CONCURRENCE IN SENATE AMENDMENTS
AB 1129 (Celeste Rodriguez)
As Amended August 21, 2026
2/3 vote

SUMMARY

Authorizes a local health *jurisdiction (LHJ***)** to *initiate and* maintain *programs to monitor birth conditions, as defined, that are present during the 12-month period after an individual's birth in their local health jurisdictions*. Authorizes a local health officer (LHO) to collect information only if the information is unique demographic, diagnostic, or health data directly related to a birth condition unless the patient or their parent or guardian gives consent to the *reporting institution to collect additional data to report to the LHO*. Requires an LHO to use collected data consistent with maintaining a system for the collection of information related to birth conditions *and to determine and evaluate measures designed to prevent their occurrence.*

Senate Amendments
Recast and revise the provisions of this bill in a new section of code; narrow the provisions of the bill to only apply to birth conditions, not birth defects; clarify that the provisions of this bill do not apply to the California Birth Defects Monitoring Program; and maintain existing privacy and data collection practices.

COMMENTS

Background on birth defects and conditions. According to the Eunice Kennedy Shriver National Institute of Child Health and Human Development, congenital conditions, also known as birth defects, are structural (how the body is built) or functional (how the body works) *conditions* present at birth that can cause physical disability, intellectual and developmental disorders, and other health problems. According to the Centers for Disease Control, birth defects can vary from mild to severe. Health outcomes and life expectancy depend on which body part is involved and how it is affected. Birth defects can occur during any stage of pregnancy. Most birth defects occur in the first three months of pregnancy, when the organs of the baby are forming. However, some birth defects do occur later in pregnancy as tissues and organs continue to develop.

Background on California Birth Defects Monitoring Program (CBDMP). According to the Department of Public Health (DPH), CBDMP is a population-based registry. It has been an active ascertainment registry since 1982 when the California State Legislature authorized it to collect data on birth defects, stillbirths, and miscarriages. CBDMP currently monitors over 150,000 births in 10 counties, approximately 30% of the births in California. The geographic coverage of the CBDMP includes: Fresno; Kern; Kings; Madera; Merced; Orange; San Diego; San Joaquin; Stanislaus; and, Tulare.

According to DPH, these births are representative of the state's population. The program objectives of CBDMP are to: increase the quality and quantity of California-based birth defect data available for purposes of public health monitoring and investigator-led research; increase communication of birth defects information; and, monitor public health and safety concerns relating to birth defects. CBDMP provides ongoing surveillance on rates and trends of select birth defects and periodically publishes non-identifiable data from these surveillance efforts as a public health practice.

This bill is sponsored by the County of Los Angeles, which seeks to include monitoring of birth defects and conditions as part of its public health measures. According to information provided by the Los Angeles County Department of Public Health, surveillance of birth defects and other birth conditions is vitally important to healthcare decision-making because it can help to:

1) Identify and assess impact of environmental and communicable disease exposures leading to birth anomalies;

2) Signal unsafe products, liabilities and/or manufacturing processes that impact local populations;

3) Discern if there are challenges contributing to low-quality care in neighborhoods, geographies or institutions;

4) Ascertain potential disparities in health care quality and access that may be adversely affecting the maternal and child health (MCH) populations;

5) Provide case finding and intervention support for programs like the California Children's Services Program, a state program which provides health care and services to children with certain diseases or health problems up to 21 years old, and Enhanced Care Management (ECM), a statewide Medi-Cal managed care plan benefit which addresses the clinical and non-clinical needs through the coordination of services and comprehensive care management;

6) Guide how science and practice need to focus their efforts to reduce chronic disease and disability; and,

7) Direct where public health may need to invest resources, programmatic problem-solving and birth anomalies prevention strategies.

According to the Author
Healthy communities start with understanding the health challenges families face and ensuring our local health professionals have the tools to respond. The author states that this bill gives local health jurisdictions the option to collect data on birth conditions in their communities to better understand where families need additional care or support. When we collect better health data, we can identify gaps in care, spot potential health concerns earlier, and connect families with the services they need. Every family deserves the opportunity to raise a healthy child -- by giving local communities the ability to better understand their own health needs, we can make smarter decisions about how to protect families and improve access to care.

Arguments in Support
The County of Los Angeles (LAC) is the sponsor of this bill and states that current law creates the infrastructure for the collection of data related to birth defects, as defined in Health and Safety Code section 103825: "[A]ny medical problem of organ structure, function, or chemistry of possible genetic or prenatal origin." Existing law authorizes only the CBDMP to monitor birth defects. Current law limits this data collection to 14 specific kinds of data in 10 specific counties: Fresno, Kern, Kings, Madera, Merced, Orange, San Diego, San Joaquin, Stanislaus, and Tulare. In contrast, this bill will permit, but not require, any LHJ to mandate the collection of birth conditions as part of the LHJ's public health services. For the LHJs that elect to do so, monitoring birth conditions will be an indispensable tool for local health programs to identify

newborns and infants with select health conditions and connect them with necessary care. This will, then, enable the LHJ to determine the best prevention strategies and allocate resources more effectively. Depending on findings in a local jurisdiction, the information may highlight areas for further research, address care gaps or care quality issues, and implicate the need for evaluating underperforming practices or products. Perhaps most acutely, the collection of birth condition data could help local public health experts respond to environmental, industrial, and other public health emergencies that may pose risks to newborns and infants.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, this bill has no state costs.

VOTES:

ASM HEALTH: 13-0-3
YES: Bonta, Addis, Aguiar-Curry, Arambula, Carrillo, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Chen, Flora, Sanchez

ASM APPROPRIATIONS: 12-0-3
YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Tangipa
ABS, ABST OR NV: Sanchez, Dixon, Ta

ASSEMBLY FLOOR: 77-0-2
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Lackey, Ortega

UPDATED

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