregnant women who acquire syphilis up to four years before delivery, 80% will transmit the infection to the fetus, and 40% may result in stillbirth or death. This bill takes a comprehensive approach to address California's STD crisis by expanding access to STD care in an equitable way.

The STD crisis affects communities across the state, but California youth, people of color, and gay, bisexual, and transgender people are disproportionately impacted. Statewide data indicate over half of all STDs in the state are experienced among California youth ages 15 – 24 years old. African Americans are 500% more likely to contract gonorrhea and chlamydia than their white counterparts. These disparities are expected to worsen during the COVID-19 pandemic. CDC studies suggest a range of factors may contribute to rising STD rates, including inequitable access to health care and culturally competent medical services, race, poverty, stigma, discrimination, and drug use.

The CDC estimates that STD infections acquired in 2018 totaled nearly \$16 billion in direct lifetime medical costs nationwide. Chlamydia, gonorrhea, and syphilis accounted for more than \$1 billion of the total cost. Sexually acquired HIV and HPV were the costliest due to lifetime treatment for HIV at \$13.7 billion and treatment for HPV-related cancers at \$755 million. Approximately \$1 billion is spent annually in California on health costs associated with STDs.

**Proposed Law:** Permits pharmacists to dispense a drug, without the name of an individual for whom the drug is intended, when prescribed for the sexual partner of someone who has been diagnosed with a sexually transmitted disease (STD). Prohibits health care providers who prescribe, dispense, or furnish such a drug from being subject to, civil, criminal, or administrative penalties, as specified. Requires a syphilis blood test, during the third trimester of pregnancy and at delivery, as specified. Requires public and commercial health coverage of home STD test kits. Requires Family PACT reimbursement for STD services provided to patients who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. Adds rapid STD tests to existing law which permits HIV counselors to perform rapid HIV and hepatitis C tests.

**Prior Related Legislation:** AB 2280 (Leno, Chapter 771, Statutes of 2006) extended existing law that permits a physician or nurse practitioner, who diagnoses a sexually transmitted chlamydia infection, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without

examination of that patient's partner or partners, to cover gonorrhea or other sexually transmitted disease infection, as determined by the department.

**Staff Comments:** CDPH details:

- 2.0 Health Program Specialist (HPS) I: 1.0 position to manage the development, review, and approval of training curricula developed by Office of AIDS training agents and external training providers, including periodic updates to ensure medical accuracy and quality assurance. 1.0 position to provide technical assistance to LHJs and community-based organizations seeking training in use of CLIA-waived STI tests; prepare programmatic guidelines, fact sheets, and materials; and support program evaluation.
- 1.0 Associate Governmental Program Analyst (AGPA): 1.0 position to manage training contracts, grants, and requests for applications, and support fiscal management, and accounting. This position would support logistics, such as ordering, purchasing, and shipping supplies to support rapid test kit proficiency (e.g., test kit controls).

<b>Classification</b>	<b>Budget Year (BY)</b>	<b>BY + 1</b>
2.0 Health Program Specialist I	\$261,492	\$280,798
1.0 Associate Government Program Analyst	\$121,094	\$129,882
<b>Total: 3.0</b>	<b>\$382,586</b>	<b>\$410,680</b>

DMHC details:

The bill's costs would be incurred by different units within the DMHC as described below. All costs associated with this bill would be incurred by the Managed Care Fund (MCF) and covered through fees assessed on health plans.

The DMHC's Office of Legal Services (OLS) anticipates short-term workload to conduct legal research, issue legal memoranda and promulgate a regulation to clarify the requirements set forth in SB 306. The DMHC estimates costs for OLS to be approximately \$86,000 and 0.5 PY in FY 2022-23 only.

The DMHC's Office of Plan Licensing (OPL) anticipates additional workload to review health plan documents for compliance with the requirements set forth in SB 306. The DMHC estimates costs for OPL to be approximately \$126,000 and 0.6 PY in FY 2021-22, \$131,000 and 0.6 PY in FY 2022-23, \$126,000 and 0.6 PY in FY 2023-24 and annually thereafter.

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