Date of Hearing: July 15, 2025

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 297 (Hurtado) – As Amended July 7, 2025

SENATE VOTE: 37-0

SUBJECT: VALLEY FEVER SCREENING AND PREVENTION ACT OF 2025

KEY ISSUE: SHOULD ALL ADULT PATIENTS RECEIVING PRIMARY CARE SERVICES IN A HIGH-INCIDENCE REGION FOR VALLEY FEVER BE OFFERED VALLEY FEVER SCREENING; AND SHOULD HEALTH CARE PROVIDERS WHO DETERMINE, BASED UPON THEIR PROFESSIONAL JUDGEMENT, THAT SCREENING IS NOT APPROPRIATE, BE PROTECTED FROM DISCIPLINARY ACTION AND CIVIL OR CRIMINAL LIABILITY FOR EXERCISING THEIR JUDGMENT?

SYNOPSIS

Valley fever is an invasive fungal disease that cannot be reliably distinguished from other causes of respiratory illness by signs or symptoms alone. It is commonly misdiagnosed and inappropriately treated. Valley fever affects approximately 10,000 to 20,000 people each year. This author-sponsored bill requires an adult patient receiving primary care services in specified health care settings in high-incidence regions for valley fever to be offered valley fever screening. It also provides that health care providers who determine, based upon their professional judgement, that screening is not appropriate, are protected from disciplinary action and civil or criminal liability for exercising their judgment.

Most of the bill's provisions are in the jurisdiction of the Assembly Committee on Health, which recently approved the bill by a vote of 14-0. The author agreed to amendments in that committee to clarify that "screening," not "testing" for Valley Fever is required. Relevant to this Committee, the bill provides that a health care provider who determines, based upon their professional judgement, that screening is not appropriate, is protected from disciplinary action and civil or criminal liability for exercising their judgment, which is the focus of this analysis. Recent amendments (July 7, 2025) made minor changes to the bill's immunity language in a manner that respects and defers to the professional judgment and discretion of medical professionals and maintain the author's preference for mandatory screenings of certain populations, but limits to some extent the unintended negative consequences of providing complete immunity to medical providers.

The bill is supported by a number of Central Valley health care groups and advocacy organizations; the City of Avenal; the Center on Race, Poverty & the Environment; and one individual, among others. It is opposed by the Association of California Life & Health Insurance Companies and the California Association of Health Plans. The County Health Executives Association of California are opposed to the bill, unless amended, to provide funding for its mandate.

SUMMARY: Requires an adult patient receiving primary care services in specified health care settings in a high-incidence region for valley fever to be offered valley fever screening and provides that health care providers who determine, based upon their professional judgement, that

screening is not appropriate, are protected from disciplinary action and civil or criminal liability for exercising their judgment. Specifically, **this bill**:

1) On behalf of the Legislature, finds and declares all of the following:

    a) Valley fever is a significant public health concern in California, disproportionately impacting residents of arid regions.

    b) Early detection and intervention are essential to reduce the medical and economic burdens associated with severe cases of valley fever.

    c) Valley fever screening and prevention is necessary to protect the health and well-being of Californians residing in high-risk areas.

    d) Under existing Medi-Cal coverage, skin test screenings for Valley fever are available to Medi-Cal members as part of an office visit for any Medi-Cal member experiencing symptoms. In addition, Medi-Cal covers diagnostic blood tests.

2) Provides that, commencing January 1, 2028, an adult patient who receives primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting where primary care services are provided, and in a high-incidence region for valley fever, as identified by the State Department of Public Health, shall be screened for valley fever to the extent these services are covered under the patient's health insurance, based on the current national clinical practice recommendations, unless the health care provider reasonably believes that one of the following conditions applies:

    a) The patient is being treated for a life-threatening emergency.

    b) The patient has previously been screened or tested for valley fever.

    c) The patient lacks capacity to consent to a valley fever screening test.

    d) The patient is being treated in the emergency department of a general acute care hospital.

3) Provides that if the result of a valley fever screening suggests that testing should be considered, a health care provider shall offer diagnostic testing, to the extent these services are covered under the patient's health insurance. If the diagnostic test result is positive, the health care provider shall offer care based on current national clinical practice recommendations for valley fever management or offer to refer the patient to a health care provider who can provide followup health care.

