
THIRD READING

Bill No: AB 82
Author: Ward (D), et al.
Amended: 9/5/25 in Senate
Vote: 21

SENATE PUBLIC SAFETY COMMITTEE: 5-1, 7/1/25
AYES: Arreguín, Caballero, Gonzalez, Pérez, Wiener
NOES: Seyarto

SENATE JUDICIARY COMMITTEE: 11-0, 7/8/25
AYES: Umberg, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Wahab,
Weber Pierson, Wiener
NO VOTE RECORDED: Niello, Valladares

SENATE APPROPRIATIONS COMMITTEE: 5-2, 8/29/25
AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

ASSEMBLY FLOOR: 62-5, 6/2/25 - See last page for vote

SUBJECT: Health care: legally protected health care activity

SOURCE: Alliance for Trans Youth
Equality California
Planned Parenthood Affiliates of California
TransFamily Support Services

DIGEST: This bill expands safe haven protections against adverse action for aiding and assisting the access of legally protected health care activities in California, prohibits the reporting of testosterone and mifepristone to California's Prescription Drug Monitoring Program (PDMP), and requires bail to be set at zero dollars for an individual who has been arrested in connection with a proceeding in another state regarding the individual performing, supporting, or aiding in the performance of "a legally protected health care activity."

Senate Floor Amendments of 9/5/25 double joint this bill with SB 497 (Wiener) to avoid chaptering out issues.

ANALYSIS:

Existing law:

- 1) Classifies controlled substances into five schedules according to their danger and potential for abuse. (Health and Safety Code (Health & Saf. Code), §§ 11054-11058.)
- 2) Classifies testosterone as a Schedule III controlled substance. (Health & Saf. Code, §11056, subd. (f)(30).)
- 3) Establishes the Controlled Substances Utilization Review and Evaluation System (CURES), a PDMP maintained by the Department of Justice (DOJ), the purpose of which is to assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, and law enforcement and regulatory agencies in controlling diversion and abuse of Schedule II, III, IV, and V controlled substances and for statistical analysis, education, and research. (Health & Saf. Code, § 11165, subd. (a).)
- 4) Requires pharmacists and other dispensers to report information relating to prescriptions of Schedule II, III, IV, and V controlled substances to CURES as soon as reasonably possible but not more than one working day after the date a controlled substance is dispensed. (Health & Saf. Code, § 11165, subd. (d).)
- 5) Requires CURES to operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Provides that data obtained from CURES can only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by DOJ, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)
- 6) Requires DOJ to establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)

- 7) Allows DOJ to enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a PDMP in another state, for purposes of interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(1).)
- 8) Allows data obtained from CURES to be provided to authorized users of another state's PDMP, as determined by DOJ, if the entity operating the interstate data sharing hub, and the PDMP of that state, as applicable, have entered into an agreement with the department for interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(2).)
- 9) Authorizes a court, by local rule, to prescribe the procedure by which the uniform countywide schedule of bail is prepared, adopted, and annually revised by the judges. If a court does not adopt a local rule, the uniform countywide schedule of bail shall be prepared, adopted, and annually revised by a majority of the judges. (Penal Code (Pen. Code), § 1269b, subd. (d).)
- 10) Requires the countywide bail schedule to contain a list of the offenses and the amounts of bail applicable for each as the judges determine to be appropriate; and requires the schedule, if the schedule does not list all offenses specifically, to contain a general clause for designated amounts of bail as the judges of the county determine to be appropriate for all the offenses not specifically listed in the schedule. (Pen. Code, § 1269b, subd. (f)(1).)
- 11) Requires the countywide bail schedule to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Pen. Code, § 1269b, subd. (f)(2).)
- 12) Makes it a crime for a person to post on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or threat of violence against a reproductive health care patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of the patient, provider, or assistant, or other individuals residing at the same home address. (Government Code (Gov. Code), § 6218.01.)

- 13) Establishes an address confidentiality (or "Safe at Home") program within the Office of the Secretary of State in order to enable state and local agencies to both accept and respond to requests for public records without disclosing the name or address of a victim of domestic violence, sexual assault, or stalking. Permits any such adult victim, or parent or guardian acting on behalf of a minor or incapacitated person, to apply through a community-based victims' assistance program to have an address designated by the SOS as their substitute mailing address. (Gov. Code § 6205 et seq.)
- 14) Allows reproductive health care providers, employees, volunteers, and patients to apply to the address confidentiality program through a community-based victims' assistance program, as specified. (Gov. Code §§ 6215 et seq.)

