

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
SB 1447 (Committee on Health) – As Amended June 17, 2026

**SENATE VOTE:** 35-0

**SUBJECT:** Health omnibus.

**SUMMARY:** Makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code (HSC). Specifically, **this bill:**

**California Retail Food Code (CRFC)**

- 1) Deletes the reference to a “food service” within the existing definition of a catering operation.
- 2) Revises and recasts the definition of “egg” in the CRFC clarifying that balut (fertilized duck egg), an egg product, and the egg of a reptile species, such as an alligator is exempt from this definition.
- 3) Defines “egg product” to mean all, or a portion of, the contents found inside eggs separated from the shell and pasteurized in a food facility, with or without added ingredients, intended for human consumption, such as dried, frozen, or liquid eggs.
- 4) Exempts food that contains eggs only in a relatively small proportion such as cake mixes from the definition of “egg product.”
- 5) Defines “intact meat” to mean a cut of whole muscle meat that has not undergone comminution (the mechanical reduction of reducing meat from its original form into smaller, uniform particles primarily through grinding, chopping or mincing), mechanical tenderization, vacuum tumbling with solutions, reconstruction, cubing, or pounding.
- 6) Defines “mechanically tenderized” to mean manipulating meat by piercing with a set of needles, pins, blades, or any mechanical device, which breaks up muscle fiber and tough connective tissue to increase tenderness, including injection, scoring, and processes that may be referred to as blade tenderizing, jaccarding, pinning, or needling.
- 7) Requires reduced oxygen packaged fish that bears a label indicating that it is to be kept frozen until time of use to be completely removed from the reduced oxygen environment and packaging prior to thawing.
- 8) Changes existing law deeming specified entities in compliance with statutory plan review and permit requirements for food facilities pending replacement or renovation by deleting “limited service charitable feeding facilities” and replacing it with “existing nonprofit charitable feeding organization facilities whose food service is solely for providing charity.”

### **Syndromic Surveillance Program**

- 9) Authorizes the State Department of Public Health (DPH) to implement the list of data elements, standards, schedules, and instructions pertaining to the syndromic surveillance program at any time. Requires DPH to collaborate with local health departments (LHDs) to determine those implementations. Exempts these implementations from specified administrative regulation and rulemaking requirements and requires them to be implemented without being adopted as a regulation, except that the revisions are required to be filed with the Secretary of State and published in Title 17 of the California Code of Regulations.
- 10) 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 DPH.
- 11) Extends the statutory deadline by which DPH is required to provide guidance and technical assistance to LHDs that participate in a syndromic surveillance system or maintains its own system to develop automated transmission from local syndromic surveillance systems into the state system from July 1, 2027 to December 31, 2028, or within one year of official notification by DPH, whichever is sooner.
- 12) Adds a statutory deadline by which a specified entity (hospital with an emergency department) is required to collect and report data to DPH or the local syndromic surveillance system, by no later than December 31, 2028 or within one year of official notification by DPH, whichever is sooner.
- 13) Extends the statutory deadline by which a specified entity is authorized to decline to report electronic health data to DPH (if the LHD in which the specified entity is located participates in a syndromic surveillance system or maintains its own system that has or will have the capacity to transmit the specified entity's electronic health data to DPH's syndromic surveillance system) from July 1, 2027 to December 31, 2028.

### **Collaboration**

- 14) Requires the California Department of Aging (CDA) and the DPH Office of AIDS to meet annually to collaborate on issues of mutual interest, including, but not limited to, supporting seniors with chronic care conditions and comorbidities and the impacts of human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and sexually transmitted infections (STIs) on the aging population in California.

### **Other Changes**

- 15) Makes other technical, clarifying changes to existing HSC provisions, such as correcting typos in 8), 14) of Existing Law below and correcting cross references as described in 1), 9) of Existing Law below.

### **EXISTING LAW:**

#### **Patient Safety Events**

- 1) Requires a health facility to develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient

safety events. Requires the establishment of a patient safety committee or equivalent committee comprised of the facility's various health care professionals to review and approve the patient safety plan, receive and review reports of patient safety events, monitor implementation of corrective actions for patient safety events, make recommendations to eliminate future patient safety events, and review and revise the patient safety plan at least once a year but more often if necessary to evaluate and update the plan and to incorporate advancements in patient safety practices. [HSC § 1279.6 (a) and (b)]

