



Department of Corrections and Rehabilitation

## NOTICE OF CHANGE TO HEALTH CARE REGULATIONS

Sections: 3999.98, 3999.305



CALIFORNIA CORRECTION  
HEALTH CARE SERVICE

Number:

24-01

Publication Date:

July 19, 2024

Effective Date:

To Be Announced

### INSTITUTION POSTING AND CERTIFICATION REQUIRED

This Notice announces the proposed amendments to Sections 3999.98 and 3999.305, of the California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, to update provisions concerning Reception Center health care.

**IMPLEMENTATION:** To Be Announced

#### **PUBLIC COMMENT PERIOD**

Any person may submit written comments about the proposed regulations to California Correctional Health Care Services, Health Care Regulations and Policy Section, P.O. Box 588500, Elk Grove, CA 95758, or by email to [HealthCareRegulations@cdcr.ca.gov](mailto:HealthCareRegulations@cdcr.ca.gov). All written comments must be received by the close of the public comment period, **September 4, at 5:00 p.m.**

#### **PUBLIC HEARING INFORMATION**

The California Department of Corrections and Rehabilitation will hold a virtual public hearing on September 4, 2024. Go to <https://cchcs.ca.gov/health-care-regs/> for the link to join the virtual hearing, or you may call (916) 701-9994 and enter phone conference ID 230 594 355 009# to join by phone (audio only) between the hours of 1:30 p.m. and 2:00 p.m. on September 4, 2024.

#### **POSTING**

This Notice shall be posted immediately upon receipt at locations accessible to incarcerated persons, supervised persons, and employees in each Department facility and field office not later than five calendar days after receipt. Also, facilities shall make this Notice available for review by incarcerated persons in segregated housing who do not have access to the posted copies and shall distribute it to incarcerated person law libraries and advisory councils. CDCR 621-HC (Rev. 07/20), Certification of Posting, shall be returned to the Health Care Regulations and Policy Section electronically. See Health Care Department Operations Manual, Section 5.1.1 for posting procedures.

#### **CONTACT PERSON**

Inquiries regarding this action may be directed to R. Hart, Associate Director, Risk Management Branch, California Correctional Health Care Services (CCHCS) at California Correctional Health Care Services, P.O. Box 588500, Elk Grove, CA 95758; by telephone at (916) 691-2921; or by email at [HealthCareRegulations@cdcr.ca.gov](mailto:HealthCareRegulations@cdcr.ca.gov). In the event the contact person is unavailable, inquiries should be directed to A. Burrell, Staff Services Manager II, Health Care Regulations and Policy Section, CCHCS, at (916) 691-2922.

JEFF MACOMBER  
Secretary  
California Department of Corrections and Rehabilitation

J. CLARK KELSO  
Receiver

Attachments

## NOTICE OF PROPOSED REGULATORY ACTION

California Code of Regulations  
Title 15, Crime Prevention and Corrections  
Department of Corrections and Rehabilitation

NOTICE IS HEREBY GIVEN that the Secretary of the California Department of Corrections and Rehabilitation (CDCR), pursuant to the authority granted by Government Code (GC) section 12838.5 and Penal Code (PC) section 5055, and the rulemaking authority granted by PC section 5058, proposes to amend sections 3999.98, and 3999.305 of the California Code of Regulations (CCR), Title 15, Division 3, Chapter 2, concerning Reception Center health care.

### **PUBLIC HEARING:**

A virtual public hearing will be held on September 4, 2024. Go to <https://cchcs.ca.gov/health-care-regs/> for the link to join the virtual hearing, or you may call (916) 701-9994 and enter phone conference ID 230 594 355 009# to join by phone (audio only) between the hours of 1:30 p.m. and 2:00 p.m. on September 4, 2024.

### **PUBLIC COMMENT PERIOD:**

The public comment period will close on **September 4, 2024, at 5:00 p.m.** Any person may submit public comments in writing (by mail or email) regarding the proposed changes. To be considered, comments must be submitted to California Correctional Health Care Services (CCHCS), Health Care Regulations and Policy Section, P.O. Box 588500, Elk Grove, CA, 95758, or by email to [HealthCareRegulations@cdcr.ca.gov](mailto:HealthCareRegulations@cdcr.ca.gov) before the close of the comment period.

