
SENATE COMMITTEE ON HEALTH

Senator Dr. Susan Talamantes Eggman, Chair

BILL NO: SB 541
AUTHOR: Menjivar
VERSION: March 30, 2023
HEARING DATE: April 12, 2023
CONSULTANT: Melanie Moreno

SUBJECT: Sexual health: contraceptives: immunization

SUMMARY: Requires the Family PACT program to provide coverage for immunization against human papilloma virus to persons 18 years of age or younger.

Existing law: Establishes the Department of Health Care Services (DHCS) to administer the Family PACT program, which provides comprehensive clinical family planning services to low income persons. [WIC §14132, et seq.]

This bill:

- 1) Requires the Family PACT program to provide coverage for immunization against human papilloma virus (HPV), as clinically indicated, to persons 18 years of age or younger.
- 2) Prohibits a retail establishment from refusing to furnish nonprescription contraception to a person solely on the basis of age by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age.

Education Code provisions

- 3) Requires public schools, on or before the start of the 2024–25 school year, to make internal and external condoms available free of charge to all pupils in grades 9 to 12, as specified.
- 4) Requires public schools to inform pupils through existing communication channels that free condoms are available, and where the condoms can be obtained on school grounds, as specified. Requires schools to post at least one notice that includes, among other things, contact information for a designated individual responsible for maintaining the supply of condoms; information about abstinence from sexual activity and injection drug use being the only certain way to prevent HIV and other sexually transmitted infections (STIs), and that abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy; information about how to use condoms properly; and, information on how to access local resources and pupils' legal rights to access those resources for sexual and reproductive health care, as well as local resources for assistance with sexual assault and intimate partner violence.
- 5) Requires public schools serving 7 to 12 grades to allow the distribution of condoms during the course of, or in connection with, educational or public health programs and initiatives, including, but not limited to, community organizations or other entities providing instruction for purposes of the California Healthy Youth; pupil peer health programs, clubs, or groups; pupil health fairs conducted on campus; or, school-based health center staff. Prohibits public schools serving any grades 7 to 12 from prohibiting a school-based health center from making condoms available and easily accessible to pupils.

- 6) Permits state agencies or public schools to accept gifts, grants, and donations from any source for the support of a public school carrying out the provisions of this bill, as specified.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, the COVID-19 public health emergency exacerbated STI rates in California and across the country that were already skyrocketing to crisis levels prior to the pandemic. Nearly 350,000 Californians were infected with syphilis, chlamydia, or gonorrhea in 2019. California youth – teens and young adults of color in particular – are disproportionately impacted. Statewide data indicate over half of all STIs in the state are experienced among young people ages 15 to 24 years old. This bill seeks to address the STI epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms and the HPV vaccine.
- 2) *Background.* The Centers for Disease Control and Prevention (CDC) estimates that one in five people in the U.S. have an STI. In 2018, nearly 68 million STI infections were reported nationwide, and rates of syphilis, chlamydia, or gonorrhea are up 40% since 2013. According to CDPH, based on 2020 CDC data, California had the highest number of reported chlamydia, gonorrhea, and adult syphilis cases, as well as the second most congenital syphilis cases of all states. STIs are often asymptomatic (especially in women) and are therefore often undiagnosed and unreported. Untreated STIs can have severe health consequences, including chronic pelvic pain, infertility, miscarriage or newborn death, and increased risk of HIV infection, genital and oral cancers, neurological and rheumatological effects. The CDC estimates that untreated STIs 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.
- 3) *Inequities persist.* The STI 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 STIs in the state are experienced among California youth ages 15 to 24 years old. African Americans are 500% more likely to contract gonorrhea and chlamydia than their white counterparts. 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.
- 4) *Costs of STIs.* The CDC estimates that STI 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 STIs.
- 5) *Double referral.* This bill was heard in the Senate Education Committee on March 29, 2023, and passed with a 5-2 vote.
- 6) *Related legislation.* AB 659 (Aguiar-Curry) requires Family PACT, health plans, and insurers to provide coverage for the HPV vaccine; states that it is the public policy of the

state that pupils are expected to be fully immunized against HPV before admission or advancement to the 8th grade at any private or public elementary or secondary school, and requires schools to notify parents of this policy; requires the California State University, the University of California, and the California Community Colleges to require the first-time enrollees who are 26 years of age or younger to provide proof of full immunization against HPV prior to enrollment. *AB 659 is pending in the Assembly Health Committee.*