- 2) Requires a health facility to submit a patient safety plan to DPH. [HSC § 1279.6 (c)]
- 3) Requires patient safety events to be defined by the patient safety plan and include, but not be limited to, all adverse events or potential adverse events as described in 4) of Existing Law below that are determined to be preventable, and health-care-associated infections (HAI), as defined in the federal Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network, or its successor, unless DPH accepts the recommendation of the Healthcare Associated Infection Advisory Committee, or its successor, that are determined to be preventable. [HSC § 1279.6 (e)]
- 4) Requires a licensed health facility to report an adverse event to DPH, as specified. Specifies that adverse events include surgical events, product or device events, patient protection events, care management events, environmental events, and criminal events, as specified. [HSC § 1279.1]

## CRFC

- 5) Defines a "catering operation" to mean a food service that is conducted by a permanent food facility approved for food preparation where food is served, or limited food preparation is conducted, at a location other than its permitted location, either as part of a contracted offsite food service event or when operating in conjunction with a host facility with direct food sales. Specifies that a catering operation does not include either food ordered as takeout or delivery from a food facility, where the food is provided to the consumer for self-service or a food facility that is participating as part of a community event. [HSC § 113739.1]
- 6) Defines "egg" to mean the shell egg of an avian species that includes chicken, duck, goose, guinea, quail, ratite, or turkey, except a balut and an egg product. Specifies that "egg" does not include the egg of a reptile species, including an alligator. [HSC § 113769]
- 7) Requires nonpotentially hazardous food to be thawed in one of the following ways:
  - a) Under refrigeration that maintains the food temperature at 41°F or below;
  - b) Completely submerged under potable running water for a period not to exceed two hours at a water temperature of 70°F or below, and with sufficient water velocity to agitate and flush off loose particles into the sink drain;
  - c) In a microwave oven if immediately followed by immediate preparation; or,
  - d) As part of a cooking process. [HSC § 114020]

- 8) Prohibits food that is unused or returned by the consumer (after being served or sold and in the possession of a consumer) from being offered as food for human consumption, except as specified, including the authorization for a container of food that is not particularly hazardous to be transferred from one consumer to another if the food is dispensed so that it is protected from contamination and the container is closed between uses, such as a narrow-neck bottle containing catsup, steak sauce, or wine, and the food is checked periodically on a regular basis. [HSC § 114079]
- 9) Establishes specified requirements for microenterprise home kitchen operations (MEKHOs), including that MEKHOs are exempt from the planning and permitting provisions of 10) and 13) of Existing Law below. [HSC § 114367.1]
- 10) Requires a person proposing to build or remodel a food facility to submit complete, easily readable plans drawn to scale, and specifications to the enforcement agency for review, and to receive plan approval before starting any new construction or remodeling of a facility for use as a retail food facility. Deems existing public and private school cafeterias, limited service charitable feeding operation facilities and licensed health care facilities in compliance with statutory plan review and permit requirements for food facilities pending replacement or renovation except when a determination is made by the enforcement agency that the nonconforming structural conditions pose a public health hazard. [HSC § 114380]
- 11) Prohibits a food facility from being open for business without a valid permit. [HSC § 114381 (a)]
- 12) Requires a permit to be issued by the enforcement agency when investigation has determined that the proposed facility and its method of operation meet the specifications of the approved plans or conform to the requirements of the CRFC. [HSC § 114381 (b)]
- 13) Requires a permit application to be submitted to the enforcement agency by each temporary food facility operator, as specified. [HSC § 114381.2]
- 14) States notwithstanding 15) below that a violation by an operator or employee of a compact mobile food operation is punishable only by an administrative fine. [HSC § 114368.8]
- 15) States that except as otherwise provided, any person who violates any provision of the CRFC or regulation pursuant to the CRFC is guilty of a misdemeanor. Requires each offense to be punished by a fine of not less than \$25 or more than \$1,000 or by imprisonment in the county jail for a term not exceeding months, or by both fine and imprisonment. [HSC § 114395]

### **Syndromic Surveillance Program**

- 16) Authorizes DPH 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 DPH to designate an existing syndromic surveillance system or to create a new system to facilitate the reporting of electronic health data by specified entities. Requires the syndromic surveillance system created or designated by DPH to, at a minimum, provide 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 § 131380]