### **CONTACT PERSON:**

Please direct any inquiries regarding this action to:

**R. Hart**  
Associate Director  
Risk Management Branch  
California Correctional Health Care Services  
P.O. Box 588500  
Elk Grove, CA 95758  
(916) 691-2922

**A. Burrell**  
Staff Services Manager II  
Health Care Regulations and Policy Section  
California Correctional Health Care Services  
(916) 691-2921

### **AUTHORITY AND REFERENCE:**

GC section 12838.5 provides that commencing July 1, 2005, CDCR succeeds to, and is vested with, all the powers, functions, duties, responsibilities, obligations, liabilities, and jurisdiction of abolished predecessor entities, such as: Department of Corrections, Department of the Youth Authority, and Board of Corrections.

PC section 5000 provides that commencing July 1, 2005, any reference to the Department of Corrections in this or any code, refers to the CDCR, Division of Adult Operations.

PC section 5050 provides that commencing July 1, 2005, any reference to the Director of Corrections, in this or any other code, refers to the Secretary of the CDCR. As of that date, the office of the Director of Corrections is abolished.

PC section 5054 provides that commencing July 1, 2005, the supervision, management, and control of the State prisons, and the responsibility for the care, custody, treatment, training, discipline, and employment of persons confined therein are vested in the Secretary of the CDCR.

PC section 5058 authorizes the Director to prescribe and amend regulations for the administration of prisons.

References cited pursuant to this regulatory action are as follows: Sections 4040(a)(2), 4076, 4170 and 4171(b), Business and Professions Code; Section 1157, Evidence Code; Section 11150 Health and Safety Code; Sections 3424 and 5054, Penal Code; Perez, et al. v. Cate, et al., (No. C05-05241 JSW), U.S. District Court, Northern District of California; and Plata v. Newsom (No. C01-1351 JST), U.S. District Court, Northern District of California.

### **INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW:**

The CDCR proposes to amend sections 3999.98, and 3999.305 of the CCR, Title 15, Division 3, Chapter 2, governing Reception Center health care. Current Title 15 regulations no longer align with numerous recent revisions to the Reception Center health care assessment process, which is part of the Reception Center initial intake process for each person newly committed to the CDCR custody.

This action provides the following:

- That Reception Center initial health screenings are conducted or reviewed by a registered nurse when appropriate.
- That patients are provided with the option for more comprehensive screening tests as well as education about the screening tests.
- That staff are aware of procedures to follow when patients decline a screening test.
- Proper initial health screening of patients on Medication Assisted Treatment.
- Timely mental health screenings to newly committed patients.
- Reception Center dental screenings for newly committed patients.

### **BENEFITS ANTICIPATED BY THE PROPOSED REGULATIONS:**

The Department anticipates the proposed regulations will benefit CDCR staff and the regulated public by helping to properly identify the health care needs of each person newly committed to the CDCR custody; provide continuity of pharmaceutical care for Medication Assisted Treatment patients; help patients make informed decisions about screening tests; and standardize the documentation of declined screening tests.

**FORMS INCORPORATED BY REFERENCE:**

Not applicable

**EVALUATION OF CONSISTENCY/COMPATIBILITY WITH EXISTING REGULATIONS:**

Pursuant to GC section 11346.5(a)(3)(D), the Department must evaluate whether the proposed regulations are inconsistent or incompatible with existing State regulations. Pursuant to this evaluation, the Department has determined these proposed regulations are not inconsistent or incompatible with any existing regulations within CCR, Title 15, Division 3.

**LOCAL MANDATES:**

The proposed regulatory action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement pursuant to GC section 17500 — 17630.

**FISCAL IMPACT STATEMENT:**

- Cost or savings to any State agency: *None*
- Cost to any local agency or school district that is required to be reimbursed: *None*
- Other nondiscretionary cost or savings imposed on local agencies: *None*
- Cost or savings in federal funding to the state: *None*

**EFFECT ON HOUSING COSTS:**

The Department has made an initial determination that the proposed action will have no significant effect on housing costs because the proposed regulations relate strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

**SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT ON BUSINESS:**

The Department has determined that the proposed action will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states because the proposed action relates strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

**RESULTS OF ECONOMIC IMPACT ASSESSMENT:**

The proposed regulations will benefit the health and welfare of California residents and worker safety by providing a comprehensive initial health screening (which includes a timely mental health screening) to persons newly committed to the CDCR custody. The initial health screening will facilitate access to care and continuity of care to patients within CDCR.

