

AMENDED IN ASSEMBLY JULY 7, 2025

AMENDED IN SENATE APRIL 10, 2025

AMENDED IN SENATE APRIL 2, 2025

SENATE BILL

No. 297

Introduced by Senator Hurtado

February 10, 2025

An act to amend Section 122475 of, to add Sections 1316.8 and 1367.57 to, to add the heading of Chapter 1 (commencing with Section 122475) to Part 7.7 of Division 105 of, and to add Chapter 2 (commencing with Section 122480) to Part 7.7 of Division 105 of, the Health and Safety Code, *and* to add Section 10123.25 to the Insurance Code, ~~and to add Section 14132.13 to the Welfare and Institutions Code,~~ relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 297, as amended, Hurtado. Valley Fever Screening and Prevention Act of 2025.

(1) Existing law establishes the State Department of Public Health to, among other things, implement and administer various programs relating to public health. Existing law, the Valley Fever Education, Early Diagnosis, and Treatment Act, states the intent of the Legislature to raise awareness of the symptoms, tests, and treatments for valley fever among the general public, primary health care providers, and health care providers who care for persons at higher risk for getting valley fever.

This bill, the Valley Fever Screening and Prevention Act of 2025, would require the ~~department to annually analyze and identify regions with high rates of valley fever using public health surveillance data.~~

department, in consultation with subject matter experts, to the extent feasible and using available data and resources, including public health surveillance data, to annually analyze and identify regions with elevated rates of valley fever. The bill would require the department to publish its first list of high-incidence regions for valley fever on or before March 1, 2027. The bill would require 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. The bill would require the department, on or before January 1, 2030, and every 2 years thereafter, to evaluate the effectiveness of the valley fever screening and prevention program and report its findings to the Legislature.

This bill would require 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. The bill would require local health departments to annually report the number of confirmed cases of valley fever to the department, as specified. By imposing duties on local health departments, this bill would impose a state-mandated local program.

(2) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. A violation of these provisions is a crime.

This bill, commencing January 1, 2028, would require an adult patient receiving primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting, and in a high-incidence region for valley fever, ~~to be offered a valley fever screening test, as specified. screened for valley fever, to the extent the services are covered under the patient's health insurance, unless specified circumstances exist. If the results of a screening suggest that testing should be considered, the bill would require the health care provider to offer the patient diagnostic testing. If the test result is positive, the health care provider shall offer care, as specified, for valley fever management.~~ The bill would prohibit a health care provider ~~who fails to comply with these provisions who, based on their professional judgment, determines it is not appropriate to screen, offer to screen, or consider or offer a patient testing for valley fever from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure. licensure, certification, or privileges in relation to that determination. The bill would also prohibit a violation of these provisions from being the basis of civil or criminal liability.~~

By expanding the scope of a crime applicable to the health care settings described above, this bill would impose a state-mandated local program.

~~(3) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Existing law,~~

(3) *Existing law*, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

This bill would ~~require~~ *prohibit* a health care service plan contract or health insurance policy, except as specified, ~~that is issued, amended, delivered, or renewed on or after June 1, 2027, to cover, without cost sharing, from imposing a deductible, coinsurance, copayment, or other requirement on a valley fever screening or test, as specified, in high-incidence regions for valley fever, as identified by the State Department of Public Health.~~ *fever*. Because a violation of this requirement relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

~~The bill would add the aforementioned screening tests as a Medi-Cal covered benefit, subject to any necessary federal approvals and federal financial participation, as specified.~~

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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

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

1 SECTION 1. This act is known, and may be cited, as the Valley
2 Fever Screening and Prevention Act of 2025.

1 SEC. 2. The Legislature finds and declares all of the following:

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

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

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

10 (d) *Under existing Medi-Cal coverage, skin tests for valley fever*
11 *are available to Medi-Cal members as part of an office visit for*
12 *any Medi-Cal member experiencing symptoms. In addition,*
13 *Medi-Cal covers diagnostic blood tests.*

