

SENATE PRIVACY, DIGITAL TECHNOLOGIES, AND CONSUMER PROTECTION COMMITTEE
Senator Christopher Cabaldon, Chair
2025-2026 Regular Session

AB 1798 (Wilson)
Version: April 16, 2026
Hearing Date: June 29, 2026
Fiscal: Yes
Urgency: No
BD

SUBJECT

Genetic testing for life and disability insurance

DIGEST

This bill prohibits the use of genetic testing to make underwriting decisions for life insurance and non-health disability insurance, unless certain criteria are met.

EXECUTIVE SUMMARY

Since the completion of the Human Genome Project, genetic testing has become increasingly available and affordable for consumers, both in medical settings and through direct-to-consumer (DTC) tests. This data is inherently sensitive and can be used to extrapolate several sensitive personal details about a consumer and their relatives. Federal law prohibits discrimination based on genetic information for certain insurance types. However, this does not include other forms of insurance, like life and non-health disability insurance.

This bill seeks to protect genetic information by prohibiting life and non-health disability insurers from using genetic information for any insurance purpose other than paying benefits or for a therapeutic purpose. The bill provides that these insurers may use genetic information for insurance purposes only if the policy has a face value exceeding \$1,500,000, is in the individual's medical record, and is not derived from a DTC genetic test. The bill also prohibits insurers from requiring, requesting, or soliciting genetic information and from asking an individual if they or a family member has taken a genetic test.

This bill is sponsored by Insurance Commissioner Ricardo Lara and the California Department of Insurance (CDI). It is supported by a wide array of privacy and medical groups, including the California Chronic Care Coalition and Oakland Privacy. The bill is opposed by a group of insurers, including the American Council of Life Insurers. This bill passed the Senate Insurance Committee on a vote of 5 to 0.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Prohibits discrimination on the basis of genetic information under the Unruh Civil Rights Act and the Fair Employment and Housing Act (FEHA). (Civ. Code § 51; Government Code § 12920 et seq.)
- 2) Prohibits, pursuant to federal law under the Genetic Information and Nondiscrimination Act (GINA), discrimination based on genetic information in group health plan coverage and employment. (Pub. Law 110-233.)
- 3) Subjects any person who improperly discloses genetic test results contained in a health care service plan applicant or enrollee's medical records, or pursuant to a genetic test requested by an insurer, to civil and criminal penalties. (Civ. Code § 56.17; Ins. Code § 10149.1.)
- 4) Prohibits a DTC genetic testing company from disclosing a consumer's genetic data to any entity that is responsible for administering or making decisions regarding health insurance, life insurance, long-term care insurance, disability insurance, or employment, or to any entity that provides advice to an entity that is responsible for performing those functions, except as specified. (Civ. Code § 56.181)
- 5) Prohibits a life or disability insurer from requiring a test for the presence of a genetic characteristic for the purpose of determining insurability other than for those policies that are contingent on review or testing for other diseases or medical conditions. (Ins. Code § 10148)
- 6) Provides that, if a test is permissible and required pursuant to 6), the test be done in accordance with specified informed consent and privacy protection provisions, and the cost of the test be paid by the insurer. (Ins. Code § 10148)
- 7) Prohibits discrimination made in the fees or commissions of agents or brokers writing or renewing a life or disability income policy on the basis of a test of that person's genetic characteristics. (Ins. Code § 10148)
- 8) Prohibits life and disability insurers from failing or refusing to accept an application for insurance, from failing to issue insurance to an applicant, and from issuing insurance under conditions less favorable to the insured than in other comparable cases, except for reasons applicable alike to persons of every race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, or sexual orientation; and prohibits considering race, color, religion, national origin, ancestry, and sexual orientation from, of itself, constituting a condition or risk for which a

higher rate, premium, or charge may be required of the insured for that insurance, except as specified. (Ins. Code § 10140)

- 9) Prohibits life and disability insurers from refusing to issue/sell or renew a policy, or from requiring beneficiaries to accept less than the full sum of the policy, solely because the person to be insured carries a gene which may, under some circumstances, be associated with disability in that person's offspring, but which causes no adverse effects to the carrier. (Ins. Code § 10143)
- 10) Defines "genetic characteristics" to mean any scientifically or medically identifiable gene or chromosome, or alteration thereof, that is known to be a cause of a disease or disorder, or that is determined to be associated with a statistically increased risk of development of a disease or disorder, and that is presently not associated with any symptoms of any disease or disorder. (Ins. Code § 10147)