- 17) Authorizes DPH 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, except that the revisions are required to be filed with the Secretary of State and published in Title 17 of the California Code of Regulations. [HSC § 131365 (d)]
- 18) Requires specified entities to submit the required data electronically to the syndromic surveillance system in accordance with the schedule, standards, and requirements established by DPH. 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 DPH or local syndromic system as near as possible to real-time. [HSC § 131370 (a)]
- 19) 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 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 § 131370 (c)]
- 20) Requires DPH 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 DPH, 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 § 131375 (a) and (b)]
- 21) Authorizes a specified entity to decline to report electronic health data to DPH if the LHD in which the specified entity is located participates in a syndromic surveillance system or maintains its own system that has, or by no later than July 1, 2027, will have, the capacity to transmit the specified entity's required electronic health and medical data to DPH's designated syndromic surveillance system in near real time and the specified entity reports electronic health and medical data to the LHD's syndromic surveillance system. [HSC § 131370 (b)]
- 22) Requires DPH to provide guidance and technical assistance to LHDs that participate in a syndromic surveillance system or maintains its own system to develop automated transmission of data from local syndromic surveillance systems into the state system by July 1, 2027. [*Ibid.*]

**FISCAL EFFECT:** According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** 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 CRFC to reflect those of the Model Food Code (MFC). The author continues that this bill will also remove a statutory contradiction in the California Syndromic Surveillance Program within the HSC and provide clarity on DPH's authority to implement and modify syndromic data elements that healthcare facilities and LHDs are required to submit to DPH.
- 2) **BACKGROUND.**
  - a) **Technical and Clarifying Changes to HSC.** AB 3161 (Bonta), Chapter 757, Statutes of 2024, which requires hospital patient safety plans to include demographic data on injured patients in order to address racism and discrimination in health care includes an erroneous cross reference to 2) of Existing Law requiring facilities to submit safety plans rather than 3) of Existing Law which specifies requirements related to patient safety events as intended. This bill corrects that cross reference.
  - b) **CRFC.** The CRFC is modeled after the federal Food and Drug Administration's (FDA) MFC, which is updated every four years to enhance food safety laws based on the best available science. Between each four-year period, the FDA makes available a Food Code Supplement that updates, modifies, or clarifies certain provisions. The MFC assists food control jurisdictions at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry, such as restaurants, grocery stores, and institutions like nursing homes. Forty-eight states and territories have adopted food codes patterned after the MFC, representing 80% of the United States' population.
    - i) **Cross References.**
      - (1) **MEKHOS.** Existing law exempting microenterprise home kitchens from planning and permitting requirements in the CRFC erroneously cross references 13) of Existing Law relating to permitting for temporary food facilities instead of 12) of Existing Law requiring a permit to be issued to a food facility if it meets specified requirements. This bill corrects this reference.
      - (2) **CMFOs.** Current law makes violations of the CRFC by operators or employees punishable only by an administrative fine, notwithstanding 15) of Existing Law which specifies penalties for violations of the CRFC. This bill deletes an erroneous reference to "subdivision a" of 15) of Existing Law which does not exist.
    - ii) **Spelling.** This bill also changes the spelling from "catsup" to "ketchup" within the CRFC.
    - iii) **Egg Products.** Egg products are referenced in the CRFC but are currently undefined. This bill adds a definition "egg product" to the CRFC and exempts foods that contain eggs in a relatively small proportion such as cake mixes from this definition.

- iv) **Mechanically Tenderized.** Similarly, “mechanically tenderized” is referenced in the CRFC as it relates to the cooking of meat, but is not defined. This bill defines “mechanically tenderized” within the CRFC using the same language as the MFC.
- v) **Intact Meat.** This bill also adds a definition of “intact meat” to mean a cut of whole muscle meat that has not undergone comminution, mechanical tenderization, vacuum tumbling with solutions, reconstruction, cubing, or pounding. This definition aligns with the MFC.
- vi) **Reduced Oxygen Packaged Fish.** Further, this bill requires reduced oxygen packaged fish that bears a label indicating that it is to be kept frozen until time of use to be completely removed from the reduced oxygen environment and packaging prior to thawing. This requirement aligns closely with the MFC.
- vii) **Limited Service Charitable Feeding Operation Facilities.** According to information provided by the California Association of Environmental Health Administrators, when charitable feeding was added to the list of entities in 10) of Existing Law required to be deemed in compliance with the CRFC plan approval process for retail food facilities, the term “limited service charitable feeding operation facilities” was used. This term does not capture programs that conduct full meal preparation as intended. This bill replaces that term with “existing nonprofit charitable feeding organization facilities whose food service is solely for providing charity” in order to capture programs that conduct full meal preparation.
- viii) **Catering.** Current law defines a catering operation as a food service that is conducted by a permanent food facility approved for food preparation where food is served, or limited food preparation is conducted, at a location other than its permitted location in specified circumstances. The current definition creates confusion as the use of the term “service” conflicts with the use of the term in permanent food facility requirements. The phrase “food service” is not needed. This bill makes a clarifying change by removing the reference to food service within the definition of a catering operation.
- c) **Syndromic Surveillance Program.** Syndromic surveillance is a population-based early detection system that tracks symptoms and health indicators before a formal diagnosis is confirmed, enabling public health officials to identify unusual increases in illness quickly, often within 24 hours of data reporting. Syndromic surveillance provides public health professionals with a timely way to detect unusual levels of illness in the population and mobilize rapid responses to public health threats such as infectious disease outbreaks, heat illness, and opioid-related overdoses. The California Syndromic Surveillance Program (also known as “CalSys”) authorizes DPH to collect and require syndromic data submissions from hospitals with emergency departments as of July of 2024. According to information provided by DPH, DPH plans to release emergency regulations specifying data elements, modifying the CDC’s PHIN Messaging Guide standards.

