SENATE THIRD READING
SB 1150 (Jones)
As Amended April 28, 2026
Majority vote

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.

COMMENTS

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.

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.

According to the Author
California collects comprehensive cancer data through the CCR to support public health and research. The author states 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 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.

Arguments in 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.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, General Fund costs to DPH likely in the low- to mid-hundreds of thousands of dollars in the first implementation years for a contract to design and produce signs, and possibly to develop simple regulations, and less than $100,000 per year ongoing. For its part, DPH estimates first-year costs of approximately $926,000 in fiscal year (FY) 2027–28, $579,000 in FY 2028–29 and FY 2029–30, and ongoing costs of approximately $488,000 thereafter. DPH explains this estimate covers one full time position and associated operating costs, external contract services for signage design, printing, storage, mailing, and marketing, and one-time regulatory promulgation costs. DPH also notes this estimate was informed by similar prior outreach efforts.

VOTES

SENATE FLOOR: 33-0-7
YES: Archuleta, Arreguín, Ashby, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Allen, Alvarado-Gil, Becker, Hurtado, Niello, Padilla, Stern

ASM HEALTH: 15-0-1
YES: Bonta, Sanchez, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Jeff Gonzalez, Mark González, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Johnson

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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