This bill:

- 1) Prohibits the reporting of a prescription for, or the dispensing of, testosterone or mifepristone to DOJ, CURES, or a contracted prescription data processing vendor.
- 2) Requires DOJ to remove from CURES existing records of these prescriptions created or maintained on or before January 1, 2026, by January 1, 2027.
- 3) Expands the requirement that a countywide bail schedule set \$0 bail for any person arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of abortion specifically to reproductive health care services, gender-affirming health care services, and gender-affirming mental health care services.
- 4) Makes it a crime for a person to post on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or threat of violence against a gender-affirming health care or gender-affirming mental health care patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of the patient, provider, or assistant, or other individuals residing at the same home address.
- 5) Expands the Safe at Home program that currently applies to providers, employees, volunteers, and patients of reproductive health care to providers, employees, volunteers, and patients of gender-affirming health care services, who collectively are defined as "designated health care services provider, employee, volunteer, or patient," as specified.

- 6) Contains a severability clause.
- 7) Contains findings and declarations.
- 8) Double joints this bill with SB 497 (Wiener) to avoid chaptering out issues.

Background

In the past few years, numerous states have introduced legislation targeting transgender individuals in an attempt to prohibit or limit their ability to obtain gender-affirming care. More recently, on President Trump's first day in office of his second term, he issued an executive order titled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government" which states that "the United States recognizes two sexes, male and female." (Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025), available at <<https://www.federalregister.gov/documents/2025/01/30/2025-02090/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal>>.) Since then, the President has issued an executive order banning transgender girls and women from participating in women's sports, and another one banning the use of federal funding for youth gender affirming care, including funding for research on gender affirming care. (See Exec. Order No. 14201, 90 Fed. Reg. 9279 (Feb. 5, 2025), available at <<http://www.federalregister.gov/documents/2025/02/11/2025-02513/keeping-men-out-of-womens-sports>>; Exec. Order No. 14187, 90 Fed. Reg. 8771 (Jan. 28, 2025), available at <<https://www.federalregister.gov/documents/2025/02/03/2025-02194/protecting-children-from-chemical-and-surgical-mutilation>>.)

Although some of these orders are currently being challenged in court, the outcome of those cases is uncertain. In response to these executive orders, the Trump Administration has taken several actions, including: rescinding all existing federal policies protecting transgender people from sex and disability discrimination; revoking the ability to obtain passports and federal documents reflecting their gender identity; denying transition-related healthcare to federal employees; and directing federal prisons to deny medical treatment and house transgender people according to sex assigned at birth. (Jennifer Levi, GLAD Law, *From the Front Lines: The Fight for Transgender Rights Is a Fight for Democracy*, (Feb. 10, 2025), available at <<https://www.glad.org/the-fight-for-transgender-rights-is-a-fight-for-democracy/>>).

Some California healthcare providers are beginning to scale back care for transgender youth, following efforts by the Trump administration to restrict access

to such care. Stanford is the second provider in this state that has begun restricting gender-affirming health care because of the recent actions of the Trump administration. Stanford recently issued the following statement on the matter:

After careful review of the latest actions and directives from the federal government and following consultations with clinical leadership, including our multidisciplinary LGBTQ+ program and its providers, Stanford Medicine paused providing gender-related surgical procedures as part of our comprehensive range of medical services for LGBTQ+ patients under the age of 19, effective June 2, 2025.

(See <<https://www.ktvu.com/news/stanford-no-longer-providing-gender-affirming-surgeries-children> [as of June 26, 2025].)

In light of the Trump Administration's actions against and impacting transgender individuals, this bill seeks to expand existing protections to ensure the safety of people seeking gender-affirming care.

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

According to the Senate Appropriations Committee:

The Secretary of State (SOS) estimates \$332,657 in Budget Year and \$255,038 in on-going fiscal impacts if this bill is enacted (General Fund).