Currently, the statute authorizing this program is contradictory, creating implementation issues. DPH cannot modify or exclude PHIN elements without violating 19) of Existing Law, and Emergency Regulations cannot resolve this statutory requirement. Moreover, 17) of Existing Law exempts only “modifications” from the rulemaking process, not the

initial creation of data elements, electronic transmission standards, schedules, and instructions.

This procedural gap means the statutory mandate to include PHIN elements takes precedence, potentially delaying critical public health surveillance implementation. This bill resolves these issues by removing the requirement for the data elements to include any element or requirement adopted for use by PHIN and allowing for DPH to make “implementations” in addition to modifications eliminates statutory contradictions, clarifying DPH’s authority to modify the list of data elements.

This bill also extends the statutory deadline by which DPH is required to provide guidance and technical assistance to LHDs that participate in a syndromic surveillance system or maintain their own systems to develop automated transmission from the local syndromic surveillance systems into the state system from July 1, 2027 to December 31, 2028, or within one year of official notification by DPH, whichever is sooner. Updating this deadline will give DPH the necessary flexibility for the effective implementation of the program as DPH currently expects delays in issuing guidance due to ongoing program and system development. As healthcare facilities and LHDs cannot begin onboarding until DPH finalizes the required guidance, this bill makes conforming changes to require specified entities to collect and report data to DPH or decline to report if the specified requirements are met by the extended deadline.

- d) **CDA and DPH Collaboration.** Older adults with living with HIV and AIDS face unique challenges and have a higher risk of certain comorbidities, such as neurogenerative decline, cardiovascular disease, and some cancers. To improve support services for seniors, this bill requires CDA and the DPH Office of AIDS to meet annually to collaborate on issues of mutual interest, including supporting seniors with chronic care conditions and comorbidities and the impacts of HIV, AIDS, and STIs on the aging population in California.

### 3) RELATED LEGISLATION.

- a) AB 1915 (Gabriel) would make various changes to the CRFC related to milk, non-continuous cooking, raw animal foods, handwashing sinks, refrigeration, grease traps and grease incinerators, and passthrough windows. Would require the Building Standards Commission as part of its next triennial update to adopt various building standards related to restrooms, drinking fountains, cooking equipment, and dishwashers. Would establish a streamlined approval process for a local permit for a like-for-like equipment installation (the installation or replacement of substantially similar existing approved equipment) for restaurants. AB 1915 passed the Assembly Health Committee with a 16-0 vote on April 14, 2026.
- b) SB 918 (Seyarto) would revise the requirements for “passthrough window service openings” of a restaurant by approving larger passthrough openings (currently limited to 432 square inches) if the passthrough window opening is equipped with both a self-closing device and an air curtain device. SB 918 passed the Assembly Health Committee with a 15-0 vote on June 9, 2026.

**4) PREVIOUS LEGISLATION.**

- a) AB 3161 requires hospital patient safety plans to include demographic data on injured patients in order to address racism and discrimination in health care, including procedures for staff to anonymously report instances of racial bias.
- b) SB 862 (Committee on Health), Chapter 243, Statutes of 2025, among other provisions, made technical amendments related to the syndromic surveillance system.
- c) SB 159 (Committee on Budget and Fiscal Review), Chapter 40, Statutes of 2024 authorized DPH to either designate an existing system or to create a new system for syndromic surveillance.
- d) AB 1252 (Committee on Health), Chapter 556, Statutes of 2013 amended various provisions within the CRFC.
- e) SB 241 (Runner), Chapter 571, Statutes of 2009 amended various provisions within the CRFC.
- f) SB 144 (Runner), Chapter 23, Statutes of 2006 created the CRFC.

**REGISTERED SUPPORT / OPPOSITION:****Support**

As recently amended, none on file.

**Opposition**

None on file.

**Analysis Prepared by:** Eliza Brooks / HEALTH / (916) 319-2097