The Department has determined that the proposed action will have no impact on the creation of new or the elimination of existing jobs or businesses within California or affect the expansion of businesses currently doing business in California because the proposed action relates strictly to the

initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

**BENEFITS ANTICIPATED BY THE PROPOSED REGULATIONS:**

The proposed regulations will benefit the health and welfare of California residents and worker safety by providing a comprehensive initial health screening (which includes a timely mental health screening) to persons newly committed to the CDCR custody. The initial health screening will facilitate access to care and continuity of care to patients within CDCR.

**COST IMPACTS ON REPRESENTATIVE PRIVATE PERSONS OR BUSINESSES:**

The Department is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action. The proposed action will align Title 15 regulations with recent revisions to the Reception Center health care assessment process, which is part of the Reception Center initial intake process for each person newly committed to the CDCR custody; which only affects incarcerated persons and staff within CDCR.

**EFFECT ON SMALL BUSINESSES:**

The Department has determined that the proposed regulations will have no significant adverse economic impact on small businesses because the proposed action will align Title 15 regulations with recent revisions to the Reception Center health care assessment process, which is part of the Reception Center initial intake process for each person newly committed to the CDCR custody; which only affects incarcerated persons and staff within CDCR.

**CONSIDERATION OF ALTERNATIVES:**

The Department must determine that no reasonable alternative it considered or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provisions of law.

The Department has made an initial determination that the action will not have a significant adverse economic impact on business. Additionally, there has been no testimony, reasonable alternative, or other evidence provided that would alter the CDCR's initial determination to proceed with this action.

**AVAILABILITY OF PROPOSED TEXT AND INITIAL STATEMENT OF REASONS:**

The Department has prepared, and will make available, the proposed text and the Initial Statement of Reasons (ISOR) of the proposed regulatory action. The rulemaking file for this regulatory action, which contains those items and all information on which the proposal is based (i.e., rulemaking file) is available to the public upon request directed to the contact person listed in this Notice. The proposed text, ISOR, and Notice of Proposed Action will also be made available on CCHCS's website <https://cchcs.ca.gov> and CDCR institution law libraries.

**AVAILABILITY OF THE FINAL STATEMENT OF REASONS:**

Following its preparation, a copy of the Final Statement of Reasons may be obtained from the contact person listed in this Notice.

**AVAILABILITY OF CHANGES TO PROPOSED TEXT:**

After considering all timely and relevant comments received, the Department may adopt the proposed regulations substantially as described in this Notice. If the Department makes modifications which are sufficiently related to the originally proposed text, it will make the modified text (with the changes clearly indicated) available to the public for at least 15 calendar days before the Department adopts the regulations as revised. Requests for copies of any modified regulation text should be directed to the contact person listed in this Notice. The Department will accept written comments on the modified regulations for 15 calendar days after the date on which they are made available.

## TEXT OF PROPOSED REGULATIONS

In the following, ~~strikethrough~~ indicates deleted text and underline 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 and “NOTE” within this section remains the same:

##### Section 3999.98. Definitions.

Reception Center Focused Health Care Assessment means a face-to-face focused physical assessment performed by a ~~P~~primary ~~C~~care ~~P~~provider and documented in the health record within five working days of arrival at the Reception Center~~during the RC Initial Screening.~~

Reception Center Initial Intake Process means a multidisciplinary process of compiling and evaluating the patient’s criminal records, life histories, medical, dental, physiological, mental health, and social histories, and determining the patient’s custody score in order to identify any specific placement needs and assigning them to an endorsed institution. The Reception Center (RC) initial intake process is guided by California Department of Corrections and Rehabilitation custody staff with a goal that the patient is transferred to an endorsed institution within 30 days of arrival at the RC.

#### Subchapter 3. Health Care Operations

##### Article 1. Complete Care Model

Section 3999.305 is amended to read:

##### Section 3999.305. Reception Center Health Care

(a) The California Department of Corrections and Rehabilitation (CDCR) shall conduct a Reception Center (RC) health care assessment as part of the RC initial intake process for each person newly committed to the Department's custody.

