

AMENDED IN SENATE APRIL 10, 2025

AMENDED IN SENATE APRIL 2, 2025

**SENATE BILL**

**No. 297**

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**Introduced by Senator Hurtado**

February 10, 2025

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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, 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. 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 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 regions to ensure compliance with screening protocols for valley fever. ~~The bill would require local health departments~~ *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 ~~and demographic and geographic data~~ *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. The bill would prohibit a health care provider who fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure.

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, 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 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, valley fever screening ~~tests~~ *test, as specified*, in high-incidence regions for valley fever, as identified by the State Department of Public Health. 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.  
3 SEC. 2. The Legislature finds and declares all of the following:  
4 (a) Valley fever is a significant public health concern in  
5 California, disproportionately impacting residents of arid regions.  
6 (b) Early detection and intervention are essential to reduce the  
7 medical and economic burdens associated with severe cases of  
8 valley fever.  
9 (c) Valley fever screening and prevention is necessary to protect  
10 the health and well-being of Californians residing in high-risk  
11 areas.  
12 SEC. 3. Section 1316.8 is added to the Health and Safety Code,  
13 to read:  
14 1316.8. (a) Commencing January 1, 2028, an adult patient  
15 who receives primary care services in a facility, clinic, unlicensed  
16 clinic, center, office, or other setting where primary care services  
17 are provided, and in a high-incidence region for valley fever, as

1 identified by the State Department of Public Health pursuant to  
2 Section 122480, shall be offered a valley fever screening test, to  
3 the extent these services are covered under the patient's health  
4 insurance, based on the latest screening indications recommended  
5 by the latest national clinical practice guidelines, unless the health  
6 care provider reasonably believes that one of the following  
7 conditions applies:

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

9 (2) (A) The patient has previously been offered or has been the  
10 subject of a valley fever screening test.

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

13 (3) The patient lacks capacity to consent to a valley fever  
14 screening test.

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

18 (b) (1) If a patient accepts the offer of a valley fever screening  
19 test and the test result is positive, a health care provider shall offer  
20 the patient followup health care or refer the patient to a health care  
21 provider who can provide followup health care.

22 (2) Followup health care shall include diagnostic testing and  
23 care based on the latest national clinical practice guidelines  
24 recommended for valley fever management.

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

27 (d) This section shall not affect the scope of practice of any  
28 health care provider or diminish any authority or legal or  
29 professional obligation of any health care provider to offer a valley  
30 fever screening test, or to provide services or care for the patient  
31 of a valley fever screening test.

32 (e) A health care provider that fails to comply with the  
33 requirements of this section shall not be subject to any disciplinary  
34 actions related to their licensure or certification, or to any civil or  
35 criminal liability, because of the health care provider's failure to  
36 comply with the requirements of this section.

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

38 (1) "Followup health care" includes providing medical  
39 management for valley fever according to the latest national clinical  
40 practice guidelines.

(2) “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.

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 ~~tests~~ *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) 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.

(2) *Notwithstanding paragraph (1), 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, 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 annually analyze and identify regions with high rates of valley fever using public health surveillance data.

(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 for valley fever.

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

~~122481. (a) Local health departments in high-incidence regions, as identified pursuant to Section 122480, shall ensure compliance with screening protocols for valley fever.~~

~~(b)~~

(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.

~~(c)~~

(b) Local health departments shall annually report to the State Department of Public Health the number of confirmed cases of valley fever and relevant demographic and geographic data to support statewide tracking and response efforts. *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 tests *test provided pursuant to Section 1316.8 of the Health and Safety Code* in high-incidence regions for valley fever, as identified by the State Department of Public Health pursuant to Section 122480 of the Health and Safety Code.

1 (b) (1) A health insurance policy shall not impose a deductible,  
2 coinsurance, copayment, or any other cost-sharing requirement on  
3 the coverage provided pursuant to this section.

4 (c) *Notwithstanding paragraph (1), if a health insurance policy*  
5 *is a high deductible health plan, as defined in Section 223(c)(2)*  
6 *of Title 26 of the United States Code, the policy shall not impose*  
7 *a deductible, coinsurance, or any other cost sharing on a valley*  
8 *fever screening test, unless not applying the deductible,*  
9 *coinsurance, or other cost sharing would conflict with federal*  
10 *requirements for high deductible health plans.*

11 SEC. 9. Section 14132.13 is added to the Welfare and  
12 Institutions Code, to read:

13 14132.13. (a) Commencing on June 1, 2027, valley fever  
14 screening tests in high-incidence regions for valley fever, as  
15 identified by the State Department of Public Health pursuant to  
16 Section 122480 of the Health and Safety Code, shall be a covered  
17 benefit under the Medi-Cal program.

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

21 SEC. 10. No reimbursement is required by this act pursuant to  
22 Section 6 of Article XIII B of the California Constitution for certain  
23 costs that may be incurred by a local agency or school district  
24 because, in that regard, this act creates a new crime or infraction,  
25 eliminates a crime or infraction, or changes the penalty for a crime  
26 or infraction, within the meaning of Section 17556 of the  
27 Government Code, or changes the definition of a crime within the  
28 meaning of Section 6 of Article XIII B of the California  
29 Constitution.

30 However, if the Commission on State Mandates determines that  
31 this act contains other costs mandated by the state, reimbursement  
32 to local agencies and school districts for those costs shall be made  
33 pursuant to Part 7 (commencing with Section 17500) of Division  
34 4 of Title 2 of the Government Code.