Office of Senate Floor Analyses
(916) 651-4171

UNFINISHED BUSINESS

Bill No: SB 1447
Author: Committee on Health
Amended: 6/17/26
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 4/29/26
AYES: Weber Pierson, Ochoa Bogh, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SENATE FLOOR: 35-0, 5/14/26 (Consent)
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Padilla, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Valladares, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Blakespear, Niello, Pérez, Reyes, Umberg

ASSEMBLY FLOOR: 72-0, 8/13/26 (Consent) - See last page for vote

**SUBJECT:** Health omnibus

**SOURCE:** Author

**DIGEST:** This bill makes non-controversial changes to a number of provisions of existing law contained in the Health and Safety Code.

*Assembly Amendments:*

1) Strike the provision that removes entamoeba histolytica from the list of infectious agents required to report to the person in charge in a retail food facility;

2) Require the California Department of Aging (CDA) and the California Department of Public Health (CDPH) 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 sexually transmitted infections on the aging population in California; and,

3) Extend the deadline from July 1, 2027, to December 31, 2028, or within one year of official notification by CDPH, for specified entities to collect and report data to CDPH for the California Syndromic Surveillance Program.

**ANALYSIS:**

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). [Health and Safety Code [HSC] §113700, et seq.]

2) 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. Requires plan approval before starting any new construction or remodeling of a facility for use as a retail food facility. Requires limited service charitable feeding operation facilities to be deemed to be in compliance with specified structural requirements, pending replacement or renovation, unless a determination is made by the enforcement agency that the nonconforming structural conditions pose a public health hazard. [HSC §114380]

3) Authorizes 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) Revises 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) Requires the complete removal of reduced oxygen packaged fish with a label indicating that it is to be kept frozen until time of use from the reduced oxygen environment and package prior to thawing.

3) Defines the terms "egg product," "intact meat," and "mechanically tenderized."

4) Deletes the term "limited service charitable feeding operation facilities" for the purposes of the CalCode and replaces it with the term "existing nonprofit charitable feeding organization facilities whose food service is solely for providing charity."

5) 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.

6) 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.

7) Requires entities to report to the syndromic surveillance system no later than December 31, 2028, or within one year of official notification by CDPH. Authorizes entities to decline to report if the LHD's own system has the capacity to transmit data to CDPH in a specified manner by no later than December 31, 2028, or within one year of official notification by CDPH.

8) Requires CDA and the CDPH Office of AIDS to meet annually to collaborate on issues of mutual interest, including supporting seniors with chronic care conditions and comorbities and the impacts of HIV, AIDS, and sexually transmitted infections on the aging population in California.

9) Make other technical, clarifying changes to existing HSC provisions.

**Background**

According to the author of this bill:

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.

*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). This bill fixes the typographical error.

*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. This bill aligns various definitions and requirements within the CalCode with the most current FDA Food Code.

*Structural requirements for charitable feeding organizations*. Existing law establishes structural requirements for the building or remodeling (including submission of plans) of retail food facilities, except for schools and churches. Local enforcement agencies have flexibility for plan check requirements for limited service charitable feeding organizations. This flexibility is necessary since most of these charitable organizations are run out of facilities like schools or churches that are not necessarily designed primarily to be food facilities. Since these charitable organizations are only permitted to prepare limited food preparation, local enforcement agencies would be able to allow some structural

requirements necessary in a full-service food facility to be waived without compromising food safety of charitable operations that do not engage in full food preparation. This bill proposes to delete the term, "limited service charitable feeding operation facilities," and instead add, "existing nonprofit charitable feeding organization facilities whose food service is solely for providing charity," to ensure that programs that conduct full meal preparation are captured within the list of entities given flexibility for plan check requirements, as originally intended.

*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. This bill removes existing statutory contradictions in the California Syndromic Surveillance Program, as well as extend the current deadline from July 1, 2027, to December 31, 2028, or within one year of official notification by CDPH, for specified entities to collect and report data to CDPH for the California Syndromic Surveillance Program.

*Impacts of HIV, AIDS, and sexually transmitted infections on older adults.* The Centers for Disease Control and Prevention (CDC) states that, as of 2022, approximately 42% of those living with diagnosed HIV in the United States were aged 55 and older. Despite the sizeable population of older adults with HIV, according to the National HIV Curriculum, an AIDS Education and Training Center Program led by the University of Washington, the impact of HIV on the aging process is not entirely clear. Additionally, multiple factors can complicate

HIV treatment for older adults, including additional conditions such as heart disease or cancer; increased frequency of side effects; increased risk of drug interactions between HIV medications and medications for other conditions; and cognitive impairment, which makes it more difficult to stick to an HIV treatment regimen. This bill requires CDA and the CDPH Office of AIDS to collaborate on issues regarding supporting seniors with chronic care conditions and comorbities and the impacts of HIV, AIDS, and sexually transmitted infections on the aging population in California.

**Related/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 831 (Committee on Health, Chapter 155, Statutes of 2021) requires limited service charitable feeding operation facilities to be deemed to be in compliance with specified structural requirements, pending replacement or renovation, unless a determination is made by the enforcement agency that the nonconforming structural conditions pose a public health hazard, for the purposes of the CalCode, among other provisions.

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.

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

According to the Assembly Appropriations Committee, Minor and absorbable costs to the California Department of Public Health (CDPH) and the Department of Aging.

**SUPPORT:** (Verified 8/13/26)

None received

**OPPOSITION:** (Verified 8/13/26)

None received

ASSEMBLY FLOOR: 72-0 8/13/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Boerner, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Alvarez, Berman, Bonta, Flora, Petrie-Norris, Celeste Rodriguez, Schultz

Prepared by: Margarita Niemann / HEALTH / (916) 651-4111
8/14/26 17:04:30

****** END ******