This bill:

- 1) Defines "genetic information" as information derived from genetic testing to determine the presence or absence of variations or mutations, including carrier status, in an individual's genetic material or genes that are scientifically or medically believed to cause a disease, disorder, or syndrome, or are associated with a statistically increased risk of developing a disease, disorder, or syndrome, which is asymptomatic at the time of testing. Provides that testing does not include routine physical examinations or chemical, blood, or urine analysis, unless conducted purposefully to obtain genetic information, or questions regarding family history.
- 2) Prohibits an insurance institution, agent, or insurance-support organization from preparing or requesting an investigative consumer report that seeks an individual's genetic information or full genome.
- 3) Prohibits an insurance institution, agent, or insurance-support organization from seeking information in connection with an insurance transaction or making an adverse underwriting decision about an individual's genetic information or full genome, unless all of the following are true:
 - a) The genetic information is included in the medical record of the individual and is not sought from any other source or record.
 - b) The genetic information is not derived from a direct-to-consumer test.
 - c) The insurance transaction pertains to a life or disability insurance policy with a face value in excess of \$1,500,000.
- 4) Prohibits a life or disability insurer from canceling, limiting, or denying coverage; establishing differentials in premium rates, conditions, or terms; or making an adverse underwriting decision based on a test for the presence or absence of genetic characteristics, unless all of the following are true:

- a) The genetic information is included in the medical record of the individual and is only accessed by the life or disability insurer through authorized access to the medical record.
 - b) The test is not a direct-to-consumer test.
 - c) The cancellation, limitation, or denial of coverage, differential premium rates, conditions, or terms, or adverse underwriting decision pertains to a life or disability insurance policy requested by the individual with a face value in excess of \$1,500,000.
- 5) Prohibits a life or disability insurer from requiring, requesting, or soliciting genetic information or considering a person's decisions or actions relating to genetic testing in any manner for an insurance purpose. Provides that this provision does not apply to records necessary solely for the payment of benefits or for a therapeutic purpose.
- 6) Prohibits a life or disability insurer from using genetic test results for any insurance purpose and from directly or indirectly considering or using genetic information or genetic test results of the individual or the individual's family in underwriting unless all of the following are true:
- a) The genetic information is included in the medical record of the individual and is only accessed by the life or disability insurer through authorized access to the medical record.
 - b) The test is not a direct-to-consumer test.
 - c) The insurance purpose pertains to a life or disability insurance policy with a face value in excess of \$1,500,000.
- 7) Prohibits a life or disability insurer from asking a person if they or any family member has taken a genetic test or asking about the results of a genetic test.
- 8) Provides that the above provisions do not prevent a life or disability insurer from accessing an individual's medical record as part of an application for insurance.
- 9) Provides that the Insurance Commissioner (commissioner) may promulgate reasonable rules and regulations as necessary to administer the above provisions.
- 10) Clarifies that an insurer does not violate the bill by receiving genetic information or the results of a genetic test, provided it does not directly or indirectly use the information or results in its underwriting or rating, and does not disclose the genetic information or genetic test in a way that violates the bill's provisions.
- 11) Increases the penalty for a person who either uses genetic information or genetic characteristics in a manner inconsistent with the bill's provisions, or negligently discloses genetic information or characteristics, to any third party in a manner that identifies the person to whom the test results apply from a maximum of \$1,000 per

violation plus court costs to a maximum of \$5,000, to be paid to the subject of the test.

- 12) Specifies that a person who either knowingly or with such frequency as to indicate a general business practice commits an act specified above shall be assessed a civil penalty in an amount not less than \$1,000 and no more than \$10,000 per violation.
- 13) In addition to the penalties specified above, it specifies that any life or disability insurer who violates the bill's provisions is liable for administrative penalties of not less than \$1,500 and not more than \$2,500 for the first violation, and not less than \$2,500 or more than \$5,000 for each subsequent violation.
- 14) Provides that any life or disability insurer that violates the bill's provisions with a frequency that indicates a general business practice or commits a knowing violation is liable for administrative penalties of not less than \$15,000 and not more than \$100,000 for each violation.
- 15) Specifies that an act or omission that is inadvertent and results in incorrect premium rates being charged to more than one insured shall be a single violation for the purposes of the section and provides the commissioner with the discretion to establish what constitutes an "act."
- 16) Provides the commissioner with the authority to assess penalties in accordance with the bill's provisions, in addition to any other fine, penalty, or remedy permitted by law, against life and disability insurers.

