State of California Office of Administrative Law

Department of Corrections and Rehabilitation

Regulatory Action:

Title 15, California Code of Regulations

Amend sections: 3999.98, 3999.410

NOTICE OF APPROVAL OF REGULATORY ACTION

Government Code Section 11349.3

OAL Matter Number: 2025-0806-01

OAL Matter Type: Regular (S)

This action by the Department of Corrections and Rehabilitation amends regulations to ensure staff properly screen and document patient tuberculosis symptoms.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2026.

Date: September 18, 2025

Anna Thomas

Attorney

For:

Kenneth J. Pogue

Director

Original: Jeffrey Macomber, Secretary

Copy: Robin Hart

Docusign Envelope ID: 831BF72C- STATE OF CALIFORNIA-OFFICE OF ADMINISTRATIV NOTICE PUBLICATION/F STD, 400 (RFV. 01-2013) OAL FILE NOTICE FILE NUMBER	REGULATIONS SU		instruct reverse		For use by Secretary of State	only
NUMBERS Z-2024-07		5-0806	015			
F	or use by Office of Admini	strative Law (OAL) only			ENDORSED	EII ED
OFFICE OF ADMINISTRATIVE LAW					in the office of the Secretary of State of the State of California	
Electronic Sub	mission				SEP 18	2025
	BLICATION DATE		FICE OF ADMIN. 2025 AUG 6 PH3		1.58/71	
07/20/2024	08/16/2024					
NOTICE		F	REGULATIONS			MATERIAL DE L'ANGEL DE
AGENCY WITH RULEMAKING AUTHORITY California Department of Corrections and Rehabilitation					AGENCY FILE NUMBER (If any)	
A. PUBLICATION OF NOTICE	(Complete for publ	TITLE(S)	egister) FIRST SECTION AFFECT	TED	2. REQUESTED PUBLICATION DATE	
Tuberculosis Program		15	3999.98		8/16/24	
3. NOTICE TYPE Notice re Proposed Regulatory Action Other	4. AGENCY CON Adam Burre		916-691-0584		FAX NUMBER (Optional)	
OAL USE ACTION ON PROPOSED I Approved as Submitted	NOTICE Approved as Modified	Disapproved/ Withdrawn	2024,33		PUBLICATION DATE 8/16/24	
B. SUBMISSION OF REGULA	TIONS (Complete wh	en submitting reg	ulations)			
1a. SUBJECT OF REGULATION(S)			1b. ALL PREVIOU	JS RELATED O	AL REGULATORY ACTION NUMBER(S)	
Tuberculosis Program						
2. SPECIFY CALIFORNIA CODE OF REGULATIONS 1	ITLE(S) AND SECTION(S) (Including to	itle 26, If toxics related)				
SECTION(S) AFFECTED (List all section number(s)						
individually. Attach	AMEND 3999.98, 3999.4	110				
additional sheet if needed.) TITLE(S) 15	REPEAL					
3. TYPE OF FILING						
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or	Certificate of Compliance: T below certifies that this age provisions of Gov. Code §§1	Emergency Readopt (Gov. Code, §11346.1(h))		Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)		
withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	before the emergency regul within the time period requ	lation was adopted or	File & Print		Print Only	
Emergency (Gov. Code, §11346.1(b))	Resubmittal of disapproved emergency filing (Gov. Code		Other (Specify)			_ ,
4 ALL BEGINNING AND ENDING DATES OF AVAIL	ABILITY OF MODIFIED REGULATIONS	AND/OR MATERIAL ADDED TO TH	E RULEMAKING FILE (Cal. Code R	Regs. title 1, §44 a		
July 3, 2025 - 5. EFFECTIVE DATE OF CHANGES (GOV. Code, 551	1343.4, 11346.1(d); Cal. Code Regs., tit	le 1, §100)			REQU	UEST 9/18/25
Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) 6. CHECK IF THESE REGULATIONS REQUI	Effective on filing wi	th \$100 Changes Wir Regulatory Effect	other (Specify)		RENTITY	
Department of Finance (Form STD. 3			actices Commission		State Fire Marshal	
Other (Specify)		TELEPHONE NUMBER	FAX NUMBER (O	ptional) 1	E-MAIL ADDRESS (Optional)	MANAGEMENT AND ASSESSMENT OF STREET, S
7. CONTACT PERSON Robin Hart		916-896-6780	TAX TO THE ET (S)			
8. I certify that the attached of the regulation(s) identistrue and correct, and t	ified on this form, that hat I am the head of the	the information spe e agency taking this	cified on this form action,		Office of Administrative Law (O	
or a designee of the head		DATE DATE	uns certification.	LIV	DONOLD AN THO	
Jeffrey Macomber TYPEDY NAME AND TITLE OF SIGNATORY		8/1/2025		SEP 18 2025		
Jeffrey Macomber, Secretary, Ca	lifornia Department of Co	orrections and Rehabili	tation			# #
				Off	ice of Administrative I	Law

FINAL TEXT OF REGULATIONS

In the following, strikethrough indicates deleted text and <u>underline</u> indicates added, amended, or moved text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs, and Parole

Chapter 2. Rules and Regulations of Health Care Services

Article 1. Health Care Definitions

Section 3999.98 is amended to incorporate in alphabetical order the following, and all other text within this section remains the same:

Section 3999.98. Definitions.

