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## SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

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**BILL NO:** SB 1447  
**AUTHOR:** Committee on Health  
**VERSION:** April 27, 2026  
**HEARING DATE:** April 29, 2026  
**CONSULTANT:** Margarita Niemann

**SUBJECT:** Health omnibus

**SUMMARY:** Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code.

**Existing law:**

- 1) Establishes the California Retail Food Code (CalCode) to provide for the regulation of retail food facilities. Health and sanitation standards are established at the state level through the CalCode, while enforcement is charged to local agencies, carried out by the 58 county environmental health departments, and four city environmental health departments (Berkeley, Long Beach, Pasadena, and Vernon). [HSC §113700, et seq.]
- 2) Requires an owner who has a food safety certificate, or a food employee who has a food safety certificate, to instruct all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to foodborne illness. Requires the owner or food safety certified employee to require food employees to report the following to the person in charge:
  - a) If a food employee is diagnosed with an illness due to one of the following infectious agents: salmonella typhi; salmonella spp; shigella spp; entamoeba histolytica; enterohemorrhagic or shiga toxin producing Escherichia coli; hepatitis A virus; norovirus; or, other communicable diseases that are transmissible through food; and,
  - b) If a food employee has a wound that is one of the following:
    - i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the wound and a single-use glove is worn over the impermeable cover;
    - ii) On exposed portions of the arms, unless the wound is protected by an impermeable cover; or,
    - iii) On other parts of the body, unless the wound is covered by a dry, durable, tight-fitting bandage. [HSC §113949.2]
- 3) Authorizes the California Department of Public Health (CDPH) to develop and administer a syndromic surveillance program to collect public health and medical data in near real time to detect and investigate changes in the occurrence of disease in the population, especially as a result of a disease outbreak or other public health emergency, disaster, or special event and to support responses to emerging public health threats and conditions impacting the health of California residents. Authorizes CDPH to designate an existing syndromic surveillance system or create a new system to facilitate the reporting of electronic health data by specified entities. Requires the syndromic surveillance system created or designated by CDPH to, at a minimum, provide local health departments (LHDs) access to and use of a secure, integrated electronic health system with standardized analytic tools and processes to rapidly collect, evaluate, share, and store syndromic surveillance data. Requires all data collected under the syndromic surveillance program to be confidential. [HSC §131365(a)-(c) and §13180]

- 4) Authorizes CDPH to modify the list of data elements, electronic transmission standards, data transmission schedule, and instructions pertaining to the program at any time in collaboration with LHDs. Exempts these modifications from specified administrative regulation and rulemaking requirements and requires them to be implemented without being adopted as a regulation. [HSC §131365(d)]
- 5) Requires specified entities to submit the required data electronically to the syndromic surveillance system in accordance with the schedule, standards, and requirements established by CDPH. Requires reporting entities to submit the required data electronically to an LHD that participates in a syndromic surveillance system or maintains its own system. Requires reporting entities to collect and report data to CDPH or local syndromic system as near as possible to real-time. [HSC §13170(a)]
- 6) Requires the data elements, electronic transmission standards, data transmission schedule, and instructions for the data collection pursuant to the syndromic surveillance program to include, but not be limited to, any element or requirement adopted for use by the Centers for Disease Control and Prevention's (CDC) Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, or any subsequent versions. [HSC §13170(c)]
- 7) Requires CDPH to provide each LHD as near as possible to real-time access to its jurisdiction's data entered into the state syndromic surveillance system; and authorizes CDPH, at its discretion, the sharing of data collected with all of the following entities: state governmental entities, LHDs, and specified entities if access is limited to the specified entity's own data. [HSC §13175(a) and (b)]

**This bill:**

- 1) Updates the definition of "catering operation" to mean a permanent food facility approved for food preparation where food is served at a location other than its permitted location in specified circumstances.
- 2) Defines the terms "egg product," "intact meat," and "mechanically tenderized."
- 3) Removes *entamoeba histolytica* from the list of infectious agents an owner or employee is required to report to the person in charge.
- 4) Authorizes CDPH to implement and modify the list of data elements, standards, schedules, and instructions pertaining to the syndromic surveillance program at any time. Requires CDPH to collaborate with LHDs to determine necessary implementations and modifications.
- 5) Requires that the data elements, standards, schedule, and instructions for data collection to the syndromic surveillance system to include any element or requirement approved by CDPH.
- 6) Make other technical, clarifying changes to existing Health and Safety Code (HSC) provisions.