COMMENTS

1. Genetic testing

In 2003, scientists announced the conclusion of the Human Genome Project, which documented the mapping of 92 percent of the human genome.¹ Regarded as one of the greatest accomplishments in the modern scientific world, the project paved the way for more accessible genetic testing. As the science and technology have continued to advance, genetic testing has become increasingly common and affordable:

In 2003, when researchers published the first reference sequence of the human genome, the cost of genome sequencing for one individual was about \$2.7 billion. In the clinical setting, medical geneticists tended to order tests of single genes, which cost only a few hundred dollars per test.

¹ Ed Cara, *The Human Genome Project Turns 20: Here's How It Altered the World* (April 11, 2023) MIT Biology, <https://biology.mit.edu/the-human-genome-project-turns-20-heres-how-it-altered-the-world/>. All internet citations are current as of June 23, 2026.

Today, the cost of [whole genome sequencing] has declined to below the “holy grail” of \$1000 and the price is expected to drop to \$100. Genomic information is now widely used in clinical settings and is often the standard of care for oncology, rare disorders, and pharmacogenomics.²

As alluded to above, genetic testing is used throughout the medical world and can provide important and potentially life-saving information for patients:

Genetic testing has potential benefits whether the results are positive or negative for a gene mutation. Test results can provide a sense of relief from uncertainty and help people make informed decisions about managing their health care. For example, a negative result can eliminate the need for unnecessary checkups and screening tests in some cases. A positive result can direct a person toward available prevention, monitoring, and treatment options. Some test results can also help people make decisions about having children. Newborn screening can identify genetic disorders early in life so treatment can be started as early as possible.³

In addition to medical and clinical genetic testing, the increasing affordability of genetic testing has led to the rapid rise of direct-to-consumer (DTC) genetic testing. DTC tests are marketed directly to consumers rather than under the guise of medical or clinical use. Consumers interested in learning more about their ancestry or broader health can do so through the numerous DTC testing companies, such as 23andMe, AncestryDNA, and Mapmygenome. Generally, these genetic tests involve a consumer taking a cheek swab or saliva sample and sending it to a company. The results of direct-to-consumer tests can also vary in terms of their significance:

Direct-to-consumer tests have varying levels of evidence that support their claims. Some direct-to-consumer tests have a lot of scientific and clinical data to support the information they are providing, while other tests do not have as much supporting data. There can also be disagreements in the clinical community about the role that different genetic variants have in contributing to disease, and new information is being learned every day. There are tens of thousands of variants and varying information available to determine whether those variants are relevant to whether a person may get a disease or condition. Not all variants that contribute to a person's risk of getting a disease or condition may be known, so it is important that consumers understand that a

² Mark Rothstein, *Time to End the Use of Genetic Test Results in Life Insurance Underwriting* (2021) National Library of Medicine, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8607993/>.

³ *Genetic Testing* (July 28, 2021) National Library of Medicine, <https://medlineplus.gov/genetics/understanding/testing/>.

negative result means they still may be at risk for a particular disease or condition.⁴

2. Genetic Information Privacy Act

As one can imagine, the information produced by genetic testing, whether from DTC or medical tests, is inherently sensitive. This information contains unchangeable characteristics about an individual that can be used to extrapolate a range of likely sensitive information:

It is difficult to imagine any type of consumer data that is more personal and sensitive than the genetic building blocks of the individual. Moreover, unlike other data that are collected and shared by market actors, genetic information not only relates to the specific individual who undertook the genetic test but also extends to the individual's relatives and future generations. Potential misuse of this genetic information could lead to severe consequences for individuals and their relatives, such as discrimination in employment, damage to personal relationships, and increased insurance premiums. Government surveillance is also a potential risk, with governments and law enforcement agencies being able to access the data. In China, for instance, Chinese authorities have even begun utilizing DNA samples to track and identify individuals, particularly those belonging to the Muslim Uighur ethnic minority, setting precedents for genetic surveillance.⁵