(b) Reception center initial health screening and triage.

(1) Each patient ~~newly committed~~ shall have an RC initial health screening and triage conducted by licensed nursing~~health care~~ staff upon arrival at the RC to identify immediate needs and to ensure continuity of care, including medications, treatments, and accommodations. ~~Patient interviews and assessments shall be conducted pursuant to section 3999.303.~~

(A) The RC initial health screening and triage shall be accomplished prior to the patient being placed in housing.

(2) ~~If portions of the RC initial health screening and triage are accomplished by licensed health care staff other than a Registered Nurse (RN), an RN shall review each screening prior to the completion of the RC focused health assessment and approve the patient's plan of care. If the RC~~

initial health screening and triage is conducted by licensed nursing staff who is not a Registered Nurse (RN) and the patient answered “yes” to any questions, an RN shall review the data collected, conduct an assessment, determine the appropriate disposition of the patient, and document in the health record.

(3) Each patient shall be offered the following screening tests based on the Opt-Out screening method:

~~(A) Gonorrhea/Chlamydia urine (all males and females if Men less than or equal to 4435 years old shall be screened for Chlamydia and Gonorrhea).~~

(B) Women less than or equal to 44 years old shall be screened for Chlamydia, Gonorrhea and Trichomonas.

~~(BC) Human Immunodeficiency Virus antibody screening.~~

~~(CD) Serum pregnancy test for (females less than 60 years old).~~

~~(DE) Varicella Immunoglobulin G.~~

~~(EF) Coccidioidomycosis (Cocci) delayed-type hypersensitivity skin test for (males 18 to 64 years of age, unless prior documented positive result,) history of cocci disease, or a medical condition that would otherwise restrict placement in Cocci 1 area (e.g., immunocompromised).~~

~~(FG) Rapid Plasma Reagin syphilis test.~~

~~(GH) Papanicolaou test Pap smear (cervical cytology screen) for (all females as clinically appropriate).~~

~~(HI) Hepatitis C Virus (HCV) antibody with reflex to HCV viral load.~~

~~(IJ) Interferon-Gamma Release Assays blood test.~~

~~(K) Hemoglobin A1C for patients with a history of diabetes.~~

~~(L) Hepatitis B surface antigen, surface antibody and Hepatitis B core antibody.~~

~~(M) Urine Drug Screen (UDS).~~

(4) Each patient arriving to an institution on Medication Assisted Treatment (MAT) shall have the following laboratory tests ordered:

(A) Completed Blood Count without Differential.

(B) Comprehensive Metabolic Panel.

(C) Monitoring UDS.

(D) Electrocardiogram for patients arriving on methadone.

~~(4) If a patient declines a routine Opt-Out test, the refusal shall be documented in the health record and signed by the patient. The patient shall be scheduled with the Primary Care RN within 14 calendar days for additional patient education.~~

(5) Prior to the laboratory performing the tests, the patient shall be provided with education about the tests and informed that testing is also available upon patient request throughout incarceration.

(6) Patients shall be informed that the purpose of the cocci skin test is to ensure those at higher risk of cocci disease (negative result) will not be housed in the institutions with the highest risk.

(7) If the patient declines a screening test, the CDCR 7225, Refusal of Examination and or Treatment, shall be signed by the patient, and the refusal documented in the health record. If the patient refuses to sign the form, the refusal shall be documented in the health record with two witness signatures.

(8) Patients identified as arriving on MAT shall be referred to:

(A) A Licensed Clinical Social Worker within 14 calendar days.



(B) An Addiction Medicine provider within 14 calendar days.

(C) A Narcotic Treatment Program for a consult that must take place within four calendar days for patients arriving on methadone for MAT.

(D) An Addiction Medicine provider for pregnant women with a Clinical Opioid Withdrawn Scale score greater than four.

(59) Patients who have been receiving prescription medications shall have their prescription medications ordered within eight hours of arrival to prevent an interruption in receiving medication.

