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April 17, 2025

## RE: AB 229 - Criminal procedure: Sexually transmitted disease testing (Oppose)

Dear California Department of Public Health:

The California Conference of Local Health Officers (CCLHO), which represents the appointed physician health officers of California's 61 city and county jurisdictions, would like to express our recommendation to **oppose AB 229**. On April 4, 2025, the CCLHO Board of Directors voted to approve the oppose recommendation.

Existing law authorizes a court to issue a search warrant, at the request of a victim and in specified circumstances, to test the accused's blood or saliva with a human immunodeficiency virus (HIV) test for the primary purpose of informing the victim whether the defendant is infected with HIV. This bill would authorize a search warrant to require testing a defendant for any sexually transmitted disease (STD) where a defendant is accused or charged with a specific sex crime.

The primary purpose of AB 229 is to allow victims and parents of minor victims to request testing for STDs, including but not limited to chlamydia, gonorrhea, hepatitis, HIV, human papillomavirus (HPV), trichomoniasis, and syphilis, so that the victim can be informed whether they had an exposure to a STD. The bill also indicates that testing and subsequent disclosure to the accused would make the person aware of whether they are infected with an STD.

CCLHO opposes this bill for several reasons. The list of diseases to be tested for inappropriately includes herpes (for which testing is only recommended in the presence of symptoms) and HPV (for which there is no laboratory test in men, only a visual inspection for genital warts). Testing for some STDs can require invasive procedures such as rectal, cervical, and urethral swabs to obtain the specimen. There is a concern that individuals who have not been convicted of a crime would be subject to this invasive testing. The bill also requires the local health officer to make a provision for administering all tests and for disclosing the test results but does not make funding available for testing nor for finding the victim and accused. In addition, test results are unlikely to be available in a timely manner, such that clinicians are likely to offer post-exposure prophylaxis to victims before results are available, as they do currently. A medical maxim is that if a test result will not change provider behavior, the test should not be ordered. Finally, if the accused was not the perpetrator, negative test results from the accused could lead to missed treatment opportunities for the victim.

CCLHO was established in statute in 1947 to advise CDPH, other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature, and other organizations on all matters affecting health.

Sincerely,

Aimee Sisson, MD, MPH

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President