**FISCAL EFFECT:** This bill has not yet been analyzed by a fiscal committee.

**COMMENTS:**

- 1) *Author's statement.* According to the author, the 2026 Health Committee Bill is an omnibus measure that implements non-controversial, non-substantive changes to various statutes in the HSC. Specifically, these amendments aim to fix a number of typographical errors in the HSC and align definitions throughout the CalCode to reflect those of the U.S. Food and Drug Administration (FDA) Food Code. This bill will also remove a statutory contradiction in the California Syndromic Surveillance Program within the HSC, and provide clarity on CDPH's authority to implement and modify syndromic data elements that healthcare facilities and LHDs are required to submit to CDPH.
- 2) *Typographical errors.* AB 3161 (Bonta, Chapter 757, Statutes of 2024) amended HSC §1279.6 and referred to the incorrect subdivision within the added provisions. Specifically, HSC §1279.6(b)(1)(B) erroneously cross references subdivision (c) rather than subdivision (e).
- 3) *CalCode.* SB 144 (Runner, Chapter 23, Statutes of 2006) repealed the California Uniform Retail Food Facilities Law that provided for the regulation of the health and sanitation standards for retail food facilities at the time, and replaced the law with CalCode to modernize safety standards, incorporate science-based regulations, and align state laws with the FDA Food Code. The CalCode is located in HSC §113700-114437, and contains the structural, equipment, and operational requirements for all California retail food facilities. According to the Food and Drug Branch of CDPH, provisions of the CalCode are primarily enforced by 62 local environmental health regulatory agencies. The Food and Drug Branch plays a supporting role in the enforcement of the CalCode by providing technical expertise to evaluate processes and procedures, as well as to answer technical and legal inquiries for local agencies, industry, and consumers.
- 4) *Entamoeba histolytica.* Currently, CalCode requires notification responsibilities for both the food handler to report to the person-in-charge, and the food establishment's manager or person-in-charge to report specified illnesses to the local environmental health agency. This list of reportable illnesses includes Entamoeba histolytica, along with: salmonella typhi, salmonella spp, shigella spp, enterohemorrhagic or shiga toxin producing Escherichia coli, hepatitis A virus, norovirus, or other communicable diseases that are transmissible through food. However, the most updated FDA Food Code (2022) does not list entamoeba histolytica as a reportable illness. Instead, the FDA Food Code lists the following illnesses: norovirus, hepatitis A virus, shigella spp, shiga toxin-producing Escherichia coli, typhoid fever caused by salmonella typhi, or salmonella. Furthermore, when SB 144 (Runner, Chapter 23, Statutes of 2006) first created the list of reportable illnesses currently in the CalCode, the FDA Food Code at the time did not yet maintain a specified list of reportable illnesses that the permit holder must report to the regulatory authority.

According to the Infectious Diseases Branch of CDPH, Entamoeba histolytica is a one-celled parasite that causes an infection called amebiasis. Amebiasis is uncommon in California, with about 300 cases reported per year. Amebiasis occurs when people consume food or water contaminated with Entamoeba histolytica, put anything into their mouth that is contaminated with the feces of a person infected with Entamoeba histolytica, or touch surfaces contaminated with Entamoeba histolytica and then put their fingers in their mouth. Amebiasis is more common among people living in developing tropical countries with untreated water, poor sanitation, and limited access to toilets. These countries include India, parts of Central and South America, and parts of Africa. People living in the United States do

not often get amebiasis. Those at greater risk of contracting amebiasis include: people who have traveled to or immigrated from developing tropical countries; people living in housing without access to clean water and proper toilets/sanitation; and men who have sex with men.

The symptoms of amebiasis can begin two to four weeks after being infected. Only 10-20% of those infected ever develop symptoms. Symptoms are often mild, and may include: fatigue or tiredness, watery or bloody diarrhea, excessive intestinal gas, stomach cramps, weight loss, or fever. Rarely, *Entamoeba histolytica* can invade the liver and cause a collection of pus, or spread outside of the intestines to other organs. Those with a weakened immune system may become seriously ill and have more severe symptoms. The CDC states that the risk of spreading amebiasis is low if you get treated with antibiotics and practice good hygiene. This includes thoroughly washing your hands with soap and water after going to the bathroom or changing diapers. The CDC also recommends washing hands before handling or preparing food or drinks. The CalCode requires all employees to thoroughly wash their hands and the portion, if any, of their arms exposed to direct food contact immediately before engaging in food preparation, after using the toilet room, and other specified instances.

- 5) *California Syndromic Surveillance.* According to the CDC, the National Syndromic Surveillance Program (NSSP) provides public health officials with a timely system for detecting, understanding, and monitoring health threats. NSSP tracks symptoms of patients in Emergency Departments (EDs) and other settings – before and after a diagnosis is confirmed, all in near real-time. This data tracking can help detect unusual levels of illness to determine whether a response is needed, and can monitor disease trends across the nation. Syndromic data serves as an early warning system to protect Americans from respiratory viruses, environmental threats, avoidable injuries, emerging diseases, and more. NSSP unites federal partners, local and state health departments, and academic and private sector partners. NSSP provides the infrastructure for data sharing and improves the nation’s responsiveness to health threats.

The Office of Infectious Disease Preparedness and Response in CDPH’s Center for Infectious Diseases is working towards establishing a coordinated, centralized statewide syndromic surveillance program, known as the California Syndromic Surveillance (CalSyS), with standardized data across the state using the NSSP BioSense Platform. As of 2024, HSC §131360-131380 authorizes the implementation of the statewide CalSyS program and grants CDPH legal authority to collect and require syndromic data submissions from hospitals with EDs.

- 6) *Prior legislation.* SB 862 (Committee on Health, Chapter 243, Statutes of 2025), among other provisions, made technical amendments related to CalSyS.

SB 159 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2024) authorized CDPH to either designate an existing system or to create a new system for syndromic surveillance.

AB 1252 (Committee on Health, Chapter 556, Statutes of 2013) and SB 241 (Runner, Chapter 571, Statutes of 2009) amended various provisions within the CalCode.

SB 144 (Runner, Chapter 23, Statutes of 2006) created CalCode.

### **SUPPORT AND OPPOSITION:**

**Support:** None received.

**Oppose:** None received.

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