

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
SB 1150 (Jones) – As Amended April 28, 2026

SENATE VOTE: 33-0

SUBJECT: Cancer data: notifications.

SUMMARY: Requires hospitals and other facilities providing therapy to cancer patients within a cancer reporting area to post a sign designed by the State Department of Public Health (DPH) that links to the California Cancer Registry (CCR) internet website and indicates that if a person is diagnosed with a cancer that has been designated a reportable disease, the facility will report their case to DPH, as specified. Specifically, **this bill:**

- 1) Requires DPH to design a sign that contains both the following elements:
 - a) The advisement that if a person is diagnosed with a cancer that has been designated a reportable disease, the facility will report their case to DPH and that information may be made available to cancer researchers.
 - b) A quick response (QR) code that links to the CCR internet website.
- 2) Requires hospitals or other facilities providing therapy to cancer patients within a cancer reporting area to post the sign described in a) above in a conspicuous location.
- 3) Makes minor, technical, and clarifying changes to existing law.

EXISTING LAW:

- 1) Requires the director of DPH to establish the CCR, a statewide system for the collection of information determining the incidence of cancer, using population-based regional cancer registries. [Health and Safety Code (HSC) § 103885 (a)]
- 2) Authorizes DPH to designate any demographic parts of the state as regional cancer incidence reporting areas and to establish regional cancer registries. Requires designated regional registries to provide cancer incidence data to DPH. [HSC § 103885 (b)]
- 3) Requires the director of DPH to designate cancer as a disease required to be reported in the state or any demographic parts of the state in which cancer information is collected under the CCR. Requires all cancers diagnosed or treated in the reporting area to be reported to the representative of DPH authorized to compile the cancer data, or any individual, agency, or organization designated to cooperate with that representative. [HSC § 103885 (c)]
- 4) Requires any hospital or other facility providing therapy to cancer patients within a cancer reporting area to report each case of cancer to DPH or its authorized representative in a format prescribed by DPH. If the hospital or other facility fails to report in a format prescribed by DPH, authorizes DPH's authorized representative to access the information from the hospital or the facility and report it in the appropriate format. Requires the hospital

or other health facility to reimburse DPH or its authorized representatives for its cost to access and report the information in these cases. [HSC § 103885 (d)(1)]

- 5) Requires any physician and surgeon, dentist, podiatrist, or other health care practitioner diagnosing or providing treatment for cancer patients to report each cancer case to DPH or its authorized representative, except for those cases directly referred to a treatment facility or those previously admitted to a treatment facility for diagnoses or treatment of that instance of cancer. [HSC § 103885 (d)(2)]
- 6) Requires a pathologist or pathology laboratory diagnosing a reportable case of cancer to report cancer diagnoses to DPH, as specified. [HSC § 103885 (d)(3)]
- 7) Requires all physicians and surgeons, hospitals, outpatient clinics, nursing homes and all other facilities, individuals, or agencies providing diagnostic or treatment services to patients with cancer to grant to DPH or its authorized representative access to all records that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified cancer patient. Makes willful failure to grant access to those records punishable by a fine of up to five hundred dollars (\$500) each day access is refused. Requires fines to be deposited in the General Fund (GF). [HSC § 103885 (f)]
- 8) Makes, except as otherwise provided, all information collected pursuant to the CCR confidential. [HSC § 103885 (g)(1)]
- 9) Requires DPH and any regional cancer registry designated by DPH to use the information to determine the sources of malignant neoplasms (cancerous tumor that can spread to other parts of the body) and evaluate measures designed to eliminate, alleviate, or ameliorate their effect. [HSC § 103885 (g)(2)]
- 10) Authorizes DPH to authorize persons with a valid scientific interest who are engaged in demographic, epidemiological, or other similar studies related to health access to confidential information if the person meets DPH's qualifications and agrees in writing to maintain confidentiality. [HSC § 103885 (g)(3)]
- 11) Authorizes DPH and any regional cancer registry designated by DPH to enter into agreements to furnish confidential information to other states' cancer registries, federal cancer control agencies, local health officers, or health researchers for the purposes of determining the sources of cancer and evaluating measures designed to eliminate, alleviate, or ameliorate their effect, as specified. [HSC § 103885 (g)(4)]
- 12) Defines "cancer" to mean either of the following:
 - a) All malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkin's disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin; or,
 - b) All primary intracranial and central nervous system (CNS) tumors occurring in the following sites, irrespective of histologic type: brain, meninges, spinal cord, caudae equina, cranial nerves and other parts of the CNS, pituitary gland, pineal gland, and craniopharyngeal duct. [HSC § 103885 (h)]

- 13) Specifies that the CCR does not preempt facilities or individuals providing diagnostic or treatment services to patients with cancer to maintain their own facility-based cancer registries. [*Ibid.*]
- 14) Requires regional cancer registries to inform the public that cancer is a reportable disease and that patients diagnosed or treated with a reportable neoplasm will be reported to DPH as required by law. [Title 17, California Code of Regulations § 2593(b)(10)]
- 15) Requires cancer reporting facilities and physicians to employ a mechanism to ensure that their patients are informed that cancer has been designated a reportable disease and that the facility will report each patient with cancer to DPH as required by law. States that patient information sheets for this purpose will be supplied to physicians by DPH. [Title 17, California Code of Regulations § 2593(b)(18)]

FISCAL EFFECT: According to the Senate Appropriations Committee, unknown one-time and ongoing GF costs, potentially tens of thousands, for DPH for state administration.

