

AMENDED IN SENATE JULY 2, 2003

AMENDED IN ASSEMBLY JUNE 2, 2003

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 *appoint and* convene a task force, under specified conditions, 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.

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. PEP is used in some cases following sexual assault~~
11 ~~in an attempt to reduce the likelihood of HIV transmission.~~ It is
12 also used in combination with other methods in preventing
13 mother-child transmission of HIV. Increasingly, PEP is being used
14 to reduce HIV infections following nonoccupational exposures in
15 the general population.

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

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

28 (e) Guidelines from these entities, ~~although effective,~~ vary on
29 several key points and need to be studied to best meet the needs of
30 California residents. These include the efficacy and safety of
31 treatment regimens, risk assessment evaluation, duration of
32 treatment, length of time between exposure and commencement



1 of PEP treatment, patient counseling, health care provider
2 education and support, as well as evaluation and patient tracking.

3 (f) Preventing the spread of HIV is of paramount importance
4 to public health. ~~Effective use of PEP is cost effective when~~
5 ~~comparing the expense of a few weeks of antiretroviral drugs~~
6 ~~versus a lifetime of pharmaceutical and other medical treatments.~~

7 *A program providing PEP following nonoccupational exposures*
8 *has recently been found to be effective.* Therefore, the Office of
9 AIDS in the State Department of Health Services should develop
10 PEP recommendations for use in incidents of HIV exposure in the
11 general population.

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

15
16 CHAPTER 17. POST-EXPOSURE PROPHYLAXIS
17

18 121348. (a) The department, through its Office of AIDS,
19 shall *appoint and* convene a task force to develop
20 recommendations for the use of post-exposure prophylaxis (PEP)
21 in the general population, for the prevention of human
22 immunodeficiency virus (HIV) infection.

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

26 121348.2. (a) The task force shall consist of no more than 10
27 members, including, but not be limited to, representatives with
28 PEP experience from all of the following:

- 29 (1) Research scientists.
30 (2) Patients who have received PEP treatment.
31 (3) HIV physicians or clinicians.
32 (4) HIV prevention, education, or mental health providers.
33 (5) Public health officials.
34 (6) The Office of AIDS.
35 (7) Health plan representatives.

36 (b) *A representative of the Office of AIDS shall serve as the*
37 *chair of the task force and shall coordinate the proceedings and*
38 *actions of the task force as necessary and appropriate.*

39 (c) *The department shall designate a physician member of the*
40 *task force to serve as the cochair of the task force. The cochair shall*

1 *consult with and advise the department and develop the*
2 *recommendations for the use of PEP in the general population.*
3 *The cochair shall serve without compensation or reimbursement*
4 *for expenses beyond any existing contract with the department,*
5 *consistent with subdivision (f).*

6 (d) The task force shall be implemented only through existing
7 state resources.

8 ~~(e)~~

9 (e) Notwithstanding subdivision ~~(b)~~ (d), the department may
10 seek assistance, including financial and in-kind assistance, from
11 ~~federal~~ other government, educational, and private sources for
12 purposes of convening the task force and developing the
13 recommendations required by this section.

14 ~~(d)~~

15 (f) Representatives appointed to the task force shall serve
16 without compensation *and without reimbursement of expenses*
17 *beyond any existing contract with the department.* If the
18 department is unable to secure representatives willing to serve on
19 the task force without compensation *or reimbursement for*
20 *expenses beyond any existing contract with the department,* the
21 department may choose not to convene the task force or develop
22 recommendations required by this section.

23 ~~(e)~~

24 (g) The recommendations produced by the task force *shall be*
25 *approved by the department in consultation with the cochair and*
26 *shall be made available through posting on the department's Web*
27 *site. The department is not required to print or mail the*
28 *recommendations.*

