

Assembly Bill No. 879

Passed the Assembly September 2, 2003

Chief Clerk of the Assembly

Passed the Senate August 27, 2003

Secretary of the Senate

This bill was received by the Governor this _____ day of
_____, 2003, at _____ o'clock __M.

Private Secretary of the Governor



CHAPTER _____

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, 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.

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

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

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

(b) PEP is used in some cases following sexual assault in an attempt to reduce the likelihood of HIV transmission. It is also used in combination with other methods in preventing mother-child transmission of HIV. Increasingly, PEP is being used



to reduce HIV infections following nonoccupational exposures in the general population.

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

(d) Several countries, including France, Italy, Spain, Switzerland, Australia, and South Africa, as well as the States of Rhode Island and Massachusetts have PEP guidelines to prevent infection after sexual exposure for the general population.

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

(f) Preventing the spread of HIV is of paramount importance to public health. A program providing PEP following nonoccupational exposures has recently been found to be effective. Therefore, the Office of AIDS in the State Department of Health Services should develop PEP recommendations for use in incidents of HIV exposure in the general population.

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

CHAPTER 17. POST-EXPOSURE PROPHYLAXIS

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

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



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

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

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

(c) The department shall designate a physician member of the task force to serve as the cochair of the task force. The cochair shall consult with and advise the department and draft the recommendations for the use of PEP in the general population. The cochair shall serve without compensation or reimbursement for expenses beyond any existing contract with the department, consistent with subdivision (f).

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

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

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

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



Approved _____, 2003

Governor

