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AB-1790 Valley Fever Education, Early Diagnosis, and Treatment Act. (2017-2018)

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Assembly Bill No. 1790

CHAPTER 338

An act to add Part 7.7 (commencing with Section 122475) to Division 105 of, and to repeal Section 122477 of, the Health and Safety Code, relating to valley fever.

[Approved by Governor September 11, 2018. Filed with Secretary of State September 11, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1790, Salas. Valley Fever Education, Early Diagnosis, and Treatment Act.

Existing law requires the State Department of Public Health to establish a list of reportable communicable and noncommunicable diseases and conditions and specify the timeliness requirements related to the reporting of each disease and condition. Existing law requires the department to develop information about various communicable diseases, including hepatitis C and meningococcal disease, and to make the information available to the public. Existing law also supports research into the development of a vaccine to protect against valley fever (coccidioidomycosis).

This bill would establish the Valley Fever Education, Early Diagnosis, and Treatment Act. This bill would, among other things, require the department to conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever, as described. The bill would authorize the department to award grants or enter into contracts to perform activities related to the awareness campaign, as specified. Those provisions would become inoperative on January 1, 2021.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

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

PART 7.7. Valley Fever

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

122476. (a) Valley fever, also called coccidioidomycosis, is a lung infection caused by a fungus that lives in the soil. Approximately 10,000 cases are reported each year, mostly from California and bordering states.

(b) Valley fever is a serious, costly illness. According to the federal Centers for Disease Control and Prevention, nearly 75 percent of people with valley fever miss work or school. As many as 40 percent of people who get valley fever need to stay in the hospital.

(c) People get valley fever by breathing in microscopic fungal spores from the air in areas where the fungus lives. Anyone who lives in or travels to these areas can get valley fever, but some people are at higher risk for developing valley fever, such as older adults, people who have weakened immune systems, pregnant women, people with diabetes, people who are Black or Filipino, and people who have jobs that expose them to dust, such as agricultural or construction workers.

(d) The symptoms of valley fever are similar to those of other common illnesses, so patients may have delays in getting diagnosed and treated. The initial symptoms may appear one to three weeks after exposure. They tend to resemble those of the flu, and can range from minor to severe, including fever, cough, chest pain, chills, night sweats, headache, fatigue, joint aches, and a red spotty rash.

(e) In areas with valley fever, it is difficult to completely avoid exposure to the fungus because it is in the environment. There is no vaccine to prevent infection. Knowing about valley fever is one of the most important ways to avoid delays in diagnosis and treatment.

(f) It is 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.

122477. (a) The department shall conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever. The department's campaign shall include, but not limited to, both of the following:

(1) Information about valley fever, such as the symptoms, diagnosis, and treatment, how a person may contract and reduce the risk of contracting the fungal infection, and the populations at risk.

(2) Information about the department's activities related to valley fever, and how a person can access and receive additional information about the infection from the department.

(b) The department may, as part of its administration of the campaign, provide outreach to all of the following:

(1) The general public.

(2) Geographic regions where valley fever is more endemic.

(3) At-risk populations, including, but not limited to, all of the following:

(A) Pregnant women.

(B) Older adults.

(C) Persons with diabetes or weakened immune systems.

(D) African Americans or Filipinos.

(E) (i) Health care providers, including providers who may diagnose or treat individuals for valley fever, and clinicians who work in either primary care or emergency room settings, hospitals, or in the arena of workers' compensation insurance.

(ii) For purposes of this subparagraph, outreach to health care providers shall also include physician education, resources, and tools.

(4) Health care professional associations or societies.

(5) Health care employers.

(6) Local public health officers and health departments, with an emphasis on endemic areas.

(c) The department shall perform an evaluation of the campaign following the conclusion of the campaign. The department shall make this report available to the public and post it on the department's Internet Web site.

(d) The department may award grants itself or enter into contracts to perform the requirements of this section. The award of contracts and grants is exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and is exempt from approval by the Department of General Services prior to their execution.

(e) Funding for this section is provided under Provision 5 of Item 4265-001-0001 of Section 2.0 of the Budget Act of 2018, as enacted by Chapter 29 of the Statutes of 2018.

(f) This section shall remain in effect only until January 1, 2021, and as of that date is repealed.