4) Requires the offering of a valley fever screening test under this section to be culturally and linguistically appropriate.

5) Clarifies that the above provisions do not affect the scope of practice of any health care provider or diminish any authority or legal or professional obligation of any health care provider to offer a screen or test for valley fever, or to provide services or care for the patient of a valley fever screening or test.

6) Provides that a health care provider who, based upon their professional judgement, determines that it is not appropriate to screen or offer to screen a patient for Valley Fever or

to consider or offer a patient diagnostic testing or care for Valley Fever, shall not be subject to any disciplinary action related to their licensure, certification, or privileges in relation to that determination. Further provides that a violation of the bill's requirements shall not be the basis of any civil or criminal liability.

7) Defines the following for purposes of the above:

   a) "Followup health care" includes providing medical management for valley fever according to the current national practice recommendations.

   b) "Valley fever screening" means assessing a patient's clinical presentation to determine if diagnostic testing for coccidioidomycosis should be considered in accordance with current national clinical practice recommendations.

8) Provides that a health care service plan contract shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement for a valley fever screening or test provided pursuant to the bill in high-incidence regions for valley fever.

9) Provides that, notwithstanding 8), if a health care service plan contract is a high deductible health plan, the contract shall not impose a deductible, coinsurance, or any other cost sharing on a valley fever screening or test for any covered individual that lives, works, attends school or that recently visited any high incidence region for valley fever, unless not applying the deductible, coinsurance, or other cost sharing would conflict with federal requirements for high deductible health plans.

10) Requires the State Department of Public Health, to the extent feasible and using available data and resources, to annually analyze and identify regions with elevated rates of valley fever based on public health surveillance data and in consultation with subject matter experts.

   a) Clarifies that the department may revise its identification criteria over time in response to shifting patterns of disease incidence.

   b) Requires the department to publish its first list of high-incidence regions for valley fever on or before March 1, 2027.

   c) Requires the department to provide local health departments in high-incidence regions with detailed infection data and standardized screening protocols that align with the current national clinical practice recommendations for valley fever.

   d) The department shall develop and distribute evidence-based training materials on valley fever screening, detection, diagnosis, and treatment for health care providers.

11) Requires local health departments in high incidence areas to conduct outreach to health care providers and the general public to raise awareness of valley fever risks, symptoms, and prevention strategies; and requires departments to annually report to the State Department of Public Health the number of confirmed cases of valley fever.

12) Provides that on or before January 1, 2030, and every two years thereafter, the department shall evaluate the effectiveness of the valley fever screening and prevention program and

report its findings to the Legislature; and specifies that the report is to be submitted in compliance with Section 9795 of the Government Code.

13) Provides that a health insurance policy shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on a valley fever screening or test provided pursuant to the bill in high-incidence regions for valley fever for any covered individual that lives, works, attends school or has recently visited any high incidence region for valley fever.

14) Provides that notwithstanding 13), if a health insurance policy is a high deductible health plan, the policy shall not impose a deductible, coinsurance, or any other cost sharing on a valley fever screening test, unless not applying the deductible, coinsurance, or other cost sharing would conflict with federal requirements for high deductible health plans.

EXISTING LAW:

1) Requires that an adult patient who receives primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting where primary care services are provided, shall be offered a hepatitis B screening test and a hepatitis C screening test, to the extent these services are covered under the patient's health insurance. (Health & Safety Code Section 1316.7 (a).)

2) Provides that a health care provider that fails to comply with the requirements of this section shall not be subject to any disciplinary actions related to their licensure or certification, or to any civil or criminal liability, because of the health care provider's failure to comply with the requirements of this section. (*Id.,* at (e).)

3) Requires that a patient who is 18 years of age or older and who receives health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, shall be offered a tuberculosis screening, including, but not limited to, assessment for tuberculosis risk and appropriate followup, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, based on the latest screening indications recommended by the State Department of Public Health, the federal Centers for Disease Control and Prevention, the American Thoracic Society, or the United States Preventive Services Task Force. (Health & Safety Code Section 121560 (a).)

