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HEALTH AND SAFETY CODE - HSC

DIVISION 105. COMMUNICABLE DISEASE PREVENTION AND CONTROL [120100 - 122476] (*Division 105 added by Stats. 1995, Ch. 415, Sec. 7.)*

PART 3. SEXUALLY TRANSMITTED DISEASE [120500 - 120750] (*Part 3 added by Stats. 1995, Ch. 415, Sec. 7.)*

CHAPTER 1. Prevention and Control [120500 - 120605] (*Chapter 1 added by Stats. 1995, Ch. 415, Sec. 7.)*

120500. As used in the Communicable Disease Prevention and Control Act (Section 27) "venereal diseases" means syphilis, gonorrhea, chancroid, lymphopathia venereum, granuloma inguinale, and chlamydia.

(*Amended by Stats. 2000, Ch. 835, Sec. 4. Effective January 1, 2001.*)

120505. The department shall develop and review plans and provide leadership and consultation for, and participate in, a program for the prevention and control of venereal disease.

(*Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.*)

120510. The department shall cooperate in the prevention, control, and cure of venereal diseases with physicians and surgeons; medical schools; public and private hospitals, dispensaries, and clinics; public and private school, college and university authorities; penal and charitable institutions; reform and industrial schools; detention homes; federal, state, local and district health officers, and boards of health, and all other health authorities; institutions caring for the mentally ill; and with any other persons, institutions, or agencies.

(*Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.*)

120511. (a) The department shall allocate funds to local health jurisdictions for sexually transmitted disease prevention and control activities in accordance, to the extent possible, with the following:

(1) Local health jurisdictions shall be prioritized based on population and incidence of sexually transmitted diseases.

(2) Funds shall be allocated to prioritized local health jurisdictions in a manner that balances the need to spread funding to as many local health jurisdictions, community-based organizations, and nonprofit health care providers as possible and the need to provide meaningful activities to each recipient. No less than 50 percent of the funds allocated to local health jurisdictions shall be provided to, or used to support activities in partnership with, community-based organizations or nonprofit health care providers, provided that there are community-based organizations or nonprofit health care providers in the jurisdiction that can conduct the activities and provide these services consistent with this section.

(3) Each local health jurisdiction shall demonstrate to the department that the community-based organization or nonprofit health care provider that receives funding under this section has done all of the following:

(A) Identified priority target populations.

(B) Satisfactorily described its outreach protocols.

(C) Included community resources for prevention and control activities.

(D) Engaged representatives from impacted communities in the development of outreach activities.

(4) Local health jurisdiction shall use these funds to facilitate expanded access to sexually transmitted infection (STI) clinical services, including, but not limited to, LBGTQ+ populations, including those who face confidentiality barriers in using their health

coverage to receive STI testing, treatment, and related care.

(5) The department shall develop measures for each local health jurisdiction funded pursuant to this section to demonstrate accountability.

(b) In awarding funds pursuant to subdivision (a), the department shall authorize local health jurisdictions to include innovative and impactful prevention and control activities, including, but not limited to, the following:

(1) Voluntary screening for sexually transmitted diseases among inmates and wards of county adult and juvenile correctional facilities. The department may provide assistance or guidance to the local health jurisdiction if necessary to secure participation by other county agencies.

(2) Technology, telehealth, and digital platforms and applications to enhance immediate access to screening, testing, and treatment, as well as partner activities in order to speed activities and to reduce administrative costs.

(3) State-of-the-art testing modalities that ensure swift and accurate screening for, and diagnosis of, sexually transmitted diseases.

(4) Community-based testing and disease investigation.

(5) Integrated services for STIs, viral hepatitis, human immunodeficiency virus (HIV) infection, and drug overdose, to the extent they improve health outcomes for people living with, or at risk for, STIs.

(6) Material support, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to people living with, or at risk for, STIs for purposes consistent with this section.

