

On 2/14/20, the Assembly Health Committee asked CHBRP to analyze the version of AB 2204 (Arambula) Sexually Transmitted Diseases that was introduced on 2/12/20. On 2/19/20, the Assembly Health Committee asked CHBRP to analyze proposed amended language. The version below includes the amendments.

ASSEMBLY BILL

NO. 2204

Introduced by Assembly Member Arambula

February 12, 2020

An act to add Section 1367.48 to the Health and Safety Code, and to add Section 10123.92 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2204, as amended, Arambula. Health care coverage: sexually transmitted diseases.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for preventive services, including human immunodeficiency virus testing.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. The bill would require a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at the same rate at which it reimburses a contracting health facility for those covered services. *The bill would also require a noncontracting health facility to be licensed to provide these services.* Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

SECTION 1. The Legislature finds and declares the following:

- (a) Sexually transmitted diseases (STDs) represent a large, persistent, and growing public health challenge for the citizens of our state.
- (b) Because STDs are often asymptomatic, the burden of the disease is far greater than the number of reported cases.
- (c) According to data from the federal Centers for Disease Control and Prevention (CDC), incidence rates of STDs in California have continued to increase dramatically. In the last 10 years of complete records through 2017, chlamydia rose by 47 percent. During the same period, gonorrhea increased by 192 percent, and primary and secondary syphilis tripled. At the same time, California's population grew by only 8.7 percent.
- (d) The State Department of Public Health reports that the gonorrhea rate in 2017 for all Californians was 190 cases per 100,000 population; in 2013, it was 100 cases. More striking is how this disease in particular is impacting young Californians: the rate for females 15 to 19 years of age, inclusive, was 313.6 per 100,000 population and 485.9 for females 20 to 24 years of age, inclusive. For males it was 210.8 and 639.2, respectively.
- (e) The problem is even more acute in communities of color. In 2017, in every age and gender group, the rate of gonorrhea in African Americans exceeded the rate in every other racial group. Among Black females 15 to 19 years of age, inclusive, the rate was more than nine times the rate among ~~white~~ White females in the same age range. The highest case rates were among Black males 25 to 29 years of age, inclusive (2,181.3 per 100,000), and Black females 20 to 24 years of age, inclusive (1,599.5 per 100,000).
- (f) In the most tragic consequence of the STD epidemic, the cases of congenital syphilis more than tripled between 2014 and 2018, resulting in 21 infant deaths and 31 infants with complications related to syphilis.
- (g) In addition, California is losing the war clinically because of the inexorable rise of drug-resistant STDs. The CDC has sounded the alarm, stating, "We are currently down to one last effective class of antibiotics" to treat gonorrhea. The CDC is beginning to see signs of resistance to this last class of antibiotic.
- (h) California experienced astronomical gonorrhea rates in the 1970s and 1980s. A concerted effort to control STD rates led to a marked reduction in gonorrhea rates in the late 1990s and early 2000s.
- (i) However, since 2009, we have witnessed a sharp resurgence in the rates of gonorrhea and other STDs that rival the increases in the 1960s.
- (j) A major barrier to controlling the STD epidemic is the lack of access to STD testing and referral.
- (k) Many people are not comfortable discussing sexual health issues with their primary care physicians and, as a result, avoid STD testing because their physicians are the only path to testing that is covered by their health care service plans or insurers.

(l) These citizens would choose to self-refer to a health facility where they can receive STD testing and referral in a safe, confidential, and nearly anonymous setting. However, unless the health facility is contracted with a person's health care service plan or insurer, the person either is ineligible to receive services at that facility or must pay out-of-network rates to receive services.

(m) Requiring STD clinics to contract with an insurer, even if only for discrete STD services, would still require patients to seek a referral to an STD clinic through the primary care physician with whom they currently choose not to discuss sexual health issues. This would do nothing to resolve the current problem: too many patients choose to skip their primary care provider and self-refer to an STD clinic.

~~(m)~~

(n) Many clinics that provide STD ~~testing, treatment, and referral~~ *testing and treatment* are forced to cease or limit services to patients who cannot afford to pay simply because the resources are anemic. For every dollar a clinic receives in public funds, the clinic is spending nearly \$3 in direct services. Financially, that large discrepancy is unsustainable.

(o) At the same time, however, insurers want to be assured that an STD clinic that is providing services to the insurer's beneficiary is a qualified and quality clinic. An STD clinic should have the imprimatur of the state and the county by being licensed and receiving state or local funding for STD testing and treatment services.

(p) The federal Centers for Disease Control and Prevention have adopted and periodically review and update Sexually Transmitted Disease Treatment Guidelines. These guidelines outline comprehensively the expectations of providers in terms of testing, prevention, and clinical treatment.

~~(n)~~

(q) As long as Californians are choosing not to be tested or ignoring the need to be tested because they are not comfortable with their options, the STD epidemic in California will continue to spiral out of control. As long as state and local governments are unable or unwilling to adequately support the public health costs necessary to control the STD epidemic, the people of California will have insufficient access to basic STD testing and treatment.

~~(o)~~

(r) Therefore, the more insured persons can receive STD services even from an in-network or out-of-network provider, the more state and local public health funds can be directed to persons who are not covered for STD services.

~~(p)~~

(s) Further, California must do everything in its power to ensure that Californians have widespread access to health facilities that can provide the necessary opportunities for STD ~~testing, treatment, and referral~~, *testing and treatment*, regardless of whether or not the facility is contracted with a person's health care service plan or insurer.

SEC. 2. Section 1367.48 is added to the Health and Safety Code, to read:

1367.48. (a) An individual or group health care service plan contract issued, amended, or renewed on or after January 1, 2021, shall provide coverage for sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at the same cost-sharing rate an enrollee would pay for the same services received from a contracting health facility, regardless of whether the ~~testing, treatment, and referral~~ *testing and treatment* occurred at a contracting health facility or a noncontracting health facility.

(b) The health care service plan shall reimburse a noncontracting health facility providing sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at the same rate at which it reimburses a contracting health facility for the same covered services.

(c) For purposes of this section, covered services shall be only those prescribed by the Sexually Transmitted Disease Treatment Guidelines adopted by the federal Centers for Disease Control and Prevention.

(d) A noncontracting health facility shall be licensed by the state and shall be a contractor with the state or the county in which it is located to provide clinical sexually transmitted disease services.

SEC. 3. Section 10123.92 is added to the Insurance Code, to read:

10123.92. (a) An individual or group health insurance policy issued, amended, or renewed on or after January 1, 2021, shall provide coverage for sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at the same cost-sharing rate an insured would pay for the same services received from a contracting health facility, regardless of whether the ~~testing, treatment, and referral~~ *testing and treatment* occurred at a contracting health facility or a noncontracting health facility.

(b) The health insurer shall reimburse a noncontracting health facility providing sexually transmitted disease ~~testing, treatment, and referral~~ *testing and treatment* at the same rate at which it reimburses a contracting health facility for the same covered services.

(c) For purposes of this section, covered services shall be only those prescribed by the Sexually Transmitted Disease Treatment Guidelines adopted by the federal Centers for Disease Control and Prevention.

(d) A noncontracting health facility shall be licensed by the state and shall be a contractor with the state or the county in which it is located to provide clinical sexually transmitted disease services.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.