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**AB-2132 Health care services: tuberculosis.** (2023-2024)

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**Assembly Bill No. 2132**

**CHAPTER 951**

An act to add Chapter 4 (commencing with Section 121560) to Part 5 of Division 105 of the Health and Safety Code, and to add Section 14197.07 to the Welfare and Institutions Code, relating to health care services.

[ Approved by Governor September 29, 2024. Filed with Secretary of State September 29, 2024. ]

**LEGISLATIVE COUNSEL'S DIGEST**

AB 2132, Low. Health care services: tuberculosis.

Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is generally a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified.

This bill would require a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered tuberculosis screening, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, except as specified. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive. The bill would prohibit a health care provider that 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. The bill would make related findings and declarations.

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 through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to adopt an option made available under federal Medicaid law to pay allowable tuberculosis-related services for persons infected with tuberculosis, as specified.

This bill would require a Medi-Cal managed care plan to ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, as specified.

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

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

**SECTION 1.** The Legislature finds and declares all of the following:

(a) According to the World Health Organization, an estimated 10,600,000 people fell ill with tuberculosis during 2022. Despite being a preventable and curable disease, 1,300,000 people died from tuberculosis in 2022, making it the world's second leading infectious killer after COVID-19.

(b) According to the federal Centers for Disease Control and Prevention, tuberculosis incidence in the United States increased 16 percent during 2023 as compared to 2022, returning to the number of tuberculosis cases last observed in 2013. Since 2020, tuberculosis case counts and rates have increased each year. This postpandemic increase in cases highlights the importance of continuing to engage communities with higher tuberculosis rates and their medical providers in tuberculosis elimination efforts and strengthening the capacity of public health programs to carry out critical disease control and prevention strategies.

(c) Tuberculosis is a life-threatening disease. It spreads through the air with profound medical and economic consequences. More than 2,000,000 Californians (6 percent of the population) have a latent tuberculosis infection, of whom only 23 percent are aware of their infection and just 13 percent have been treated. In 2023, California reported 2,113 new active tuberculosis disease cases (a 15-percent increase from the 1,842 cases in 2022) with an incidence of 5.4 cases out of every 100,000 California residents. This is nearly double the national tuberculosis incidence of 2.9 out of every 100,000 people. Tuberculosis cases in California have increased every year since 2020, representing a total increase of 24 percent over the last four years, returning to case numbers not seen since before the COVID-19 pandemic. Among people with tuberculosis disease, one-half are hospitalized and one in six dies within five years of diagnosis. A tuberculosis hospitalization is twice as expensive as, and four times longer than, a hospitalization for other conditions, which is usually about 11 days. In 2023, California medical and societal costs of TB reached \$265,000,000.

(d) Tuberculosis does not impact Californians equally. People born in countries where tuberculosis is endemic and people living in economically disadvantaged communities are more often impacted by tuberculosis. The tuberculosis disease rate among people born outside the United States is 13 times higher than United States-born people. Tuberculosis disease rates among people who are non-United States-born Asian or Black are 43 and 28 times higher, respectively, than United States-born White people. The tuberculosis disease rate among non-United States-born Hispanic people is 21 times that of United States-born White people. Furthermore, people living in census tracts with low socioeconomic status have higher tuberculosis disease incidence rates than those living in high socioeconomic status census tracts, whether measured by education level, poverty, crowding, or California Healthy Places Index quartiles. Additionally, a person with tuberculosis disease who is experiencing homelessness is 30 percent more likely to die with tuberculosis disease than a person who is not experiencing homelessness.

(e) The bacteria that causes tuberculosis can remain in a latent status for many years without symptoms. Detection of latent tuberculosis infection by a screening test, followed by preventive treatment, can greatly reduce the risk of later active tuberculosis disease. Assessment based on tuberculosis risk factors identified in the latest United States Preventive Services Task Force screening recommendations and present in the California tuberculosis risk assessment can help to identify persons who may have undiagnosed latent tuberculosis infection, or active tuberculosis disease if further diagnostic testing indicates, so it can be treated.

(f) Currently, high-risk patients receiving primary care services do not routinely undergo tuberculosis risk assessments and tuberculosis screening tests with followup for positive results.

**SEC. 2.** Chapter 4 (commencing with Section 121560) is added to Part 5 of Division 105 of the Health and Safety Code, to read:

#### **CHAPTER 4. Tuberculosis Tests for Adults in Primary Care Settings**

**121560.** (a) A patient who is 18 years of age or older and who receives health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, shall be offered a tuberculosis screening, including, but not limited to, assessment for tuberculosis risk and appropriate followup, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, based on the latest screening indications recommended by the State Department of Public Health, the federal Centers for Disease Control and Prevention, the American Thoracic Society, or the United States Preventive Services Task Force.

(b) Subdivision (a) does not apply if any of the following situations exist, unless a health care provider determines that the tuberculosis risk assessment, tuberculosis screening test, or both, should be offered again:

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

(2) The patient has previously been the subject of the tuberculosis risk assessment, tuberculosis screening test, or both, and has no new tuberculosis risk factors since the last tuberculosis risk assessment or tuberculosis screening test.

(3) (A) The patient has had a documented, previously positive Interferon-Gamma Release Assay (IGRA) test or has previously tested positive by any other test, licensed by the United States Food and Drug Administration, for a latent tuberculosis infection.

(B) If the patient has no documented followup health care, followup is required in accordance with subdivision (c).

(4) The patient lacks the capacity to consent to the tuberculosis risk assessment, tuberculosis screening test, or both, and consent cannot be obtained from a person legally authorized to make medical decisions on the patient's behalf.

(c) If a patient accepts the offer of the tuberculosis screening test and the test is positive, a health care provider shall offer the patient followup health care or refer the patient to a health care provider who can provide followup health care.

(d) This section does not apply to the emergency department of a general acute care hospital as defined in subdivision (a) of Section 1250.

(e) This section shall not affect the scope of practice of any health care provider or diminish any authority or legal or professional obligation of any health care provider to offer a tuberculosis risk assessment, tuberculosis screening test, or both, or to provide services or care for the patient of a tuberculosis risk assessment, tuberculosis screening test, or both.

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

**SEC. 3.** Section 14197.07 is added to the Welfare and Institutions Code, to read:

**14197.07.** (a) A Medi-Cal managed care plan shall ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, including, but not limited to, both of the following:

(1) Arranging for and coordinating outpatient diagnostic and treatment services to all plan enrollees with suspected or active tuberculosis disease to minimize delays in initiating isolation and treatment of infectious patients. These outpatient services shall include physical examination, drug therapy, laboratory testing, and radiology.

(2) Consulting with local health departments to assess the risk of noncompliance with drug therapy for each plan enrollee who requires placement on antituberculosis drug therapy, in accordance with the plan's existing contract with the department.

(b) For purposes of this section, "Medi-Cal managed care plan" has the same meaning as set forth in Section 14197.08.