
UNFINISHED BUSINESS

Bill No: SB 278
Author: Cabaldon (D), et al.
Amended: 9/2/25 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 10-0, 3/26/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Limón, Padilla, Richardson,
Rubio, Weber Pierson, Wiener

NO VOTE RECORDED: Grove

SENATE JUDICIARY COMMITTEE: 13-0, 4/8/25

AYES: Umberg, Niello, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern,
Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25

AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab

NO VOTE RECORDED: Dahle

SENATE FLOOR: 38-0, 5/29/25

AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear,
Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez,
Grayson, Grove, Hurtado, Jones, Laird, McGuire, McNerney, Menjivar, Niello,
Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas,
Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

NO VOTE RECORDED: Limón, Reyes

ASSEMBLY FLOOR: 79-0, 9/8/25 - See last page for vote

SUBJECT: Health data: HIV test results

SOURCE: San Francisco AIDS Foundation

DIGEST: This bill allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality review

organization contracted by the Department of Health Care Services to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient.

Assembly Amendments remove provisions allowing the Department of Public Health (CDPH) to share HIV test results with the Department of Health Care Services (DHCS) and the Medi-Cal plan a Medi-Cal recipient is assigned to for purposes of administering quality improvement programs, and provisions requiring DHCS, in consultation with CDPH, to develop an opt out mechanism for Medi-Cal recipients who do not wish to have this information shared by CDPH to DHCS or their plan.

ANALYSIS:

Existing law:

- 1) Establishes the Medi-Cal program, which is administered by DHCS, and under which qualified low-income individuals receive health care services. [Welfare and Institutions Code (WIC) §14000, et seq.]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The schedule of benefits includes prescribed drugs, inpatient and outpatient services, subject to utilization controls, as well as investigational new drugs and any related inpatient or outpatient services for the treatment of HIV/AIDS. [WIC §14132 and §14137.6]
- 3) Authorizes the DHCS Director to contract, on a bid or nonbid basis, with any qualified individual, organization, or entity to provide services to, arrange for, or case manage the care of Medi-Cal enrollees and establishes managed care models that DHCS contracts with in each county. [WIC §14087.3, §14089, §14087.98, §14087.967, and §14087.5]
- 4) Defines a Medi-Cal managed care plan (Medi-Cal plan) as any individual, organization, or entity that enters into a comprehensive risk contract with DHCS to provide covered full-scope health care services to enrolled Medi-Cal beneficiaries. [WIC §14184.101]
- 5) Requires DHCS to develop a value-based payment program aimed at improving chronic disease management by Medi-Cal plans that requires Medi-Cal plans to give incentive payments to qualified network providers who meet designated

high-performance standards or partial incentive payments for meeting above-minimum standards. [WIC §14188.1]

- 6) Prohibits the disclosure of the results of an HIV test to any third party in a manner that provides identifying characteristics of the subject of the test, except to the physician who ordered the test or the subject's health care providers for the purposes of diagnosis, care, or treatment of the patient. Excludes state-regulated health care service plans from being considered health care providers. [Health and Safety Code (HSC) §120980 and §120985]
- 7) Prohibits the California Department of Public Health (CDPH) or a local public health agency from disclosing public health records related to HIV/AIDS except for public health purposes or pursuant to a written authorization by the person whose record it is or their guardian or conservator. [HSC §121025]
- 8) Provides an exemption from the prohibition in 7) above, that allows for the disclosure of personally identifying information in public health records related to HIV/AIDS to CDPH or other local or federal public health agency or collaborating researchers when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, or the coordination of, linkage to, or reengagement in care for a person or persons as determined by CDPH or the local public health agency, provided that information is otherwise kept confidential. [HSC §121025]
- 9) Additionally authorizes the disclosure of personally identifying information in public health records related to HIV/AIDS by specified state and local public health staff to the HIV-positive person or health care provider for the purpose of proactively offering and coordinating care and treatment services to the HIV-positive person. [HSC §121025]

This bill:

- 1) Allows the results of an HIV test to be disclosed, without the written authorization of the subject of the test, to the subject's Medi-Cal plan for the purpose of administering quality improvement programs including value-based payment programs and health behavior incentive programs, designed to improve HIV care for Medi-Cal enrollees. Also allows the results of an HIV test to be disclosed to external quality review organizations contracted with DHCS to conduct external quality reviews of Medi-Cal plans.