14 SEC. 3. Section 1316.8 is added to the Health and Safety Code,
15 to read:

16 1316.8. (a) Commencing January 1, 2028, an adult patient
17 who receives primary care services in a facility, clinic, unlicensed
18 clinic, center, office, or other setting where primary care services
19 are provided, and in a high-incidence region for valley fever, as
20 identified by the State Department of Public Health pursuant to
21 Section 122480, shall be ~~offered a valley fever screening test,~~
22 ~~screened for valley fever,~~ to the extent these services are covered
23 under the patient's health insurance, based on the ~~latest screening~~
24 ~~indications recommended by the latest national clinical practice~~
25 ~~guidelines,~~ *current national clinical practice recommendations,*
26 unless the health care provider reasonably believes that one of the
27 following conditions applies:

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

29 (2) ~~(A) The patient has previously been offered or has been the~~
30 ~~subject of a valley fever screening test.~~ *screened or tested for valley*
31 *fever.*

32 ~~(B) This paragraph does not apply if the health care provider~~
33 ~~determines that the screening test should be offered again.~~

34 (3) The patient lacks capacity to consent to a valley fever
35 screening test.

36 (4) The patient is being treated in the emergency department of
37 a general acute care hospital, as defined in subdivision (a) of
38 Section 1250.

39 ~~(b) (1) If a patient accepts the offer of a valley fever screening~~
40 ~~test and the test result is positive, a health care provider shall offer~~

1 the patient followup health care or refer the patient to a health care
2 provider who can provide followup health care.

3 ~~(2) Followup health care shall include diagnostic testing and~~
4 ~~care based on the latest national clinical practice guidelines~~
5 ~~recommended for valley fever management.~~

6 *(b) If the result of a valley fever screening suggests that testing*
7 *should be considered, a health care provider shall offer diagnostic*
8 *testing, to the extent these services are covered under the patient's*
9 *health insurance. If the diagnostic test result is positive, the health*
10 *care provider shall offer care based on current national clinical*
11 *practice recommendations for valley fever management or offer*
12 *to refer the patient to a health care provider who can provide*
13 *followup health care.*

14 (c) The offering of a valley fever screening test under this
15 section shall be culturally and linguistically appropriate.

16 (d) This section shall not affect the scope of practice of any
17 health care provider or diminish any authority or legal or
18 professional obligation of any health care provider to offer a *screen*
19 *or test for valley fever screening test, fever,* or to provide services
20 or care for the patient of a valley fever screening *or test.*

21 (e) ~~A health care provider that fails to comply with the~~
22 ~~requirements of this section who, based upon their professional~~
23 ~~judgment, determines that it is not appropriate to screen, or offer~~
24 ~~to screen, a patient for valley fever, or to consider or offer a patient~~
25 ~~diagnostic testing or care for valley fever, shall not be subject to~~
26 ~~any disciplinary actions related to their licensure or certification,~~
27 ~~or to any civil or criminal liability, because of the health care~~
28 ~~provider's failure to comply with the requirements of this section.~~
29 *licensure, certification, or privileges in relation to that*
30 *determination. A violation of this section shall not be the basis of*
31 *any civil or criminal liability.*

32 (f) For purposes of this section, the following definitions apply:

33 (1) "Followup health care" includes providing medical
34 management for valley fever according to ~~the latest current~~ national
35 clinical practice ~~guidelines.~~ *recommendations.*

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

40 ~~(2)~~

(3) “Valley fever-screening test” includes any laboratory test or tests that detect the presence of *Coccidioides* infection and provides confirmation of whether the patient has ~~been infected~~ *an active infection*.

SEC. 4. Section 1367.57 is added to the Health and Safety Code, to read:

~~1367.57. (a) A health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after June 1, 2027, shall cover a valley fever screening test provided pursuant to Section 1316.8 in high-incidence regions for valley fever, as identified by the State Department of Public Health pursuant to Section 122480.~~

~~(b) (1)~~
1367.57. (a) A health care service plan contract shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement ~~on the coverage provided pursuant to this section.~~ *a valley fever screening or test provided pursuant to Section 1316.8 in high-incidence regions for valley fever.*

~~(2)~~
(b) Notwithstanding ~~paragraph (1), subdivision (a),~~ if a health care service plan contract is a high deductible health plan as defined in Section 223(c)(2) of Title 26 of the United States Code, the contract shall not impose a deductible, coinsurance, or any other cost sharing on a valley fever screening ~~test, or test for a covered individual that lives, works, or attends school in or that recently visited a 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.