(c) The department may use funds to support capacity building assistance for purposes consistent with this section, including integrated services for STIs, viral hepatitis, HIV, and drug overdose, to the extent they improve health outcomes for people living with, or at risk for, STIs.

(d) The department shall monitor activities in funded local health jurisdictions, based on the accountability measures required under paragraph(5) of subdivision (a), in order to assess the effectiveness of prevention and control activities efforts.

(e) It is the intent of the Legislature that the activities identified in this section are to enhance the activities that are already provided. Therefore, nothing in this section shall be construed to require the department to replace existing activities with the activities provided for in subdivision (a) or to prevent the department from adding new activities as may be appropriate.

(f) This section shall be operative only if funds are explicitly appropriated in the annual Budget Act specifically for purposes of this section.

(Amended by Stats. 2022, Ch. 47, Sec. 14. (SB 184) Effective June 30, 2022. Section conditionally operative by its own provisions.)

120515. The department shall investigate conditions affecting the prevention and control of venereal diseases and approved procedures for prevention and control, and shall disseminate educational information relative thereto.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120520. The department shall conduct educational and publicity work as it may deem necessary; and, from time to time, shall cause to be issued, free of charge, copies of regulations, pamphlets, and other literature as it deems reasonably necessary.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120525. The department may provide medical, advisory, financial, or other assistance to organizations funded pursuant to Section 120511.

(Repealed and added by Stats. 2019, Ch. 38, Sec. 21. (SB 78) Effective June 27, 2019.)

120530. The department may furnish treatment for a case or for a group of cases in rural counties or cities upon the recommendation of the local health officer if adequate facilities for the treatment are not available in the county or city.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120535. Any state agency conducting a public hospital shall admit acute venereal disease cases, when, in the opinion of the department or the local health officer having jurisdiction, persons infected with venereal disease may be a menace to public health.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120540. The department may require any physician in attendance on a person infected or suspected of being infected with a venereal disease infection to submit specimens as may be designated for examination, when in its opinion the procedure is

reasonably necessary to carry out the provisions and purposes of this chapter.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120545. The examination may be made in the state laboratory or in a local public health laboratory designated by the department or in a clinical laboratory that is under the immediate supervision and direction of a clinical laboratory technologist or a licensed physician and surgeon.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120550. Nothing in this chapter limits any person's freedom to have additional examinations made elsewhere than specified in this chapter.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120555. Every diseased person shall give all information required by this chapter, including the name and address of any person from whom the disease may have been contracted and to whom the disease may have been transmitted.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120560. Every diseased person shall from time to time submit to approved examinations to determine the condition of the disease.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120565. If any person subject to proper venereal disease control measures discontinues any control procedure required by this chapter, the agency administering the procedure prior to the discontinuance shall make reasonable efforts to determine whether the person is continuing to comply with the procedure elsewhere.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120570. If it appears reasonably likely that the person is not complying with the procedure elsewhere, the agency that was administering the procedure prior to the discontinuance shall make all reasonable efforts to induce the person to comply; and if it thereafter appears reasonably likely that he or she has failed to comply, shall report his or her name and address to the local health officer or board of health, or to the department where there is no local health officer or board.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120575. It is the duty of the local health officers to use every available means to ascertain the existence of cases of infectious venereal diseases within their respective jurisdictions, to investigate all cases that are not, or probably are not, subject to proper control measures approved by the board, to ascertain so far as possible all sources of infection, and to take all measures reasonably necessary to prevent the transmission of infection.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120580. Notwithstanding any other provision of law, a person employed by a public health department may perform venipuncture or skin puncture for the purpose of withdrawing blood for test purposes, upon specific authorization from a licensed physician and surgeon, even though he or she is not otherwise licensed to withdraw blood; provided that the person meets all of the following requirements:

(1) He or she works under the direction of a licensed physician and surgeon.