In recognition of the sensitivities of genetic testing data and the increasing availability of DTC genetic testing, the Legislature passed SB 41 (Umberg, Ch. 596, Stats. 2021), the Genetic Information Privacy Act (GIPA). GIPA established a series of protections related to information collected by DTC companies. GIPA, among other provisions, requires affirmative consent for DTC companies to collect, share, or disclose consumers' genetic data. It also required DTC companies to enact a series of safeguards related to genetic information, including enabling consumers to destroy their genetic data.⁶

3. Life insurance and non-health disability insurance

Life insurance is a type of insurance product that entitles one's beneficiaries to a financial benefit upon death. Life insurance can either be "term" life insurance or "permanent" life insurance. Term life insurance covers the individual for a specified

⁴ *Direct-to-Consumer Tests* (December 20, 2019) FDA, <https://www.fda.gov/medical-devices/in-vitro-diagnostics/direct-consumer-tests>.

⁵ Inês Raeiro et al., *Are You Willing to Share Your DNA With Us? An Exploratory Insight Into the Privacy Calculus of Direct-To-Consumer Genetic Testing*. (June 2025) *Journal of Consumer Affairs*, <https://onlinelibrary.wiley.com/doi/10.1111/joca.70008?msocid=07f0c87217e16bc80b6adf3e16946a14>.

⁶ Civ. Code, § 56.18 et seq.

period. Following that period, assuming the individual is still alive, the individual ceases to pay premiums, and a death benefit is no longer available. Permanent life insurance, on the other hand, is typically more expensive than term life insurance and provides a guaranteed death benefit, provided the individual continues to pay premiums.

Disability insurance provides a source of income if an individual can no longer work due to a disability. Private disability insurance can be used to supplement state disability insurance, which does not provide complete income replacement, especially for high earners.

Both life insurance and non-health disability insurance are voluntary products; nevertheless, they provide large benefits to those who acquire them. Accordingly, California had 10.2 million active life insurance policies in 2024.⁷

4. The use of genetic information in insurance

While California did pass the GIPA, those protections only covered disclosure by direct-to-consumer companies themselves. More broadly, genetic information protection for certain insurance types is found in the Genetic Information Nondiscrimination Act (GINA):

GINA is a federal anti-discrimination law, passed in 2008, aimed at encouraging greater uptake of genetic testing in the clinical and research realms by assuaging concerns of genetic discrimination (GINA, 2008). It prohibits employers with 15 or more employees from considering genetic information in hiring, firing, promotion, and other employment decisions. It also prohibits health insurers from using an applicant's genetic information – defined as genetic test results and family health history – to set premiums, make coverage and other health insurance decisions. GINA does not prevent employers and health insurers from considering manifested symptoms, so it is predominately relevant only for asymptomatic individuals undergoing predictive or presymptomatic testing to determine their risk for genetic conditions.

There are some exceptions and gaps in the law. Most notably, GINA's scope only covers employers and health insurers. US anti-discrimination law generally does not restrict insurers other than health insurers or other actors such as lenders or educational institutions from discriminating on the basis of genetic test results. Despite these broad gaps, discussion

⁷ *Building Financial Security in California* (2026) American Council of Life Insurers, <https://www.acli.com/-/media/public/pdf/about-the-industry/state-fact-sheets/california.pdf>.

usually focuses on how GINA fails to cover life, disability, and LTC insurers.⁸

GINA's scope, particularly in the insurance space, has had consequences for consumers. One study notes that clinical and medical research participants decline participation out of concern that their genetic testing results will be used by insurers.⁹ As further explained by the Global Colon Cancer Association, which is a supporter of this bill:

Fear of genetic discrimination is already impacting patient behavior. Individuals are declining medically recommended genetic testing and opting out of research due to concerns about how their genetic information could be used against them. This undermines early detection and limits access to emerging therapies and slows scientific progress.

For the patients and families we represent, this is not hypothetical, it is a real barrier to care and participation in research.