- 2) Authorizes the disclosure of HIV test results that do not identify or provide identifying characteristics of the subjects of the tests by Medi-Cal plans to DHCS to administer the quality improvement programs described in 1) above.
- 3) Clarifies that the existing prohibition on further disclosure of HIV test results includes disclosure to any federal agency or authority in another state, unless otherwise required by federal law.

Comments

According to the author of this bill:

Nearly one-third of Californians living with HIV depend on Medi-Cal for their healthcare. However, around one in four of these individuals are not receiving essential care, such as viral load testing. Existing law restricts CDPH and healthcare providers from sharing public-health data about viral-load suppression with the DHCS and Medi-Cal plans. This restriction is an outlier from an era of HIV panic and impedes the use of crucial tools that could improve health outcomes. Because of these restrictions, incentive programs that have been used successfully in other states – such as value-based payment programs that reward providers for improvements in patient outcomes or programs that offer financial incentives like gift cards to enrollees utilizing preventative care services– cannot be used to support HIV-positive Medi-Cal enrollees. This limitation prevents providers from utilizing performance-based funding to enhance care for this vulnerable population. This bill will allow Medi-Cal enrollees living with HIV to benefit from these programs by allowing viral load data to be shared confidentially for the purpose of administering quality improvement programs. This change will ensure that Medi-Cal enrollees living with HIV can benefit from the same incentive-driven improvements in care as other patients.

Background

HIV monitoring in California. According to CDPH, the prevalence of diagnosed HIV infection was 355.6 per 100,000 population in 2022, compared to 343.1 per 100,000 in 2018 – an increase of 3.7%. Of the 142,772 people living with diagnosed HIV infection in 2022, 73.7% were in HIV care and 64.7% achieved viral suppression. Among all racial/ethnic groups, African Americans are the most disproportionately affected by HIV. While Latinx and white individuals make up the largest percentage of persons living with diagnosed HIV, the rate of HIV

among African Americans is substantially higher (1,012.3 per 100,000 population, versus 319.5 per 100,000 among whites and 364.8 per 100,000 among Latinx). The rate of new HIV diagnoses among African Americans is 4.4 times higher than whites among men and 5.7 times higher among women. Latinx are also disproportionately affected by HIV with rates of new HIV diagnoses 2.7 times higher than white among men and 1.6 times higher among women.

According to CDPH's Office of AIDS, in California and the rest of the U.S., HIV infections and AIDS diagnoses are reported through a combination of passive and active surveillance. Passive surveillance is conducted through state required reporting of HIV and AIDS cases by health care providers and reporting of HIV-positive test results from laboratories to local health departments. Active surveillance is accomplished through routine visits to hospitals, physician offices, laboratories, counseling and testing clinics, and outpatient clinics to ensure accuracy of reported data. In California and other states, HIV/AIDS surveillance has historically relied heavily upon active case surveillance, through on-site chart reviews and case report completion by local surveillance staff at the health care provider's office. To improve timeliness and completeness of reporting and ensure prompt identification and response to emerging problems in the field, the Office of AIDS supports a decentralized reporting system where HIV/AIDS case reports are identified through passive and active surveillance efforts coordinated by California's 61 local health departments. HIV/AIDS surveillance case data and laboratory reports, reported to local health departments by health care providers and laboratories, is then sent to the HIV/AIDS Surveillance Section via the Lab Data Entry Tool or on the Adult Case Report Form. The Surveillance Section surveillance coordinators review the forms for accuracy and input the information into the Enhanced HIV/AIDS Reporting System (eHARS), and in turn, submit electronic HIV/AIDS case reports, without personal identifiers, to the federal Centers for Disease Control and Prevention.

