



Home	Bill Information	California Law	Publications	Other Resources	My Subscriptions	My Favorites
------	------------------	----------------	--------------	-----------------	------------------	--------------

Code: Section:

[Up^](#) [Add To My Favorites](#)

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 7. HEPATITIS C [122400 - 122445] (*Part 7 added by Stats. 1998, Ch. 867, Sec. 1.)*

CHAPTER 1. General Provisions [122400 - 122445] (*Chapter 1 added by Stats. 1998, Ch. 867, Sec. 1.)*

[122400.](#) This chapter shall be known, and may be cited, as the Hepatitis C Education, Screening, and Treatment Act.
(*Added by Stats. 1998, Ch. 867, Sec. 1. Effective January 1, 1999.*)

[122405.](#) The Legislature hereby finds and declares all of the following:

- (a) Hepatitis C is classified as a silent killer, where no recognizable signs or symptoms occur until severe liver damage has occurred.
- (b) Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity.
- (c) Studies indicate that 1.8 percent of the population, nearly 4 million Americans, carry the virus HCV that causes hepatitis C. In California, as many as 500,000 individuals may be carriers and could develop the debilitating and potentially deadly liver disease associated with hepatitis C in their lifetime. An expert panel, convened in March by the National Institutes of Health (NIH), estimated that 30,000 acute new infections occur each year in the United States, and only 25 to 30 percent of those are diagnosed. Current data sources indicate that 8,000 to 10,000 Americans die from hepatitis C each year.
- (d) Studies also indicate that 39.4 percent of male inmates and 54.5 percent of female inmates in California correctional facilities have hepatitis C, 26 times higher than the general population. Upon their release from prison, these inmates present a significant health risk to the general population of California.
- (e) It is the intent of the Legislature to study the adequacy of the health care delivery system as it pertains to hepatitis C.
- (f) It is the intent of the Legislature to urge the department to make funds available to community-based nonprofit organizations for education and outreach with respect to the hepatitis C virus.

(*Amended by Stats. 2000, Ch. 754, Sec. 1. Effective January 1, 2001.*)

[122406.](#) The Secretary of Veterans Affairs shall report to the Legislature on or before March 1, 2001, regarding the use of funds earmarked by the federal Veteran's Administration to regional offices in California to educate, screen, and treat veterans with the hepatitis C virus.

(*Added by Stats. 2000, Ch. 754, Sec. 2. Effective January 1, 2001.*)

[122410.](#) (a) The State Department of Health Services shall make available protocols and guidelines developed by the National Institutes of Health, the University of California at San Francisco, and California legislative advisory committees on hepatitis C for educating physicians and health professionals and training community service providers on the most recent scientific and medical information on hepatitis C detection, transmission, diagnosis, treatment, and therapeutic decisionmaking.

(b) The guidelines referenced in subdivision (a) may include, but not be limited to, all of the following:

- (1) Tracking and reporting of both acute and chronic cases of hepatitis C by public health officials.
- (2) A cost-efficient plan to screen the prison population and the medically indigent population in California.
- (3) Protocols within the Department of Corrections to enable that department to provide appropriate prevention and treatment to prisoners with hepatitis C.

(4) Protocols for the education of correctional peace officers and other correctional workers who work with prisoners with hepatitis C.

(5) Protocols for public safety and health care workers who come in contact with hepatitis C patients.

(6) Surveillance programs to determine the prevalence of hepatitis C in ethnic and other high-risk populations.

(7) Education and outreach programs for high-risk individuals, including, but not limited to, individuals who received blood transfusions prior to 1992, hemophiliacs, veterans, women who underwent a caesarian section or premature delivery prior to 1990, persons who received an organ transplant prior to 1990, persons who receive invasive cosmetic procedures, including body piercing and tattooing, students, minority communities, and any other categories of persons at high risk for hepatitis C infection as determined by the director. Education and outreach programs shall be targeted to high-risk individuals as determined by the director. Education programs may provide information and referral on hepatitis C including, but not limited to, education materials developed by health-related companies, community-based or national advocacy organizations, counseling, patient support groups, and existing hotlines for consumers.