4) Provides that a health care provider that fails to comply with the requirements of this section shall not be subject to any disciplinary actions related to their licensure or certification, or to any civil or criminal liability, because of the health care provider's failure to comply with the requirements of this section. (*Id.,* at (f).)

5) Provides that a provider of health care, as defined in Section 56.05 of the Civil Code, its officers, employees, agents, and subcontractors, who are defended by the Attorney General pursuant to Section 12511.5, or other legal counsel provided by the state, shall be indemnified in accordance with Section 825, subject to the same conditions and limitations applicable to state employees, except that no provider of health care shall be indemnified in a civil rights action unless the health care provider maintains insurance for professional negligence. To the extent that negligence constitutes the basis of liability of the health care provider, the provider's private insurance shall be the source of recovery. (Gov. Code 827.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: This author-sponsored bill requires an adult patient receiving primary care services in specified health care settings in high-incidence regions for valley fever to be offered valley fever screening. It also provides that health care providers who determine, based upon their professional judgement, that screening is not appropriate, are protected from disciplinary action and civil or criminal liability for exercising their judgment. According to the author:

> Valley Fever is a growing public health crisis, yet too many cases go undiagnosed for too long. SB 297 ensures that Californians in high-incidence regions receive the early detection and care they deserve. . . .
>
> No one should have to choose between affordability and their health—so beginning in 2027, insurance plans, including Medi-Cal (pending federal approval), will cover these tests without cost-sharing.
>
> Public health should be proactive, not reactive. SB 297 strengthens California's response by requiring ongoing program assessments and legislative reports to ensure effectiveness. By equipping communities with better data, removing cost barriers, and prioritizing early detection, this bill takes a critical step toward reducing the devastating impact of Valley Fever. Californians deserve a healthcare system that catches Valley Fever early—before it catches them.

Valley fever is an invasive fungal disease that cannot be reliably distinguished from other causes of respiratory illness by signs or symptoms alone. It is commonly misdiagnosed and inappropriately treated. Valley fever affects approximately 10,000 to 20,000 people each year. Most of these reported cases occur in California and Arizona.

To respond to this increased incidence of valley fever in certain California communities, this bill requires patients to be offered valley fever screening based on screening indications recommended by the latest national clinical practice guidelines, to the extent these services are covered under the patient's health insurance, and certain conditions are met. There are reporting requirements for state and local health entities and provisions related to health care coverage.

Most of the bill's provisions are in the jurisdiction of the Assembly Committee on Health, which recently approved the bill by a vote of 14-0. The author agreed in the Health Committee to clarify that "screening" but not "testing" for Valley Fever is required by the bill. Relevant to this Committee, the bill provides that a health care provider who determines, based upon their professional judgement, that screening is not appropriate, is protected from disciplinary action and civil or criminal liability for exercising their judgment, which is the focus of this analysis.

The bill, prior to being amended on July 7, 2025, provided that a health care provider, "shall not be subject to any disciplinary actions related to their licensure or certification, or to any civil or criminal liability, because of the health care provider's failure to comply with the requirements of this section."

This language is closely modeled on immunity language codified by AB 789 (Low, Ch. 470, Stats. 2021) [requiring screening for hepatitis B and C]; and AB 2132 (Low, Ch. 951, Stats. 2024) [requiring screening for tuberculosis], neither of which were referred to this Committee. The language of the bill prior to the July 7th amendments—and the immunity language enacted by AB 789 and AB 2132--arguably was much more expansive than it should or had to be. The language implied that, despite the bill's mandate for screening, that there can be no legal

consequences whatsoever for a health care provider's failure to comply with the screening requirement, regardless of the circumstances. By stating that the provider "shall not be subject to any disciplinary actions related to their licensure or certification" or subject to "any civil or criminal liability" for failure to comply with the requirements of the bill, the prior immunity language could have been interpreted to mean that a violation of the requirements could not ever be considered, even in a disciplinary, civil, or criminal proceeding not directly related to the violation, but in which the violation was relevant. So hypothetically, if a physician had a pattern and history or denying preventative care or treatment to patients--perhaps on the basis of their race, sex, or gender identity--evidence of them denying a Valley Fever Screening test could not be considered as evidence as part of a pattern of that discriminatory conduct. This is counterproductive to both the axiom that everyone –including health care providers –should be responsible for their misconduct, but also to the bill's goal of promoting screening or testing for Valley Fever in appropriate circumstances.