Medi-Cal quality improvement efforts. DHCS periodically sets a standard for Medi-Cal plans to meet via its Comprehensive Quality Strategy that includes steps Medi-Cal plans must take to improve health care quality and health equity. Within this strategy is a set of performance standards that includes specific clinical standards for specified health conditions, many of which are drawn from the Center for Medicare and Medicaid Services' (CMS) standardized quality measures. SB 78 (Committee on Budget and Fiscal Review, Chapter 38, Statutes of 2019), the health trailer bill to the 2019-2020 budget, added value-based payment programs as a means of improving Medi-Cal plan quality by allowing plans to give providers incentive payments for meeting performance standards specified by DHCS. While the initial 2019 draft of the existing 2022 Comprehensive Quality

Strategy included the HIV viral load suppression metric that is part of CMS's standardized quality measures, this was not included in the final.

A January 2025, U.S. Health & Human Services Agency Guidance "Opportunities to Improve HIV Testing, Prevention, and Care Delivery for Medicaid and CHIP Beneficiaries" discusses a number of measures that states can implement to improve HIV testing and treatment, including adopting the HIV viral load suppression metric and highlighted states that have done this and have data-sharing agreements between their state Medicaid agencies and their state HIV surveillance program. DHCS and the Office of AIDS have previously published data on Medi-Cal plan viral load suppression. To produce that data, DHCS provided to the Office of AIDS a list of all Medi-Cal HIV-positive beneficiaries age 18 years or older, along with a variable indicating whether the patient received a medical visit during the given calendar year and variables necessary for matching to CDPH's HIV surveillance data. Using a probabilistic matching algorithm, the Office of AIDS matched the Medi-Cal beneficiaries with HIV-positive individuals in the CDPH HIV surveillance system to confirm HIV infection and determine whether patients were virally suppressed. This bill would allow Medi-Cal providers to share HIV test information directly with the subject's Medi-Cal plan and deidentified data with DHCS.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Appropriations Committee, the most recent version of this bill would have no state costs.

SUPPORT: (Verified 9/8/25)

San Francisco AIDS Foundation (source)
Bienestar Human Services
California Legislative LGBTQ Caucus
California LGBTQ Health and Human Services Network
California Pan-Ethnic Health Network
DAP Health
End the Epidemics
Equality California
Essential Access Health
GLIDE
Health Access California
Los Angeles LGBT Center
National Health Law Program

Sacramento LGBT Community Center
Sunburst Projects
The Source LGBT+ Center
Viet Rainbow of Orange County
ViiV Healthcare
Western Center on Law & Poverty

OPPOSITION: (Verified 9/8/25)

None received

ARGUMENTS IN SUPPORT: Sponsor San Francisco AIDS Foundation writes that more than 50,000 Californians living with HIV are not virally suppressed despite the availability of effective HIV treatment. They argue that giving the Medi-Cal program more tools to share HIV data with the Medi-Cal plans will enable DHCS to base Medi-Cal plan payments on their members' HIV health outcomes. They point to a program in Louisiana that allowed the state Medicaid agency to withhold a portion of the Medicaid plan payments unless the plans achieved target goals, which lead to an increase in the viral suppression rate from 67% to 80% of Louisiana's Medicaid enrollees. Letters submitted by other provider and consumer supporters point out that one in three people living with HIV in California is on Medi-Cal. They also point out that the state currently uses value-based payment programs to manage other chronic conditions in the Medi-Cal program but it is only state law prohibiting disclosure of HIV information that prevents this from occurring with HIV.

ASSEMBLY FLOOR: 79-0, 9/8/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Nguyen

Prepared by: Jen Flory / HEALTH / (916) 651-4111
9/8/25 19:46:29

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