(2) He or she has been trained by a licensed physician and surgeon or by a licensed clinical laboratory scientist or bioanalyst in the proper procedures to be employed when withdrawing blood, in accordance with training requirements established by the department, and has a statement signed by the instructing physician and surgeon that the training has been successfully completed.

(b) Any person employed by a public health department to perform venipuncture or skin puncture shall hold a valid and current certification after the effective date of the regulations adopted pursuant to Section 1246 of the Business and Professions Code.

(Amended by Stats. 1999, Ch. 695, Sec. 5. Effective January 1, 2000.)

120582. (a) Notwithstanding any other law, a physician and surgeon who diagnoses a sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the department, or recommended in the most recent federal Centers for Disease Control and Prevention guidelines for the prevention or treatment of sexually transmitted diseases, in an individual patient may prescribe, dispense, furnish, or otherwise provide, including in a standing order, prescription antibiotic drugs to that patient's

sexual partner or partners without examination of that patient's partner or partners. This practice shall be known as expedited partner therapy (EPT). The department may adopt regulations to implement this section.

(b) Notwithstanding any other law, a nurse practitioner pursuant to Section 2836.1 of the Business and Professions Code, a certified nurse-midwife pursuant to Section 2746.51 of the Business and Professions Code, and a physician assistant pursuant to Section 3502.1 of the Business and Professions Code may include EPT in their practice by dispensing, furnishing, or otherwise providing, including through a standing order, prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the department, or recommended in the most recent federal Centers for Disease Control and Prevention guidelines for the prevention or treatment of sexually transmitted diseases, without examination of the patient's sexual partner or partners.

(c) If a health care provider does not have the name of a patient's sexual partner for a drug prescribed pursuant to subdivision (a) or (b), the prescription shall include the words "expedited partner therapy" or the letters "EPT."

(d) A health care provider shall not be liable in a medical malpractice action or professional disciplinary action if the health care provider's use of EPT is in compliance with this section, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity.

(e) Medi-Cal coverage of expedited partner therapy pursuant to this section shall be implemented only to the extent that the State Department of Health Care Services obtains any necessary federal approvals and federal financial participation is available and not jeopardized.

(Amended by Stats. 2021, Ch. 486, Sec. 4. (SB 306) Effective January 1, 2022.)

120585. Local health officers may inspect and quarantine any place or person when the procedure is necessary to enforce the regulations of the board or the department.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120590. It is the duty of the district attorney of the county where a violation of this chapter may occur to prosecute the person accused of the violation.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120595. In any prosecution for a violation of any provision of this chapter, or any rule or regulation of the board made pursuant to this chapter, or in any quarantine proceeding authorized by this chapter, or in any habeas corpus or other proceeding in which the legality of the quarantine is questioned, any physician, health officer, spouse, or other person shall be competent and may be required to testify against any person against whom the prosecution or other proceeding was instituted, and the privileges provided by Sections 970, 971, 980, 994, and 1014 of the Evidence Code are not applicable to or in any such prosecution or proceeding.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120600. Any person who refuses to give any information to make any report, to comply with any proper control measure or examination, or to perform any other duty or act required by this chapter, or who violates any provision of this chapter or any rule or regulation of the state board issued pursuant to this chapter, or who exposes any person to or infects any person with any venereal disease; or any person infected with a venereal disease in an infectious state who knows of the condition and who marries or has sexual intercourse, is guilty of a misdemeanor.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)

120605. Nothing in this chapter shall be construed to interfere with the freedom of any adherent of teachings of any well-recognized religious sect, denomination, or organization to depend exclusively upon prayer for healing in accordance with the teachings of the religious sect, denomination, or organization. Any such person, along with any person treating him or her, shall be exempt from all provisions of this chapter regarding venereal diseases, except that the provisions of this code and the regulations of the board regarding compulsory reporting of communicable diseases and the quarantine of those diseases, and regarding callings that a person with venereal disease may not engage, shall apply.

(Added by Stats. 1995, Ch. 415, Sec. 7. Effective January 1, 1996.)