SEC. 5. The heading of Chapter 1 (commencing with Section 122475) is added to Part 7.7 of Division 105 of the Health and Safety Code, to read:

CHAPTER 1. GENERAL PROVISIONS

SEC. 6. Section 122475 of the Health and Safety Code is amended to read:

122475. This chapter shall be known, and may be cited, as the Valley Fever Education, Early Diagnosis, and Treatment Act.

SEC. 7. Chapter 2 (commencing with Section 122480) is added to Part 7.7 of Division 105 of the Health and Safety Code, to read:

CHAPTER 2. SCREENING AND PREVENTION

122480. (a) (1) The State Department of Public Health ~~shall~~
shall, to the extent feasible and using available data and resources,
annually analyze and identify regions with ~~high~~ *elevated* rates of
valley fever ~~using based on public health surveillance data. data~~
and in consultation with subject matter experts. The department
may revise its identification criteria over time in response to
shifting patterns of disease incidence.

(2) The department shall publish its first list of high-incidence
regions for valley fever on or before March 1, 2027.

(b) The department shall 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.

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

122481. (a) Local health departments in high incidence areas
shall conduct outreach to health care providers and the general
public to raise awareness of valley fever risks, symptoms, and
prevention strategies.

(b) Local health departments shall annually report to the State
Department of Public Health the number of confirmed cases of
valley fever.

122482. (a) Notwithstanding Section 10231.5 of the
Government Code, 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.

(b) A report to be submitted pursuant to subdivision (a) shall
be submitted in compliance with Section 9795 of the Government
Code.

SEC. 8. Section 10123.25 is added to the Insurance Code, to
read:

~~10123.25. (a) A health insurance policy, except for a~~
~~specialized health insurance policy, that is issued, amended,~~
~~delivered, or renewed on or after June 1, 2027, shall cover a valley~~
~~fever screening test provided pursuant to Section 1316.8 of the~~
~~Health and Safety Code in high-incidence regions for valley fever,~~

1 as identified by the State Department of Public Health pursuant to
2 Section 122480 of the Health and Safety Code.

3 ~~(b) (1)~~

4 10123.25. (a) A health insurance policy shall not impose a
5 deductible, coinsurance, copayment, or any other cost-sharing
6 requirement on the coverage provided pursuant to this section: a
7 valley fever screening or test provided pursuant to Section 1316.8
8 of the Health and Safety Code in high-incidence regions for valley
9 fever for any covered individual that lives, works, or attends school
10 in or that recently visited any high-incidence region for valley
11 fever.

12 ~~(e)~~

13 (b) Notwithstanding ~~paragraph (1)~~, subdivision (a), if a health
14 insurance policy is a high deductible health plan, as defined in
15 Section 223(c)(2) of Title 26 of the United States Code, the policy
16 shall not impose a deductible, coinsurance, or any other cost
17 sharing on a valley fever screening test, unless not applying the
18 deductible, coinsurance, or other cost sharing would conflict with
19 federal requirements for high deductible health plans.

20 SEC. 9. ~~Section 14132.13 is added to the Welfare and~~
21 ~~Institutions Code, to read:~~

22 14132.13. (a) ~~Commencing on June 1, 2027, valley fever~~
23 ~~screening tests in high-incidence regions for valley fever, as~~
24 ~~identified by the State Department of Public Health pursuant to~~
25 ~~Section 122480 of the Health and Safety Code, shall be a covered~~
26 ~~benefit under the Medi-Cal program.~~

27 ~~(b) This section shall be implemented only to the extent that~~
28 ~~any necessary federal approvals are obtained and federal financial~~
29 ~~participation is available and not otherwise jeopardized.~~

30 ~~SEC. 10.~~

31 SEC. 9. No reimbursement is required by this act pursuant to
32 Section 6 of Article XIII B of the California Constitution for certain
33 costs that may be incurred by a local agency or school district
34 because, in that regard, this act creates a new crime or infraction,
35 eliminates a crime or infraction, or changes the penalty for a crime
36 or infraction, within the meaning of Section 17556 of the
37 Government Code, or changes the definition of a crime within the
38 meaning of Section 6 of Article XIII B of the California
39 Constitution.

1 However, if the Commission on State Mandates determines that
2 this act contains other costs mandated by the state, reimbursement
3 to local agencies and school districts for those costs shall be made
4 pursuant to Part 7 (commencing with Section 17500) of Division
5 4 of Title 2 of the Government Code.

O