
THIRD READING

Bill No: AB 1326
Author: Ahrens (D), et al.
Amended: 9/2/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 8-0, 6/18/25

AYES: Menjivar, Durazo, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener

NO VOTE RECORDED: Valladares, Gonzalez, Grove

SENATE JUDICIARY COMMITTEE: 11-0, 7/15/25

AYES: Umberg, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Wahab, Weber Pierson, Wiener

NO VOTE RECORDED: Niello, Valladares

ASSEMBLY FLOOR: 58-2, 5/8/25 - See last page for vote

SUBJECT: Health masks: right to wear

SOURCE: Author

DIGEST: This bill states that an individual has the right to wear a health mask on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors.

Senate Floor Amendments of 9/2/2025 add to the settings and circumstances that are exempted from this bill.

ANALYSIS:

Existing law:

- 1) Establishes the California Department of Public Health (CDPH), directed by a state Public Health Officer (PHO), to be vested with all the duties, powers,

purposes, functions, responsibilities, and jurisdictions as they relate to public health and licensing of health facilities, as specified. Gives the PHO broad authority to detect, monitor, and prevent the spread of communicable disease in the state. [Health and Safety Code (HSC) §131050 and §120130]

- 2) Requires each county board of supervisors to appoint a local health officer (LHO). Requires LHOs to enforce and observe orders and ordinances of the board of supervisors, pertaining to the public health and sanitary matters, orders, including quarantine and other regulations prescribed by CDPH, and statutes relating to public health. [HSC §101000 and §101030]
- 3) Defines “personal protective equipment” (PPE) as protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, including, but not limited to, N95 and other filtering facepiece respirators, face masks, surgical masks, and face shields, among other items. [HSC §131021]
- 4) Requires an employer to maintain a stockpile of the following PPE in the amount equal to three months of normal consumption: N95 filtering facepiece respirators; surgical masks, isolation gowns, eye protection, and shoe coverings, among other items. [Labor Code (LAB) §6403.3]
- 5) States, under the Unruh Civil Rights Act, that all persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever. [Civil Code (CIV) §51]

This bill:

- 1) States that an individual has the right to wear a health mask on their face in a public place for the purpose of protecting their individual health or the public health, with regard to communicable disease, air quality, or other health factors.
- 2) Defines “health mask” as a medical grade mask that is surgical or an N95 or KN95 respirator to prevent the transmission of infections.
- 3) Defines “public place” as:

- a) A place of business that is open to the general public for the sale of goods or services;
 - b) Another place of public accommodation, as defined federal law relate to equal access and prohibition against discrimination or segregation in places of public accommodation, or within the scope of entities subject to the Unruh Civil Rights Act;
 - c) A governmental or public building or place open to the general public;
 - d) A street, road, plaza, park, or other outdoor space open to the general public;
 - e) A mode of public transportation;
 - f) A clinic, a hospital or other health facility, a care facility, or other health care setting;
 - g) An academic institution or other educational setting;
 - h) An employment setting or other workplace; and,
 - i) Any other location that is open to the general public.
- 4) Prohibits this bill from being construed as limiting or otherwise modifying the application or implementation of any of the following:
- a) Any requirement to temporarily remove a health mask for identification purposes, as part: security regulations, procedures, or protocols under federal law, such as passenger screening at airports; security regulations, procedures, or protocols under state law, such as photograph processing for a driver's license or identification card; or, the policy of a public place if identification of an individual is required for entry into the public place and removal of the health mask is necessary for that identification, such as age verification at certain nightclubs or other establishments serving alcohol. To the extent not in conflict with federal law, requires this to be construed in the narrowest and most restrictive manner possible, with the removal of the health mask being limited to a temporary and momentary basis for identification purposes only upon entry and not as a justification for requiring prolonged removal of the health mask within the public place if no longer necessary for identification;
 - b) Any requirement to avoid obstruction of vision while operating a vehicle. It is the intent of the Legislature that a mask worn as described in this chapter is in the form of covering an individual's mouth and nose and not an individual's eyes;
 - c) Any requirement, imposed on an employee or worker in an employment setting or other workplace, to remove a health mask in order to perform the employee's or worker's essential functions, as specified;

- d) Any health care protocols to remove a mask as necessary to access an individual's face in order to perform a health care treatment or procedure on an emergency basis;
 - e) Existing law making it illegal for a person to wear any mask, false whiskers, or any personal disguise for the purpose of: evading or escaping discovery, recognition, or identification in the commission of any public offense; or, concealment, flight, or escape, when charged with, arrested for, or convicted of, any public offense;
 - f) The California Occupational Safety and Health Act of 1973 and related regulations; and,
 - g) Any safety or security procedures for Department of Corrections and Rehabilitation facilities.
- 5) Prohibits this bill from being construed as limiting or otherwise modifying the application or implementation of any nondiscrimination protections on the basis of disability or medical condition, including, but not limited to, applicable protections set forth in specified anti-discriminatory federal and state statutes.
- 6) Contains language to avoid chaptering-out conflicts with AB 596 (McKinnor) of the current legislative session.

Comments

According to the author of this bill:

This bill aims to establish a clear legal right for individuals to wear masks to protect their health and the health of others. Individuals may face discrimination when making personal health choices without this legal safeguard. This issue relates to bodily autonomy. If statutory protection is not provided, policies or ordinances restricting or banning the use of masks could be implemented.