- 7) *Prior legislation.* AB 2312 (Lee) would have prohibited retail establishments from refusing to furnish nonprescription contraception solely on the basis of age, sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status. *AB 2312 was not heard in the Assembly Health Committee.*

AB 2516 (Aguiar-Curry) would have required Family PACT, health plans, and insurers to provide coverage for the HPV vaccine. *AB 2516 was vetoed by the Governor, who stated, in part:*

This bill would expand the definition of "comprehensive family planning services" under Family PACT to include the HPV vaccine as a covered benefit for children and adolescents ages 9 to 18 years of age. For this age group, the HPV vaccine is available through Medi-Cal and the [Vaccines for Children] VFC programs. As a result, AB 2516's proposal to provide the HPV vaccine in the Family PACT program to individuals who are already covered through the VFC program would result in millions of dollars in General Fund expenditures not included in the Budget Act of 2022 and would not be available for federal reimbursement.

The 2022 Budget Act includes \$8 million (\$4.6 million General Fund) to add the HPV vaccine under the FamilyPACT program for individuals ages 19 through 45. While I support the author's efforts to address STI prevention, proposals with an ongoing fiscal impact should be considered through the annual budget process.

SB 306 (Pan, Chapter 486, Statutes of 2021) 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 STI; requires a syphilis blood test to be administered during the third trimester of pregnancy and at delivery, as specified; requires public and commercial health coverage of home STI test kits; and, adds rapid STI tests to existing law which permits HIV counselors to perform rapid HIV and hepatitis C tests.

SB 855 (Pan of 2020) would have permitted the Family PACT program to offer covered benefits to income-eligible patients, even if contraception is not discussed during the patient encounter, among other provisions. *SB 855 was not heard in the Senate Business, Professions, and Economic Development Committee.*

- 8) *Support.* The sponsors of this bill write that vaccination rates against HPV are down nationwide due to the COVID-19 pandemic, putting teens and young people at risk of developing HPV-related cancers later in life. The CDC estimates that HPV is responsible for more than 90% of anal and cervical cancers, and about 70% of vaginal and vulvar cancers. While nearly 80% of California teens received the first of three doses of the HPV vaccine in 2020, the vast majority do not complete the full vaccination series, leaving them without maximum protection. Many young people rely on the state's family planning program,

Family PACT, to obtain free and confidential family planning and related services including STI counseling, testing and treatment. The program served more than 85,000 teens in 2019 alone. Family PACT began covering the HPV vaccine in 2022 when the expanded benefit was included in the Fiscal Year 2022-2023 State Budget but the policy fell short. Family PACT only extended the HPV vaccine benefit for patients 19 and older, with the rationale that minors can obtain the vaccine from the VFC program. While there are more than 2,000 Family PACT health providers, not all of them are VFC providers and don't have the ability to provide the HPV vaccine to minors. The policy leaves thousands of teens unable to get a potentially life-saving vaccine while getting other sexual and reproductive health services in a confidential and non-judgmental health care setting, negatively affecting their continuity of care and unnecessarily denying them access to the vaccine.

SUPPORT AND OPPOSITION:

- Support:** Black Women for Wellness Action Project (sponsor)
 Essential Access Health (sponsor)
 GenUP (sponsor)
 URGE CA (sponsor)
 ACT for Women and Girls
 Adolescent Health Working Group
 AIDS Healthcare Foundation
 American College of Obstetricians and Gynecologists District IX
 California Coalition for Youth
 California School-Based Health Alliance
 California Teachers Association
 California Women's Law Center
 Citizens for Choice
 Coachman Moore & Associates
 DAP Health
 Genders & Sexualities Alliance Network
 GLIDE
 NARAL Pro-Choice California
 National Center for Youth Law
 National Harm Reduction Coalition
 Planned Parenthood Affiliates of California
 Radiant Health Centers
 REACH LA
 San Francisco AIDS Foundation
 TEACH
 The Los Angeles Trust for Children's Health
 UCLA Bixby Center on Population and Reproductive Health
 Women's Foundation California
 Women's Health Specialist's
 Two individuals
- Oppose:** Two individuals

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