(c) Nothing in this section shall be construed to require the department to develop or produce any protocol, guideline, or proposal.

(Amended by Stats. 2000, Ch. 754, Sec. 3. Effective January 1, 2001.)

122415. (a) The Director of Corrections shall do all of the following:

(1) Provide the budget subcommittees of the Legislature, on or before March 1, 2002, with an annual statistical report on the prevalence of the hepatitis C virus in correctional facilities and trends in the incidence and prevalence of the hepatitis C virus in the correctional system.

(2) Establish and make available a voluntary program to test inmates for the presence of the hepatitis C virus upon incarceration and in conjunction with any routine blood testing.

(3) Update treatment protocols and regimens as new therapies become available.

(b) This section shall be implemented only to the extent funds for this purpose have been appropriated in the annual Budget Act.

(Added by Stats. 2000, Ch. 754, Sec. 4. Effective January 1, 2001.)

122420. The Director of Health Services shall do all of the following:

(a) Develop and implement a public education and outreach program to raise awareness of the hepatitis C virus aimed at high-risk groups, physician's offices, health care workers, and health care facilities. The program shall do all of the following:

(1) Attempt to coordinate with national public education efforts related to the identification and notification of recipients of blood from hepatitis C virus-positive donors.

(2) Attempt to stimulate interest and coordinate with community-based organizations to sponsor community forums and undertake other appropriate community outreach activities.

(3) Employ public communication strategies utilizing a variety of media that may include, but is not limited to, print, radio, television, and the Internet.

(b) Include information on co-infection of human immunodeficiency virus (HIV) or hemophilia with the hepatitis C virus in the professional training and all appropriate care and treatment programs under the jurisdiction of the department.

(c) Develop a program to work with the Department of Corrections to identify hepatitis C virus-positive inmates likely to be released within two years and provide counseling and treatment options to reduce the community risk.

(d) Urge local public health officials to make hepatitis C virus screening available for uninsured individuals upon request.

(e) Include hepatitis C counseling, education, and testing, as appropriate, into local state-funded programs including those addressing HIV, tuberculosis, sexually transmitted disease, and all other appropriate programs approved by the director.

(Added by Stats. 2000, Ch. 754, Sec. 5. Effective January 1, 2001.)

122425. There is hereby established a three-year Hepatitis C Linkage to Care demonstration pilot project to allow for innovative, evidence-based approaches to provide outreach, hepatitis C screening, and linkage to, and retention in, quality health care for the most vulnerable and underserved individuals living with, or at high risk for, hepatitis C viral infection (HCV). This demonstration pilot project is authorized for fiscal years 2015–16, 2016–17, and 2017–18.

(Added by Stats. 2015, Ch. 18, Sec. 19. (SB 75) Effective June 24, 2015.)

122430. (a) Upon an appropriation for the purpose described in Section 122425 in the annual Budget Act for the 2015–16, 2016–17, and 2017–18 fiscal years, the department shall award funding, on a competitive basis, to community-based organizations or local health jurisdictions to operate demonstration pilot projects pursuant to this chapter. The department shall determine the funding levels of each demonstration project based on scope and geographic area. Funds may be used to support other activities consistent with the goals of this chapter, including the purchase of hepatitis C viral infection (HCV) test kits, syringe exchange supplies, or other HCV prevention and linkage to care materials and activities.

(b) An applicant for funding shall demonstrate each of the following qualifications:

- (1) Leadership on access to HCV care and testing issues and experience addressing the needs of highly marginalized populations in accessing medical care and support.
- (2) Experience with the target population or relationships with community-based organizations or nongovernmental organizations, or both, that demonstrates expertise, history, and credibility working successfully in engaging the target population.
- (3) Experience working with nontraditional collaborators who work within and beyond the field of HCV education and outreach, including homeless services, veterans' medical and service programs, substance use disorders treatment, syringe exchange programs, women's health, reproductive health, immigration, mental health, or human immunodeficiency virus (HIV) prevention and treatment.
- (4) Strong relationships with community-based HCV health care providers that have the trust of the targeted population.
- (5) Strong relationships with the state and local health departments.
- (6) Capacity to coordinate a communitywide planning phase involving multiple community collaborators.
- (7) Experience implementing evidence-based programs or generating innovative strategies, or both, with at least preliminary evidence of program effectiveness.
- (8) Administrative systems and accountability mechanisms for grant management.
- (9) Capacity to participate in evaluation activities.
- (10) Strong communication systems that are in place to participate in public relations activities.