In California, the Unruh Civil Rights Act prohibits discrimination on the basis of genetic information with respect to "the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever"¹⁰, and the Fair Employment and Housing Act (FEHA) prohibits genetic discrimination in the housing and employment contexts.¹¹

In the insurance context, California law prohibits life and disability insurers from refusing to issue/sell or renew a policy, or from requiring beneficiaries to accept less than the full sum of the policy, solely because the person to be insured carries a gene "which may, under some circumstances, be associated with disability in that person's offspring, but which causes no adverse effects to the carrier."¹² That provision specifically identifies genes including, but not limited to, Tay-Sachs trait, sickle cell trait, thalassemia trait, and X-linked hemophilia A. Provisions of the Insurance Code also lay out specific criteria controlling the practice of underwriting on the basis of genetic characteristics for the life and disability insurance industries, with the following purpose:

The purposes of this article are to establish standards regarding unfair discrimination among individuals of the same class in the underwriting of life or disability income insurance on the basis of tests of a person's genetic characteristics; to establish minimum standards for determining

⁸ Anya E. R. Prince et al., *The goldilocks conundrum: Disclosing discrimination risks in informed consent* (2022) *Journal of Genetic Counseling* 31(6), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9722586/>.

⁹ *Ibid.*

¹⁰ Civ. Code § 51(a).

¹¹ Gov. Code § 12921.

¹² Ins. Code § 10143.

insurability which are sufficiently reliable to be used for life and disability income insurance risk classification and underwriting purposes; to require the maintenance of strict confidentiality of personal information obtained through a test of a person's genetic characteristics; and to require informed consent before insurers underwrite on the basis of a test of a person's genetic characteristics. [...] ¹³

Currently, California does allow for certain forms of life and disability insurance to use genetic information under specified conditions. However, as explained by the Commissioner and CDI:

California law permits insurers to utilize genetic testing with the applicant's consent and under specified privacy protections. However, when genetic test results reach insurers inadvertently, such as through medical records, those safeguards vanish. Californians are increasingly embracing genetic testing to learn about their potential health risks and make informed healthcare decisions. Yet too many of us decline this preventative healthcare tool out of fear that insurers may reduce coverage or increase premiums based on these test results, even for individuals who did not consent to sharing this information.

For a more comprehensive and thorough analysis of the effects of this bill on the insurance market, please see the Senate Insurance Committee analysis.

5. What this bill does

This bill seeks to protect genetic information by prohibiting life and non-health disability insurers from using genetic information for any insurance purpose other than paying benefits or for a therapeutic purpose. The bill provides that these insurers may use genetic information for insurance purposes only if the policy has a face value exceeding \$1,500,000, is in the individual's medical record, and is not derived from a DTC test. The bill also prohibits insurers from requiring, requesting, or soliciting genetic information and from asking an individual if they or a family member has taken a genetic test.

The impact of prohibiting genetic testing in the underwriting process falls squarely within the jurisdiction of the Senate Insurance Committee. For the purposes of this Committee, it is essential to examine the privacy, digital technology, and consumer protection portions of this bill. Accordingly, genetic data is perhaps the most sensitive information about a consumer. It reveals sensitive health conditions and genetic traits, not just for the individual but also for their relatives. This is data that cannot be modified, as it constitutes the very existence of an individual. Even when compared to

¹³ Ins. Code § 10146.

other forms of sensitive data, genetic data is unique in this regard. As aptly noted by the author:

Genetic information is uniquely sensitive because it predicts possible future risk rather than current illness, reveals private and personal information about the patient and the patient's family members, and is permanent and immutable. Additionally, using the results of an early genetic test overemphasizes its importance. The reliance on early genetic information does not adequately factor in the ongoing development of new treatments that may occur after the initial genetic test but before the potential future onset of diagnosed disease. Rapid changes in the area of genetic medicine and the ongoing development of new, genetic-based treatments and preventative care impact outcomes and contribute to the unique need to protect early genetic test results.

Because of these characteristics, the American Medical Association and other medical organizations have long argued that genetic information requires special protections. The AMA notes that discrimination based on genetic information is particularly problematic because it targets individuals who have not manifested any symptoms, disease, or disorder based solely on the possibility that one might manifest in the future.

Consequently, it is of the utmost importance that this data be treated with caution and proper care: an objective this bill achieves.

According to the author:

California has a responsibility to lead when it comes to protecting patients and advancing health equity. As genetic testing becomes more widely used, we must ensure that these innovations don't deepen existing disparities or create new barriers to coverage. AB 1798 ensures that Californians are not penalized for taking proactive steps to understand their health. Genetic testing should lead to better health, not to higher premiums, reduced benefits, or denial of coverage.