Background

Early in the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) issued recommendations to help prevent the spread of SARS-CoV-2, the virus which causes COVID-19, including that individuals wear 'nonmedical cloth masks' in public places. This was originally recommended to limit the emission of virus-containing respiratory droplets from infected people during their contagious period. As public health officials became more knowledgeable about the virus, it was learned that up to 40% of infected people are asymptomatic but can shed high levels of the virus from their respiratory tracts, contributing to more than half of viral transmissions. This made wearing masks a top priority in the public health

strategy to mitigate COVID-19. However, it was largely left to state and local officials to determine what restrictions to impose to slow new infections. According to a January 2021 article in the journal *Infection Control & Hospital Epidemiology*, despite the evidence supporting universal public face masks, guidance varied widely from state to state. As of November 28, 2020, the governors of 35 states had issued emergency orders for statewide mandatory mask requirements. In the states lacking statewide mandates, some local leaders issued face mask requirements for their cities or counties. California's statewide approach to masking evolved over time. In April 2020, CDPH issued guidance stating that people may choose to wear a cloth face covering when in public for essential activities, such as shopping at the grocery store, but that wearing a cloth face covering did not eliminate the need to physically distance. In June 2020, CDPH guidance was that people must wear face coverings when they are in the "high-risk situations," including indoor public spaces, health care settings, public transportation, workplaces, and outdoors when physical distance was not possible. On December 15, 2021, CDPH issued a statewide mandate to wear masks in all indoor public settings irrespective of vaccine status.

A study published in February 2021 found that 84% of people wore masks. The 16% who did not wear masks scored higher on most of the researchers measures of negative attitudes towards masks. The authors indicated that negative attitudes about masks formed an intercorrelated network, with the central themes being: a) beliefs that masks are ineffective in preventing COVID-19; and, b) an aversion to being forced to wear masks. The study found that the network of anti-mask attitudes was connected to negative attitudes toward COVID-19 vaccination, beliefs that the threat of COVID-19 was exaggerated, disregard for social distancing, and political conservatism. A systemic review of evidence published in August 2023 concluded that wearing masks, wearing higher quality masks (respirators), and mask mandates generally reduced SARS-CoV-2 transmission.

Effective May 11, 2023 the declared federal public health emergency ended. As a result, CDPH sunsetted its mask mandate and recommended that people, regardless of COVID-19 community levels:

- a) Wear a mask around others if they have respiratory symptoms;
- b) Wear a mask they have had a significant exposure to someone who has tested positive for COVID-19; and,
- c) Ensure masks provide the best fit and filtration (like N95, KN95 and KF94).

CDPH states that wearing a mask is important for those who are at higher risk for getting very sick from COVID-19, and as the risk for transmission increases in the community. Examples of settings to consider wearing a mask include: indoor areas of public transportation (such as in airplanes, trains, buses, ferries) and transportation hubs (such as airports, stations, and seaports), and other crowded indoor settings, especially where higher risk individuals are present. CDPH notes that local health jurisdictions and other entities may have requirements in specific settings based on local circumstances.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

SUPPORT: (Verified 9/2/2025)

Disability Rights California
Health Officers Association of California
Oakland Privacy
One individual

OPPOSITION: (Verified 9/2/2025)

None received

ARGUMENTS IN SUPPORT: Disability Rights California strongly supports this bill because it advances and protects the rights of Californians with disabilities as well as people with certain health conditions. These individuals are particularly vulnerable and may need to wear P95 masks in public in order to reduce their risk of infection or exposure to harmful particles. This includes individuals with weakened immune systems due to cancer treatments, organ transplants, or HIV/AIDS; those with chronic respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), or cystic fibrosis; and people with cardiovascular conditions like heart disease, which can be worsened by air pollution or respiratory infections. This bill would ensure that those who require the additional protection for their health, as well as individuals who are simply health conscious- cannot be penalized, harassed, or denied services for making responsible choices to protect themselves and others in public spaces. The Health Officers Association of California also supports this bill because it ensures protection for vulnerable communities and it is a common sense measure that promotes public health and individual freedom. The COVID-19 pandemic, severe wildfire seasons, and recurring outbreaks of communicable diseases have underscored the critical role that face masks play in protecting community health. Beyond the response to the pandemic, masks still remain a vital tool for safeguarding immunocompromised individuals. Without this bill, policies or

ordinances that ban the use of masks could be implemented. This would put those who rely on them at risk, those who use them for caution to be stripped of their individual freedom, and puts our communities as a whole at greater risk.

ASSEMBLY FLOOR: 58-2, 5/8/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Bonta, Bryan, Calderon, Caloza, Chen, Connolly, Davies, Dixon, Elhawary, Fong, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Ward, Wicks, Wilson, Zbur, Rivas

NOES: DeMaio, Hoover

NO VOTE RECORDED: Arambula, Boerner, Carrillo, Castillo, Ellis, Flora, Gabriel, Gallagher, Jeff Gonzalez, Hadwick, Irwin, Lackey, Macedo, Patterson, Celeste Rodriguez, Sanchez, Ta, Tangipa, Wallis

Prepared by: Melanie Moreno / HEALTH / (916) 651-4111
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