(c) Each patient ~~newly committed~~ shall have a:

(1) Reception Center Focused Health Care Assessment performed by a Primary Care Provider within ~~seven~~ five working calendar days of arrival at the RC to identify patients who are acutely ill, infectious, or those with clinically significant health care needs to ensure continuity of care.

(2) Initial Mental Health and Developmental Disability Program (DDP) Screening within seven calendar days.

(3) RC Dental Screening pursuant to timeframes in section 3999.367(g).

(d) Continuity of health care shall be maintained pending the patient's assignment and transfer to an endorsed institution. Each RC patient shall be assigned to a Primary Care Team (PCT) while awaiting transfer to an endorsed institution. The PCT shall be responsible for ensuring timely access to health care services.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; *Plata v. Newsom* (No. C01-1351 JST), U.S. District Court, Northern District of California; *Clark v. California* (No. C96-1486 CRB), Northern District of California; and *Armstrong v. Newsom* (No. C94-2307 CW), U.S. District Court, Northern District of California.]

## **INITIAL STATEMENT OF REASONS**

The California Department of Corrections and Rehabilitation (CDCR) proposes to amend sections 3999.98 and 3999.305 of the California Code of Regulations (CCR), Title 15, Division 3, Chapter 2, regarding Reception Center (RC) health care.

### **Summary of the Proposal**

#### **Problem Statement:**

Current Title 15 regulations no longer align with numerous recent revisions to the RC health care assessment process, which is part of the RC initial intake process for each person newly committed to the CDCR custody.

#### **Objective:**

This regulatory action ensures:

- That RC initial health screenings are conducted or reviewed by a registered nurse when appropriate.
- That patients are provided with the option for more comprehensive screening tests as well as education about the screening tests.
- Staff are aware of procedures to follow when patients decline a screening test.
- Proper initial health screening of patients on Medication Assisted Treatment.
- Timely mental health screenings to newly committed patients.
- RC dental screenings for newly committed patients.

#### **Benefit:**

The proposed regulations will:

- Help properly identify the health care needs of each person newly committed to the CDCR custody.
- Help provide continuity of pharmaceutical care for MAT patients.
- Help patients make informed decisions about screening tests.
- Standardize the documentation of declined screening tests.

## **ECONOMIC IMPACT ASSESSMENT**

In accordance with Government Code (GC) section 11346.3(b), the Department has made the following assessments regarding the proposed regulation:

### **1. Creation or Elimination of Jobs within the State of California**

The Department does not expect that the proposed regulations will have an impact on the creation of new or the elimination of existing jobs within the State of California. The

proposed regulations relate strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

2. Creation of New or Elimination of Existing Businesses within the State of California

The Department does not expect that the proposed regulations will have an impact on the creation of new or the elimination of existing businesses within the State of California. The proposed regulations relate strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

3. Expansion of Businesses Currently Doing Business within the State of California

The Department does not expect that the proposed regulations will have an impact on the expansion of businesses currently doing business within the State of California. The proposed regulations relate strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

4. Benefits of the Regulations to the Health and Welfare of California Residents, Worker Safety, and the State's Environment

The proposed regulations will benefit the health and welfare of California residents and worker safety by providing a comprehensive initial health screening (which includes a timely mental health screening) to persons newly committed to the CDCR custody. The initial health screening will facilitate access to care and continuity of care to patients within CDCR.

The proposed regulations will have no effect on the State's environment, as the State's environment is not impacted by the initial health screening of each person newly committed to the CDCR custody.

**Statement of Determinations**

Reasonable Alternatives

In accordance with GC section 11346.5(a)(13), the Department has determined that no reasonable alternative considered or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which this action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provisions of law.

Local Mandates

The Department has determined that this action imposes no mandates on local agencies or school districts, or a mandate which requires reimbursement pursuant to GC sections 17500 - 17630.

Significant Adverse Economic Impact

The Department has made an initial determination that the proposed regulations will not have a significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states because this regulatory action relates strictly to the initial health screening of each person newly committed to the CDCR custody, which only affects staff and patients within CDCR.

Based on the economic impact assessment, the Department has determined that the regulations will not significantly affect the following:

1. The creation or elimination of jobs within the State of California.
2. The creation of new businesses or the elimination of existing businesses within the State of California.
3. The expansion of businesses currently doing business within the State of California.