COMMENTS:

1) **PURPOSE OF THIS BILL.** According to the author, California collects comprehensive cancer data through the CCR to support public health and research. The author notes that while existing regulations require providers to notify patients that their information will be reported, these requirements are not evenly implemented and lack a clear enforcement mechanism. The author continues that evidence from practitioners across specialties indicates that many providers are unaware of the notification requirement or associated materials, indicating that compliance is uneven in practice. The author contends that as a result, patients are not being informed that their identifying and medical information has been submitted and could later be used for research purposes, sometimes only learning of the registry through third-party outreach. The author states that given the strong expectations of medical privacy in the era of the Health Insurance Portability and Accountability Act (HIPAA), many patients reasonably assume that their personal health information is being kept confidential. The author explains that this bill would require a hospital or other facility that provides therapy to a cancer patient within an area designated as a cancer reporting area to post, in a conspicuous location, a sign developed by DPH that contains an advisement regarding cancer data reporting and a quick response code linking to the CCR website. The author concludes that in doing so, this bill strengthens patient awareness and aligns California's data collection practices with basic expectations of informed participation in public health systems.

2) **BACKGROUND.**

- a) **CCR.** (CCR) is the statewide system that keeps track of cancer cases in California. CCR collects information on every cancer diagnosed in the state, except for two common types of skin cancer (basal cell and squamous cell) and a non-invasive form of cervical cancer. California began requiring cancer reporting in 1985, and the statewide system became fully active in 1988.

CCR collects information on cancer diagnoses, treatment, and outcomes to support public health surveillance, research, and efforts to improve cancer prevention and treatment and monitors progress on reducing the burden of cancer across the population. Because

California has a large and diverse population, CCR data helps researchers understand how cancer affects different communities.

State law requires hospitals, physicians, and other specified providers to report cancer cases to the registry. Existing regulations require providers to inform patients that cancer is a reportable disease and that information regarding their diagnosis will be reported to the DPH. To assist providers in meeting this requirement, CCR has developed patient notification brochures and posters for use in health care settings, but there is no requirement for these brochures and posters to be displayed.

The author contends that as a result, some patients only become aware that their information has been reported after being contacted by researchers or other third parties using registry data, creating confusion regarding how personal and medical information was obtained.

This bill requires facilities providing cancer therapy to display a conspicuous notice developed by DPH to ensure that patients receive clear and consistent notice regarding cancer data reporting practices throughout California.

- 3) **SUPPORT.** CAL FIRE Local 2881 states in support, it is widely known that firefighters are exposed to carcinogens and experience the highest incidence of cancer diagnosis among any profession in the state. CAL FIRE Local 2881 continues that in California, health care providers are required to report cancer diagnoses to the DPH for inclusion in the CCR. CAL FIRE Local 2881 continues that while an existing framework for notification exists in regulation, it is not consistently implemented in practice, resulting in uneven patient awareness and confusion for firefighters during their difficult battles with cancer. CAL FIRE Local 2881 concludes that this bill ensures that patients receive clear notice at the point of care, rather than learning of the registry after the fact, helping improve transparency.
- 4) **RELATED LEGISLATION.** SB 1124 (Archuleta) would require DPH to develop signage for lung cancer screening by July 1, 2027, and would mandate that retailers prominently display this signage in retail locations beginning January 1, 2028. Would create a \$500 penalty for failure to display the signage. SB 1124 is pending a hearing in the Assembly Health Committee.
- 5) **PREVIOUS LEGISLATION.**
 - a) SB 717 (Richardson) of 2025 would have required DPH to maintain the existing statewide and regional infrastructure and system for the collection of information determining the incidence of cancer, as specified. SB 717 was vetoed by Governor Gavin Newsom, who stated in part:

“Locking a regional cancer surveillance model in statute...[c]onstrains DPH’s ability to update its infrastructure, respond to evolving public health needs, and implement cost-saving strategies to sustain the program. The state needs flexibility to adapt to reduced federal funding, which is not provided for by this measure.”
 - b) SB 452 (Jones) of 2019 would have required DPH to send an informational brochure about the CCR to every patient when the patient is entered into the registry. SB 452 was held in Assembly Appropriations Committee.

- c) AB 2174 (Jones) of 2016 would have required DPH to ensure a patient whose name appears on the CCR has received specified notice including, among other things, that DPH is authorized to release confidential patient information to health researchers, prior to any researcher contacting the patient. AB 2174 was held in Assembly Appropriations Committee.
- d) AB 972 (Jones) of 2015 would have required DPH to inform a patient diagnosed with cancer by, or receiving cancer therapy treatment from, a specified health care practitioner, or a hospital or other facility within an area designated as a cancer reporting area of the reporting requirement, and would have required DPH to also notify a patient of specified information, including, among other things, that DPH is authorized to release confidential patient information to health researchers. Would have prohibited cancer reporting facilities and physicians from being required to employ a mechanism to ensure that their patients are informed that the facility will report each patient with cancer to DPH. AB 972 was not heard in Assembly Health Committee.
- e) AB 1683 (Jones) of 2014 would have required DPH to inform a patient diagnosed with cancer by, or receiving cancer therapy treatment from, a specified health care practitioner, or a hospital or other facility within an area designated as a cancer reporting area of the reporting requirement, and would have required DPH to also notify a patient of specified information, including, among other things, that DPH is authorized to release confidential patient information to health researchers. Would have prohibited cancer reporting facilities and physicians from being required to employ a mechanism to ensure that their patients are informed that the facility will report each patient with cancer to DPH. Would have required DPH to notify the patient, in a cost-effective manner, within 6 months of their case being reported to DPH. AB 1683 was held in Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:**Support**

Cal Fire Local 2881

Opposition

None on file

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