6. Stakeholder positions

Insurance Commissioner Ricardo Lara and the California Department of Insurance, this bill's sponsor, writes:

Genetic information differs from traditional underwriting factors because it most often suggests a remote chance of future diseases rather than a reasonably anticipated risk. Medical experts emphasize that genetic tests cannot reliably predict if or when a disease will occur and should not be

used to penalize healthy individuals. Sound underwriting does not require genetic testing of asymptomatic individuals. Insurers will continue to retain access to the full range of established underwriting tools that they use and have used effectively for decades prior to the advent of genetic testing.

Rapid changes in the field of genetic medicine, along with the ongoing development of new, genetically based treatments and preventive care, impact outcomes and underscore the unique need to protect genetic test results. Additionally, participation in whole genome sequencing is essential for research to develop treatments and therapies for genetic diseases. A 2016 study reported that 28% of individuals who declined whole genome sequencing cited insurance discrimination as their primary reason. Participants expressed that including the genetic information in a medical record was like a “ticking time bomb.” AB 1798 would address these concerns by prohibiting insurance companies from using this information when it appears in the medical files of individuals without symptoms. This protection is expected to increase participation in whole genome sequencing, which supports efforts to find cures and therapies for rare diseases.

The American Medical Association (AMA) and other medical organizations have long argued that genetic information requires special protections. The AMA notes that discrimination based on genetic information is particularly problematic because it targets individuals who have not manifested any symptoms, disease, or disorder based solely on the often-remote possibility that one might manifest in the future.

As more Californians use early genetic testing screenings to better understand their health, they should never have to worry that this deeply personal information will be turned against them. AB 1798 closes a dangerous gap in our laws by banning insurers from using genetic tests performed in the absence of symptoms or disease to deny coverage or raise premiums for most California consumers. Such test results can still be used in limited circumstances: if they appear in the person’s medical record and the person requests a policy with a face value over \$1,500,000.

California Life Sciences Association writes in support:

For California’s life sciences sector, AB 1798 is especially significant. First, it reinforces public trust in genetic technologies, trust that is essential for continued innovation and patient participation. If individuals fear that their personal genetic data could be used against them in insurance decisions, they are less likely to engage with diagnostic tools that enable

earlier detection and more effective treatment. Second, California is a global leader in the development of genomic technologies. Ensuring that patients can access and benefit from these innovations without fear of discrimination is essential to maintaining the state's leadership in precision medicine and to translating scientific breakthroughs into real-world health improvements.

A group of insurers, consisting of the American Council of Life Insurers, write in opposition:

We have heard often that most genetic markers do not guarantee an outcome, and therefore using the test is unfair. We agree that outcomes are rarely entirely determined by an individual's genes. But calling the use of genetic information unfair fundamentally misunderstands what we are insuring. We are insuring against the risk of the outcome, not the outcome itself. Genetic testing can provide meaningful information about the risk of developing a disease, and insurers should be able to consider that information.

SUPPORT

Insurance Commissioner Ricardo Lara / California Department of Insurance (Sponsor)

Als Association

American Kidney Fund

Association of Northern California Oncologists

Biocom

Bleeding Disorders Council of California

California Alliance for Retired Americans

California Chronic Care Coalition

California Life Sciences Association

Children's Specialty Care Coalition

Csnk2a1 Foundation

Dysautonomia International

Force: Facing Our Risk of Cancer Empowered

Gene Dx, LLC

Global Colon Cancer Association

Hypertrophic Cardiomyopathy Association

Medical Oncology Association of Southern California

Oakland Privacy

Rare & Ready Coalition

Rarerising

Wilson Disease Association

OPPOSITION

American Council of Life Insurers
Association of California Life & Health Insurance Companies
National Association of Insurance and Financial Advisors - California

RELATED LEGISLATION

SB 41 (Umberg, Ch. 596, Stats. 2021) *See* Comment 2.

PRIOR VOTES:

Assembly Floor (Ayes 57, Noes 18)
Assembly Appropriations Committee (Ayes 12, Noes 2)
Assembly Privacy and Consumer Protection Committee (Ayes 11, Noes 4)
Assembly Insurance Committee (Ayes 11, Noes 5)