The economic impact assessment shows that the proposed regulatory actions will benefit the health and welfare of California residents, worker safety, or the State’s environment.

Reports, Studies and Documents Relied Upon

1. Not applicable

**SPECIFIC PURPOSE AND RATIONALE FOR EACH REGULATION PROPOSED FOR AMENDMENT, ADOPTION, OR REPEAL**

**Non-substantive grammar and punctuation changes are made throughout the following regulatory sections for accuracy and readability.**

**Chapter 2. Rules and Regulations of Health Care Services**

**Article 1. Health Care Definitions**

**Section 3999.98. Definitions.**

**Section 3999.98 is amended** as follows:

“Reception Center Focused Health Care Assessment” is amended from “Reception Center Health Assessment,” the acronym “PCP” is changed to “primary care provider,” and to clarify that the Reception Center Focused Health Care Assessment is to be completed within five working days of arrival at the Reception Center and not during the Reception Center initial health screening and triage. This is necessary to establish a common understanding of the term used to describe the face-to-face focused physical assessment performed within five working days of arrival at the Reception Center, to clarify who has the responsibility for conducting the Reception Center Focused Health Care Assessment, and to specify the timeframe within which the Reception Center

Focused Health Care Assessment must take place and to clarify that it does not occur during the Reception Center initial health screening and triage.]

“Reception Center Initial Intake Process” is included in alphabetical order in this section. This is necessary for a common understanding of the multidisciplinary process of compiling and evaluating the patient’s criminal records, life histories, medical, dental, physiological, mental health, and social histories, and determining the patient’s custody score in order to identify any specific placement needs and assigning them to an endorsed institution.

### **Subchapter 3. Health Care Operations**

#### **Article 1. Complete Care Model**

##### **Section 3999.305. Reception Center Health Care.**

**Section 3999.305(a) is amended** to establish the acronym, CDCR, for California Department of Corrections and Rehabilitation. This is necessary for a common understanding of the acronym, CDCR, which is used throughout section 3999.305.

**Section 3999.305(b) is unchanged.**

**Section 3999.305(b)(1) is amended** to clarify that Reception Center patients shall have a Reception Center (RC) initial health screening and triage conducted by licensed nursing staff rather than “health care staff.” This is necessary to ensure staff with appropriate knowledge and training perform the RC initial health screening and triage. This section is also amended to strike the reference to section 3999.303. This is necessary to eliminate redundancy as section 3999.305 already provides adequate instructions on administering the RC initial health screening and triage.

**Section 3999.305(b)(1)(A) is unchanged.**

**Section 3999.305(b)(2) is amended** to replace “If portions of the RC initial health screening and triage are accomplished by licensed health care staff other than a Registered Nurse (RN), an RN shall review each screening prior to completion of the RC focused health assessment and approve the patient’s plan of care” with “If the RC initial health screening and triage is conducted by licensed nursing staff who is not an RN and the patient answered “yes” to any questions, an RN shall review the data collected, conduct an assessment, determine the appropriate disposition of the patient, and document in the health record.” This is necessary to ensure that qualified clinical staff properly review and assess patient health care needs and properly document in the health record.

**Section 3999.305(b)(3) is unchanged.**

**Section 3999.305(b)(3)(A) is amended** to provide the updated guidelines for Gonorrhea and Chlamydia screening for men only. This is necessary as the guidelines for women have been moved to new subsection 3999.305(b)(3)(B), and due to significant morbidity (positive tests) among incarcerated persons ages 35-44 years old.

**New section 3999.305(b)(3)(B) is adopted** to provide the updated guidelines for Gonorrhea, Chlamydia, and Trichomonas screening for women. This is necessary because the sexually transmitted disease, Trichomonas is only required for women, and because of significant morbidity (positive tests) among incarcerated persons ages 35-44 years old.

**Sections 3999.305(b)(3)(B) is renumbered as new section 3999.305(b)(3)(C) and is otherwise unchanged.**

**Section 3999.305(b)(3)(C) is renumbered as new section 3999.305(b)(3)(D) and is otherwise unchanged.**

**Section 3999.305(b)(3)(D) is renumbered as new section 3999.305(b)(3)(E) and is otherwise unchanged.**

**Section 3999.305(b)(3)(E) is renumbered as new section 3999.305(b)(3)(F) and is amended** with non-substantive changes and to include “history of cocci disease, or a medical condition that would otherwise restrict placement in Cocci 1 area” as contraindications to the Cocci delayed-type hypersensitivity skin test. This is necessary for readability and to identify patients for whom the Cocci delayed-type hypersensitivity skin test is not indicated.