Recent amendments (July 7, 2025) made the following minor changes to the bill's immunity language. The modified language respects and defers to the professional judgment and discretion of medical professionals and also maintain the author's preference for mandatory screenings of certain populations, but also limits to some extent the unintended negative consequences of providing complete immunity to medical providers:

> (e) A health care provider ~~that fails to comply with the requirements of this section~~ ***who, based upon their professional judgement, determines that it is not appropriate to screen or offer to screen a patient for Valley Fever or to consider or offer a patient diagnostic testing or care for Valley Fever*****,** shall not be subject to any disciplinary action related to their licensure**,** ~~or~~ certification, or ~~to~~ ***privileges in relation to that determination. A violation of this section shall not be the basis of*** any civil or criminal liability ~~because of the health care provider's failure to comply with the requirements of this section.~~**.**

This language still provides arguably too broad immunity to health care providers. However, it does not foreclose the consideration of a violation of the bill's requirements, at least in criminal and civil proceedings. Rather, the language provides that a violation of the bill's screening requirement itself cannot be the "basis" of civil or criminal liability on the part of the provider.

Given that the bill provides virtually no consequences for a health provider's failure to comply with the bill's screening mandate, and arguably has negative public policy outcomes by including the immunity provision – even as recently amended –the author may wish to consider, as the bill moves forward, making the bill explicitly discretionary (which it effectively is, given that its mandate is unenforceable) and removing the immunity provision from the bill.

ARGUMENTS IN SUPPORT*:* Altura Centers for Health (ACH) supports this bill and states despite the growing prevalence of Valley fever, awareness remains low. Misdiagnosis is common, leading to delay in treatment and unnecessary suffering for patients. ACH continues that public health agencies face significant challenges in tracking cases due to inconsistent testing and reporting practices. ACH continues that in the Central Valley, thousands of cases go unreported each year, leaving public health officials with an incomplete picture of the disease's true impact. ACH contends that as Valley fever becomes more widespread, the need for improved surveillance, education, and research into its management requires the upmost urgency. ACH notes that the threat of Valley fever isn't merely a problem for today, but it's a looming problem for the future. Proactive measures like this bill aim to tackle this issue by

requiring DPH to identify and share data on regions with high Valley fever rates, mandating screening in high-incidence areas when medically necessary, and ensuring health insurance providers, including Medi-Cal, cover screenings at no additional cost to patients.

***ARGUMENTS IN OPPOSITION**:* The California Association of Health Plans (CAHP) and the Association of California Life and Health Insurance Companies (ACLHIC) write that they oppose SB 297, among others that mandate insurance coverage, as a matter of principle:

> Large employers, unions, small businesses, and hard-working families value their ability to shop for the right health plan – at the right price – that best fits their needs. Benefit mandates impose a one-size-fits-all approach to medical care and benefit design without consideration for consumer choice. ***These bills will lead to higher premiums, harming health care affordability and access for small businesses and individuals.***
>
> State mandates increase premium costs for families, individuals, and small business owners who cannot or do not wish to self-insure.

The County Health Executives Association of California (CHEAC), representing local health departments, writes that they are opposed to the bill, unless amended to provide a funding source for the bill:

> Local health departments share Senator Hurtado's desire to ensure awareness and timely treatment for those with Valley Fever infections, many of whom live in underserved areas. However, the new mandate on local health departments to conduct Valley Fever outreach and education without funding for these activities unfortunately requires CHEAC to oppose SB 297 unless amended to address funding for the bill's new local mandate.

REGISTERED SUPPORT / OPPOSITION:

Support

Altura Centers for Health
Aria Community Health Center
California Health Collaborative
Center on Race, Poverty & the Environment
City of Avenal
Kern Medical
Mycare Foundation
Saint Agnes Medical Center
Sierra View Medical Center
Southern California Contractors Association
Valley Fever Americas Foundation
One individual

Opposition

Association of California Life & Health Insurance Companies (ACLHIC)
California Association of Health Plans (CAHP)
County Health Executives Association of California (CHEAC) (unless amended)

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