

Date of Hearing: April 30, 2025

**ASSEMBLY COMMITTEE ON APPROPRIATIONS**

Buffy Wicks, Chair

AB 641 (Jeff Gonzalez) – As Amended April 10, 2025

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

**SUMMARY:**

This bill requires the California Department of Public Health (CDPH), upon appropriation of funds for this purpose, by January 1, 2028, develop and administer a program to raise awareness about drug-induced movement disorders.

Specifically, this bill:

- 1) Requires the awareness program to include:
  - a) Evidence-based educational information on the importance of screening for and identifying symptoms of drug-induced movement disorders, and the risk factors for developing drug-induced movement disorders.
  - b) Education and outreach to eliminate the stigma for people living with drug-induced movement disorders related to the treatment of mental health conditions.
- 2) Authorizes CDPH to consult with the Department of Health Care Services and the Behavioral Health Services Oversight and Accountability Commission in implementing this chapter.
- 3) Repeals the provisions of this bill on January 1, 2032.

**FISCAL EFFECT:**

If funds are appropriated for this bill, CDPH estimates it would require one full-time equivalent position to administer the program and an external contractor with clinical expertise to develop information, materials, and messaging and to support implementation. CDPH estimates implementation costs of \$430,000 for fiscal year (FY) 2026-27, \$580,000 for FY 2027-28, \$480,000 annually for FY 2028-29 through FY 2030-31, and \$330,000 for FY 2031-32 until the bill sunsets on January 1, 2032 (General Fund).

**COMMENTS:**

**Purpose.** This bill is sponsored by the California Access Coalition. According to the author:

Drug-induced movement disorders, such as Tardive Dyskinesia (TD), affect many Californians who rely on antipsychotic medications to manage mental health conditions. With an estimated 600,000 Americans living with TD, 65% remain unaware of their condition, which can significantly impair their quality of life. TD disproportionately impacts disenfranchised communities, including unhoused populations and veterans, who face compounded barriers to care. AB 641 aims to address this by establishing a public awareness program to combat the stigma surrounding drug-induced movement disorders. The bill will promote early detection, diagnosis, and treatment, while expanding access to vital healthcare services for those who need it most.

**TD.** TD is a neurological syndrome that involves involuntary movements of the facial muscles, tongue, neck, trunk, and limbs. Noticeable facial movements include: lip-smacking, grimacing or frowning, chewing movements, puffing cheeks, and rapid eye blinking. The most common cause of TD is use of antipsychotic medications, especially if used long-term, but anti-nausea and antidepressant medications can also cause TD. People over 40 years old, women, and Black people are more likely to develop TD. In many cases, TD is not reversible. The author states an estimated 600,000 Americans live with TD, as 25% of patients taking antipsychotic medications can develop TD. The majority of patients who develop TD experience mild symptoms, although a small proportion will develop moderate to severe symptoms. TD can be associated with social withdrawal. Even individuals with mild symptoms can experience adverse effects on quality of life.

According to information provided by the author, the federal Centers for Disease Control and Prevention, Chronic Disease Education and Awareness program offers \$6.5 million in fiscal year 2024-25 to support public education initiatives for chronic disease. In 2024, TD was added as a highlighted condition for funding priority. The author expects appropriations language directing the federal Health Resources and Services Administration (HRSA) to prioritize screening to pass in 2025.

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