**Section 3999.305(b)(3)(F) is renumbered as new section 3999.305(b)(3)(G) and is amended** to add the phrase “syphilis test.” This is necessary to clarify that the Rapid Plasma test is for syphilis screening.

**Section 3999.305(b)(3)(G) is renumbered as new section 3999.305(b)(3)(H) and is amended** to replace the term “Pap smear” with “Papanicolaou test (cervical cytology screen).” This is necessary to clarify what modality for cervical cancer screening is to be provided to patients within CDCR.

**Sections 3999.305(b)(3)(H) and 3999.305(b)(3)(I) are renumbered as new sections 3999.305(b)(3)(I) and 3999.305(b)(3)(J) respectively and otherwise remain substantively unchanged.**

**New sections 3999.305(b)(3)(K) through 3999.305(b)(3)(M) are adopted** to provide patients with hemoglobin A1C, Hepatitis B virus, and urine drug screenings. This is necessary to identify health care needs, reduce the risk of disease and illness transmission, and improve patient outcomes.

**New sections 3999.305(b)(4) – (b)(4)(D) are adopted** to outline specific laboratory tests which shall be ordered when a patient arrives at an institution on Medication Assisted Treatment. This is necessary to establish baselines which are useful in identifying relapses in opioid use disorder or clinical complications associated with Medication Assisted Treatment.

**Section 3999.305(b)(4) is renumbered as new section 3999.305(b)(7).**

**New section 3999.305(b)(5) is adopted** to provide patients with education regarding tests available to them pursuant to this section. This is necessary so that patients can make informed

decisions about their health as well as promote awareness regarding tests available to them throughout their incarceration.

**New section 3999.305(b)(6) is adopted** to inform patients that the purpose of the cocci skin test is to ensure those at higher risk of cocci disease (negative result) will not be housed in the institutions with the highest risk. This is necessary so that patients can make an informed decision regarding the cocci skin test which is available to them.

**New section 3999.305(b)(7), formerly section 3999.305(b)(4), is amended** to provide documenting instructions for when a patient declines any screening test or refuses to sign the CDCR 7225, Refusal of Examination and or Treatment. This is necessary to ensure the Department does not incur unwarranted responsibility for the patient's refusal of screening tests. It is also amended to no longer provide that the patient shall be scheduled with the Primary Care RN within 14 calendar days for additional patient education. This is necessary because this additional patient education will take place during the Reception Center Focused Health Care Assessment pursuant to new section 3999.305(c)(1).

**New sections 3999.305(b)(8) through 3999.305(b)(8)(D) are adopted** to establish and clarify a process and timeline for referring patients identified as arriving on MAT to appropriate clinical providers and program for assistance. This is necessary to ensure that qualified clinical staff assess patient health care and psychosocial needs in a timely manner and improve patient outcomes.

**Section 3999.305(b)(5) is renumbered as section 3999.305(b)(9) but is otherwise unchanged.**

**Section 3999.305(c) is amended** to introduce sections 3999.305(c)(1) through 3999.305(c)(3), and to remove the phrase, "Newly committed." This is necessary for organization of the text, and to avoid restating the provision already established in section 3999.305(a).

**New section 3999.305(c)(1) is moved from section 3999.305(c) and is amended** to include the amended term "Reception Center Focused Health Care Assessment" pursuant to the purpose and rationale in section 3999.98. It is also amended to change the required timeframe for completing Reception Center Focused Health Care Assessment from seven calendar days to five working days, which is necessary to account for limited staffing during weekends or holidays.

**New sections 3999.305(c)(2) through 3999.305(c)(3) are adopted** to provide each patient newly committed to the CDCR with a mental health and Developmental Disability Program screening within seven calendar days and RC dental screening pursuant to timeframes in section 3999.367(g). This is necessary to establish a process and timeline for proper mental health and dental screening of patients.

**Section 3999.305(d) is unchanged.**