Interferon-Gamma Release Assays Test means the standard method used by the Department for the detection of recent or past Tuberculosis (TB) infection.

Tuberculosis Disease means a disease caused by bacteria known as Mycobacterium TB or other bacteria in the Mycobacterium TB complex. TB is a treatable infectious disease that usually affects the lungs and airway, but may also affect other parts of the body. People with TB disease of the lungs or airway may be highly infectious to others until they have received their initial phase of treatment with TB medications. People with TB disease in other parts of the body but not in the lungs are not infectious to others.

Note: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.

Subchapter 3. Health Care Operations

Article 11. Public Health

Section 3999.410 is amended to read:

3999.410. Disease and Virus Testing.

- (a) The <u>California Department of Corrections and Rehabilitation (CDCR)</u> shall assess, screen, treat, and contain Tuberculosis (TB).
- (1) Reception Centers (RC). Patients shall be immediately screened for TB symptoms upon arrival at the Reception Center (RC) before being housed as part of the RC screening process.
- (A) Asymptomatic patients with a prior negative Interferon-Gamma Release Assays (IGRA) test, negative Tuberculin Skin Test (TST), or unknown or inadequate documentation of TB

infection status shall have an IGRA test drawn at the RC <u>unless there is documentation of a negative IGRA test or negative TST in the prior 30 calendar days</u>.

- 1. Asymptomatic patients known to be HIV infected shall also receive a chest $\underline{X}\underline{x}$ - \underline{r} - \underline{R} ay within 72 hours of arrival unless their records contain documentation of a normal or stable chest $\underline{X}\underline{x}$ - \underline{r} - \underline{R} ay within the preceding 30 days. The chest $\underline{X}\underline{x}$ - \underline{r} - \underline{R} ay shall be read within 24 hours. Any HIV infected patient with a chest $\underline{X}\underline{x}$ - \underline{r} - \underline{R} ay abnormality that cannot be documented as stable for 60 or more days by previous records, shall be isolated and evaluated by a clinician even if asymptomatic.
- (B) Patients with signs or symptoms of TB shall wear a surgical mask and be sent to the Triage and Treatment Area to be evaluated for active TB disease.
- (BC) Patients with written documentation of a positive IGRA test or a positive TST, and no documentation of a complete course of treatment for latent tuberculosis infection, and no prior chest x-ray or the prior chest x-ray was taken more than six months before entry or re-entry into CDCR, shall, within 72 hours of arrival at an RC, have a chest x-ray and further workup as clinically indicated to rule out TB disease. with a written record of a positive interpretation shall:
- 1. Within 72 hours of arrival at an RC, have a chest X-Ray and further workup as clinically indicated to rule out TB disease.
- 2. Have a repeat chest X-Ray, if the prior chest X-Ray was taken more than six months before entry or re-entry into CDCR.
 - (CD) Patients with a history of prior TB disease shall:
 - 1. Bbe evaluated by a health care provider. and should
 - 2. Hhave a baseline chest Xx-rRay.
- (2) Patients arriving at a CDCR institution shall immediately receive symptom screening pursuant to subsection (a)(1) for TB disease as part of the transfer screening process set forth in section 3999.306.
 - (A) This includes patients who are:
 - 1. ‡Transferred between CDCR institutions,
 - 2. who rReturned from out-to-court.
 - 3. who rReturned from a higher level of care,
- <u>4. or who are short stay Laid over</u> (enroute <u>or /layover short stay</u>) patients with no known recent exposure to an active TB patient.
- (3) Annual and other periodic screening. Patients housed in a CDCR institution shall receive a TB evaluation annually. In addition, a patient and may receive periodic screenings based on the status of TB infection treatment.
- (A) All patients with a history of TB disease or untreated latent TB infection shall be educated about TB infection and disease. signs and symptoms of TB disease and available treatment options.
 - (4) The results of the TB symptom screening shall be documented in the health record.
- (5) Patients with signs or symptoms of TB during any of the above screenings shall wear a procedure mask and be sent immediately to the Triage and Treatment Area to be evaluated for active TB disease.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 5008.2, 5054 and 7570-7576, Penal Code; Section 121060, Health and Safety Code; and *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California.