

AMENDED IN ASSEMBLY APRIL 23, 2003

AMENDED IN ASSEMBLY MARCH 26, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 879

Introduced by Assembly Member Koretz
(Coauthor: Assembly Member Goldberg)

February 20, 2003

An act to add Chapter 17 (commencing with Section 121348) to Part 4 of Division 105 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 879, as amended, Koretz. Human immunodeficiency virus: post-exposure prophylaxis: task force.

Existing law makes provision for various programs relating to treatment of persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Under existing law, the Office of AIDS in the State Department of Health Services, which is the lead agency within the state, is responsible for coordinating state programs, services, and activities relating to HIV and AIDS, and AIDS-related conditions (ARC).

This bill would require the department, through the Office of AIDS, to convene a task force to develop recommendations for the use of post-exposure prophylaxis (PEP) in the general population, for the prevention of HIV infection. The bill would also establish requirements for task force membership and meetings.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

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

3 (a) Post-exposure prophylaxis (PEP) was first developed as a
4 means to prevent human immunodeficiency virus (HIV)
5 infections following accidental needle stick exposures by health
6 care workers. The treatment usually involves a four week regime
7 of antiretroviral drugs, beginning within hours of the HIV
8 exposure.

9 (b) PEP is a method of preventing HIV transmission following
10 sexual assaults. It is also used in combination with other methods
11 in preventing mother-child transmission of HIV. Increasingly,
12 PEP is being used to reduce HIV infections following
13 nonoccupational exposures in the general population.

14 (c) Recommendations for PEP to reduce the risk of HIV
15 transmission are available for physicians who treat health care
16 workers and female victims of sexual assault in the State of
17 California, as part of an overall comprehensive HIV prevention
18 strategy. However, there are no guidelines addressing the use of
19 PEP in nonassault exposures among the general population.

20 (d) Several countries, including France, Italy, Spain,
21 Switzerland, Australia, and South Africa, as well as the States of
22 Rhode Island and Massachusetts have PEP guidelines to prevent
23 infection after sexual exposure for the general population. There
24 is evidence from these jurisdictions that nonoccupational PEP can
25 reduce HIV transmissions.

26 (e) Guidelines from these entities, although effective, vary on
27 several key points and need to be studied to best meet the needs of
28 California residents. These include the efficacy and safety of
29 treatment regimens, risk assessment evaluation, duration of
30 treatment, length of time between exposure and commencement
31 of PEP treatment, patient counseling, health care provider
32 education and support, as well as evaluation and patient tracking.

33 (f) Preventing the spread of HIV is of paramount importance
34 to public health. Effective use of PEP is cost effective when
35 comparing the expense of a few weeks of antiretroviral drugs
36 versus a lifetime of pharmaceutical and other medical treatments.
37 Therefore, the Office of AIDS in the State Department of Health



1 Services should develop PEP recommendations for use in
2 incidents of HIV exposure in the general population.

3 SEC. 2. Chapter 17 (commencing with Section 121348) is
4 added to Part 4 of Division 105 of the Health and Safety Code, to
5 read:

6

7

CHAPTER 17. POST-EXPOSURE PROPHYLAXIS

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9 121348. (a) The department, through its Office of AIDS,
10 shall convene a task force to develop recommendations for the use
11 of post-exposure prophylaxis (PEP) in the general population, for
12 the prevention of human immunodeficiency virus (HIV) infection.

13 (b) In performing its duties under this chapter, the task force
14 shall review and consider PEP guidelines established by other
15 jurisdictions, both in the United States and abroad.

16 121348.2. (a) The task force shall consist of no more than 10
17 members, including, but not be limited to, representatives with
18 PEP experience from all of the following:

19 (1) Research scientists.

20 (2) Patients who have received PEP treatment.

21 (3) HIV physicians or clinicians.

22 (4) HIV prevention, education, or mental health providers.

23 (5) The pharmaceutical industry.

24 (6) Public health officials.

25 (7) The Office of AIDS.

26 (8) Health plan representatives.

27 ~~(b) In order to operate in as cost effective a manner as possible,~~
28 ~~the task force shall be subject to all of the following:~~

29 ~~(1) It shall meet as few times as necessary to perform its duties.~~

30 ~~(2) Its meetings shall be conducted by conference call,~~
31 ~~whenever possible.~~

32 ~~(3) Its members shall not be compensated or receive travel~~
33 ~~allowances or other reimbursement.~~

34 *(b) The task force shall be implemented only through existing*
35 *state resources.*

36 *(c) Notwithstanding subdivision (b), the department may seek*
37 *assistance, including financial and in-kind assistance, from*
38 *federal and private sources for purposes of convening the task*
39 *force and developing the recommendations required by this*
40 *section.*



- 1 *(d) The recommendations produced by the task force shall be*
- 2 *made available through posting on the department's Web site. The*
- 3 *department is not required to print or mail the recommendations.*

