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GAVIN NEWSOM
Governor

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TO: CALIFORNIA ASSOCIATION OF COMMUNICABLE DISEASE CONTROLLERS
CALIFORNIA ASSOCIATION OF FAMILY PHYSICIANS
CALIFORNIA ASSOCIATION OF HEALTH PLANS
CALIFORNIA ASSOCIATION OF NURSE PRACTITIONERS
CALIFORNIA ASSOCIATION OF PHYSICIAN ASSISTANTS
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
CALIFORNIA MEDICAL ASSOCIATION
CALIFORNIA PRIMARY CARE ASSOCIATION
CALIFORNIA SEXUALLY TRANSMITTED DISEASES (STD)/HIV CONTROLLERS ASSOCIATION
OTHER INTERESTED PARTIES

SUBJECT: ASSEMBLY BILL 789 – HEPATITIS B AND HEPATITIS C TESTING LAW

On October 4, 2021, Assembly Bill (AB) 789 (Low, Chapter 470, Statutes of 2021) was signed by Governor Gavin Newsom. The bill went into effect on January 1, 2022. AB 789 creates new California Health and Safety Code (HSC) Section 1316.7 requiring health facilities delivering primary care to adults to offer hepatitis B virus (HBV) and hepatitis C virus (HCV) screening tests. This letter outlines the new testing requirements and provides implementation resources and additional background information.

New Testing Requirements: HSC Section 1316.7(a), (c)

Starting January 1, 2022, an adult patient who receives primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting where primary care services are provided must be offered a hepatitis B screening test and a hepatitis C screening test based on the latest [screening recommendations from the United States Preventive Services Task Force](#) (USPSTF)¹ to the extent these services are covered under the patient's health insurance, unless the provider reasonably believes certain conditions are met. The offer of testing must be culturally and linguistically appropriate.

(Note: The [Affordable Care Act](#) requires health plans to cover preventive services with an A or B rating from USPSTF without patient cost-sharing.)²

¹ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>

² https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12



Exceptions: HSC Section 1316.7(a)(1) – (a)(4)

The requirement to offer hepatitis B and hepatitis C screening tests to adult patients does not apply if the health care provider reasonably believes that one of the following conditions applies:

- 1) The patient is being treated for a life-threatening emergency OR
- 2) The patient has previously been offered or has been the subject of a screening test for hepatitis B or hepatitis C (unless the health care provider determines that one or both screening tests should be offered again) OR
- 3) The patient lacks capacity to consent to one or both screening tests OR
- 4) The patient is being treated in an emergency department of a general acute care hospital, as defined in [HSC Section 1250](#).

Follow Up Health Care Requirements: HSC Section 1316.7(b), (f)

Hepatitis B: If a patient has a positive hepatitis B surface antigen (HBsAg) test indicating current hepatitis B infection, the provider must directly offer, or refer the patient for, follow up health care, including diagnostic testing, medical management and antiviral treatment indicated in the [HBV clinical practice guidelines](#) from the American Association for the Study of Liver Diseases (AASLD).

On a related note, but separate from the new law, hepatitis B vaccination

- [Is now recommended nationwide for all adults 19-59 years](#).
- Continues to be recommended for adults 60 years and older with risk factors and may be offered to those without risk factors.

To align with national recommendations, offer hepatitis B vaccine to patients who have a negative HBsAg test and have not been previously vaccinated.

Hepatitis C: If a patient has a positive HCV antibody screening test (reactive), the provider must directly offer, or refer the patient for, follow up health care, including an HCV ribonucleic acid (RNA) test and any medical management and antiviral treatment indicated in AASLD [HCV clinical practice guidelines](#).

Implementation Resources:

- Patient and Provider Fact Sheets
 - [U.S. Centers for Disease Control and Prevention \(CDC\) Resource Center](#)
 - [Interpretation of Hepatitis B Serologic Test Results](#)
 - [Recommended Testing Sequence for Identifying HCV Infection](#)
 - [Interpretation of Results of Tests for HCV Infection and Further Actions](#)
- Screening and Reimbursement
 - [California Department of Public Health \(CDPH\) Hepatitis B and Hepatitis C Screening Toolkit for Primary Care Providers](#) (*update pending*)
 - [USPSTF A and B Rated Preventive Services Recommendations](#)
- Web-Based Free Provider Training
 - [Hepatitis B Management: Guidance for the Primary Care Provider](#)
 - [Hepatitis C Online](#)
 - [Project ECHO](#)

Additional Background Information:

Screening: Most people with viral hepatitis do not know they are infected. Chronic infection with hepatitis B and/or hepatitis C is a leading cause of liver-related morbidity and mortality, including liver cirrhosis, liver cancer, and liver failure. Complications can be prevented or mitigated by early detection, treatment, and lifestyle changes. Serologic testing is the primary means for identifying persons with viral hepatitis infection. Screening recommendations are summarized in the [CDPH Hepatitis Screening Toolkit](#).

There is no separate consent required for hepatitis B and/or C screening. The general medical consent in use at a facility to cover medical services (e.g., testing, screenings, procedure, etc.) covers hepatitis B and/or C screening. The test does not specifically need to be identified in the general consent language. CDPH recommends using opt-out testing language and offering patient education. Sample opt-out testing language could include, for example, “As part of routine care, we will take your blood pressure, and test for hepatitis B and hepatitis C. Testing is voluntary, so please let me know if you do not want to be tested.” Patient education can also be conducted through posters, videos, flyers and in patient visits.

CDPH strongly recommends ordering HCV antibody testing with an automatic reflex to HCV RNA testing. Laboratories only bill for the HCV RNA test if the antibody is reactive.

Treatment: Chronic hepatitis B infection can be treated but not cured. Effective treatments are available but are not clinically indicated for everyone with hepatitis B. [AASLD](#) recommends all people with hepatitis C be treated and cured with direct-acting antiviral medications, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy.³

Public Health Case Follow Up: Local health jurisdictions may contact health care providers to assess how care is being offered to patients whose laboratory results indicate current hepatitis B or hepatitis C infection. Among these individuals, priority populations include people who are or can become pregnant, people with HIV infection, and young people 15-29 years of age with newly reported hepatitis C infection. Timely responses to requests for information-sharing between local health jurisdictions and clinical providers are important to assure appropriate testing, care, and treatment.

If you have questions, please feel free to contact us at cdph.hep@cdph.ca.gov.

Sincerely,



Kathleen Jacobson, M.D.
Chief, STD Control Branch



Robert Schechter, M.D.
Chief, Immunization Branch

³ <https://www.hcvguidelines.org/evaluate/when-whom>