SUPPORT: (Verified 9/5/25)

Alliance for Trans Youth (co-source)
Equality California (co-source)
Planned Parenthood Affiliates of California (co-source)
TransFamily Support Services (co-source)
American College of Obstetricians & Gynecologists - District IX
APLA Health
Asian Americans Advancing Justice-Southern California
California Academy of Child and Adolescent Psychiatry
California Legislative LGBTQ Caucus
California LGBTQ Health and Human Services Network
California Psychological Association
California Public Defenders Association
California Women's Law Center
Central Coast Coalition for Inclusive Schools

CFT- A Union of Educators & Classified Professionals, AFT, AFL-CIO
Children's Hospital Los Angeles
County of Santa Clara
Courage California
East Bay Community Law Center
Easterseals Northern California
El/La Para Translatinas
Electronic Frontier Foundation
Ella Baker Center for Human Rights
Essential Access Health
LA Defensa
Los Angeles LGBT Center
Oakland Privacy
PFLAG Clayton-Concord
PFLAG Fresno
PFLAG Los Angeles
PFLAG Oakland-East Bay
PFLAG Sacramento
Public Counsel
Rainbow Families Action Bay Area
Reproductive Freedom for All California
Sacramento LGBT Community Center
The Fresno Collective for Inclusive Medicine INC.
The San Diego LGBT Community Center
The Source LGBT+ Center
The Translatin@ Coalition
Viet Rainbow of Orange County
Western Center on Law & Poverty, INC.
Youth Leadership Institute

OPPOSITION: (Verified 9/5/2025)

California Family Council
Cause: Californians United for Sex-Based Evidence in Policy and Law
Our Duty
Women's Liberation Front

ARGUMENTS IN SUPPORT: According to Equality California, a co-sponsor of this bill:

California's Controlled Substance Utilization Review and Evaluation System (CURES)—our state's Prescription Drug Monitoring Program

(PDMP)—contains sensitive data on prescriptions for controlled substances. While CURES plays an important role in safeguarding public health, current law allows for data sharing with out-of-state law enforcement agencies, which creates significant safety and privacy risks for patients and health care providers.

Because testosterone, a medication commonly prescribed as part of gender-affirming care, is a controlled substance, there are mounting concerns that out-of-state actors hostile to transgender rights could misuse CURES data to identify and target transgender patients and their providers. Similarly, states that are criminalizing abortion care are using PDMP data to monitor prescriptions of mifepristone—posing a threat to reproductive health care access as well.

Although California leads the nation in protecting access to reproductive and gender-affirming care, more must be done to ensure the privacy and safety of all who seek and provide these services. AB 82 provides essential safeguards by:

- Prohibiting the reporting of testosterone and mifepristone prescriptions to the CURES database;
- Expanding the Safe at Home Program to include gender-affirming care providers, shielding their personal information from public access;
- Strengthening anti-doxing protections for both patients and providers of gender-affirming care; and,
- Expanding safe haven protections against adverse action for aiding and assisting the access of legally protected health services in California.

By advancing these protections, AB 82 ensures that individuals accessing and providing essential health care in California can do so without fear of surveillance, retaliation, or harassment.

ARGUMENTS IN OPPOSITION: According to Californians United for Sex-Based Evidence in Policy and Law:

California is making a grave mistake by continuing to treat so-called “gender-affirming care” for minors as if it has a proven record of safety and efficacy. It does not. A growing body of evidence calls this entire area of medicine into serious question. There is indeed a public safety

crisis here, as ideology has overtaken ethical medical research and reason. For the safety of patients and their families, we respectfully request that the Public Safety Committee show appropriate caution by voting NO on AB 82. ...

AB 82 extends extraordinary legal protections—originally intended for abortion providers—to those providing “gender-affirming care.” This is an untenable overreach. It is illogical and dangerous to extend far-reaching and unique legal shields to providers of medical interventions the purpose of which is to effect extreme changes in the appearance of a person’s normal and healthy body. Puberty blockers, cross-sex hormones, and surgeries all pose significant risks to patients. Proponents of these treatments have not demonstrated measurable efficacy, safety, or improvements in mental health outcomes.

AB 82 does not protect patients; it undermines their ability to access essential information required for informed medical decisions. It also severely restricts the ability of harmed individuals—even legal residents of other states—to seek legal redress. All patients and families have a right to clear, comprehensive information about treatment options, risks, potential long-term consequences, and the likely outcomes of any medical intervention. They must also retain the legal ability to seek recourse if harmed.

ASSEMBLY FLOOR: 62-5, 6/2/25

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

NOES: Castillo, DeMaio, Gallagher, Patterson, Sanchez

NO VOTE RECORDED: Chen, Davies, Dixon, Ellis, Flora, Jeff Gonzalez, Hadwick, Hoover, Lackey, Macedo, Ta, Tangipa

Prepared by: Sandy Uribe / PUB. S. /
9/8/25 21:05:57

**** END ****