(Added by Stats. 2015, Ch. 18, Sec. 20. (SB 75) Effective June 24, 2015.)

122435. During the demonstration pilot project described in Section 122425, each demonstration pilot project shall prepare and disseminate information regarding best practices for, and the lessons learned regarding, providing outreach and education to the most vulnerable and underserved individuals living with hepatitis C viral infection (HCV) or at a high risk for HCV infection, for use by providers, the State Department of Public Health, including the Office of AIDS and the Office of Viral Hepatitis Prevention, federal departments and agencies, including the federal Department of Health and Human Services, and other national HIV/AIDS and viral hepatitis groups.

(Added by Stats. 2015, Ch. 18, Sec. 21. (SB 75) Effective June 24, 2015.)

122440. (a) (1) (A) The State Department of Public Health shall allocate funds to local health jurisdictions to provide hepatitis C virus (HCV) activities and other activities that improve HCV health outcomes, including, but not limited to, monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, HCV infection. Activities may include integrated services for viral hepatitis, human immunodeficiency virus (HIV) infection, sexually transmitted infections, and drug overdose to the extent they improve health outcomes for the most vulnerable and underserved individuals living with, or at high risk for, HCV infection.

(B) Local health jurisdictions shall be prioritized based on factors that indicate a need for HCV monitoring, prevention, testing, and linkage to and retention in care activities.

(C) 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 and community-based organizations 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 for purposes consistent with this section, provided that

there are community-based organizations in the jurisdiction that are able to provide these activities and demonstrate expertise, history, and credibility working successfully in engaging the most vulnerable and underserved individuals living with, or at high risk for, HCV infection.

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

(E) Local health jurisdictions and community-based organizations may use funds to provide material support, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to individuals described in subparagraph (A) for purposes consistent with this section.

(2) The department may use funds to support capacity building assistance for purposes consistent with this section, including integrated services for viral hepatitis, HIV, sexually transmitted infections, and drug overdose, to the extent they improve health outcomes for the most vulnerable and underserved individuals living with, or at high risk for, HCV infection.

(b) This section shall not 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 appropriate.

(c) 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. 15. (SB 184) Effective June 30, 2022.)

122445. (a) In order to ensure that the most vulnerable Californians are informed of their hepatitis C virus (HCV) status and are linked to care and a cure, the State Department of Public Health's Office of Viral Hepatitis Prevention may purchase HCV test kits and associated materials and supplies for distribution to community-based organizations and local health departments.

(b) The Office of Viral Hepatitis Prevention may also allocate funding to train personnel associated with community-based organizations and local health departments to conduct HCV testing, human immunodeficiency virus (HIV) testing, and sexually transmitted infection (STI) testing and related activities.

(c) The Office of Viral Hepatitis Prevention may use a portion of the funds allocated for purposes of this section to hire necessary staff to successfully implement and evaluate the activities authorized by this section.

(d) The Office of Viral Hepatitis Prevention shall establish a simple application process for community-based organizations and local health departments to apply to receive HCV test kits and support for the activities authorized by this section.

(e) If the overall requests for HCV test kits and support exceeds the amount of funds allocated for this section, the Office of Viral Hepatitis Prevention may prioritize distribution of HCV test kits and support to community-based organizations and local health departments based on need in the specific geographic area and demonstrated capacity to provide culturally appropriate services to one or more of the communities most vulnerable to HCV.

(Added by Stats. 2021, Ch. 143, Sec. 26. (AB 133) Effective July 27, 2021.)