

Date of Hearing: July 15, 2025
Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

SB 497 (Wiener) – As Amended May 23, 2025

SUMMARY: Creates two misdemeanors related to misuse of the state’s prescription drug monitoring program (PDMP), prohibits other improper sharing of PDMP data, and prohibits the Department of Justice (DOJ) from providing PDMP data to out-of-state law enforcement absent a warrant, subpoena, or court order. Specifically, **this bill:**

- 1) Prohibits a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency from knowingly providing any Controlled Substance Utilization Review and Evaluation System (CURES) data or knowingly expending or using time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability upon the provision or receipt of legally protected health care activity. Specifies that this prohibition does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity is not knowingly shared with any individual or entity from another state.
- 2) Prohibits an out-of-state authorized user who obtains CURES data through the interstate data sharing hub from providing any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability upon the provision or receipt of legally protected health care activity.
- 3) Prohibits DOJ from providing CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, as specified.
- 4) Provides that any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor. Specifies that this offense is not applicable to a provider of health care that is subject to applicable state and federal medical privacy laws.
- 5) Provides that any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor. Specifies that this offense is not applicable to a provider of health care that is subject to applicable state and federal medical privacy laws.
- 6) Prohibits, under the CMIA, a provider of health care, a health care service plan, or a contractor from releasing medical information relating to person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to any subpoena or request, including a foreign subpoena, based on another state’s law that interferes with an individual’s right to seek or obtain gender-affirming health care or gender-affirming mental

health care.

- 7) Prohibits, under the Confidentiality of Medical Information Act (CMIA), a provider of health care, health care service plan, contractor, or an employer from cooperating with any inquiry or investigation by, or providing medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care or gender-affirming mental health care that is lawful under the laws of this state.
- 8) Specifies that the provisions of the bill pertaining to the CMIA do not prohibit compliance with the investigation of an activity that is punishable as a crime under the laws of this state.
- 9) Prohibits a subpoena from being issued if the foreign subpoena is based on a violation of another state's laws that interfere with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care.
- 10) Prohibits an authorized attorney from issuing a subpoena pursuant to a foreign subpoena if the foreign subpoena is based on a violation of another state's laws that interfere with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care.

EXISTING LAW:

- 1) Provides that each state shall give full faith and credit to the public acts, records, and judicial proceedings of every other state, and that Congress may prescribe the manner in which such acts, records, and proceedings shall be proved and the effect thereof. (U.S. Const., art. IV, § 1.)
- 2) Establishes privacy protections for patients' protected health information and generally provides that a covered entity, as defined (including a health plan, health care provider, and health care clearing house), may not use or disclose protected health information except as specified or as authorized by the patient in writing. (45 C.F.R. §§ 164.500 *et seq.*)
- 3) Provides that all people have inalienable rights, including the right to pursue and obtain safety, happiness, and privacy. (Cal. Const., art. I, §1.)
- 4) Classifies controlled substances into five schedules according to their danger and potential for abuse. (Health & Saf. Code, §§ 11054-11058.)
- 5) Classifies testosterone as a Schedule III controlled substance. (Health & Saf. Code, §11056, subd. (f)(30).)
- 6) Authorizes a physician and surgeon to prescribe for, or dispense or administer to, a person under their treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain. (Bus. & Prof. Code, § 2241.5, subd. (a).)

- 7) Establishes the CURES, a PDMP maintained by DOJ. Provides that the purpose of CURES is to assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, and law enforcement and regulatory agencies in controlling diversion and abuse of Schedule II, III, IV, and V controlled substances and for statistical analysis, education, and research. (Health & Saf. Code, § 11165, subd. (a).)
- 8) Requires pharmacists and other dispensers to report information relating to prescriptions of Schedule II, III, IV, and V controlled substances to CURES as soon as reasonably possible but not more than one working day after the date a controlled substance is dispensed. (Health & Saf. Code, § 11165, subd. (d).)
- 9) Requires CURES to operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Provides that data obtained from CURES can only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by DOJ, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)
- 10) Requires DOJ to establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)
- 11) Requires DOJ to adopt regulations regarding the access and use of the information within CURES no later than January 1, 2021. (Health & Saf. Code, § 11165, subd. (c)(3).)
- 12) Authorizes DOJ to enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a PDMP in another state, for purposes of interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(1).)
- 13) Provides that data obtained from CURES may be provided to authorized users of another state's PDMP, as determined by the department, if the entity operating the interstate data sharing hub, and the PDMP of that state, as applicable, have entered into an agreement with the department for interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(2).)
- 14) Requires that an agreement entered into by the department for purposes of interstate data sharing of PDMP information ensures that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES. (Health & Saf. Code, § 11165, subd. (h)(3).)
- 15) Requires the CURES database to comply with all applicable federal and state privacy and security laws and regulations. Requires the DOJ to establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES. (Health & Saf. Code, § 11165, subd. (c).)

- 16) Prohibits, under the CMIA, providers of health care, health care service plans, or contractors, as defined, from sharing medical information without the patient's written authorization, subject to certain exceptions. (Civ. Code, § 56 et seq.)
- 17) Prohibits a clerk of a superior court in the county in which discovery in a foreign action is sought from issuing a subpoena for discovery in this state based on a foreign subpoena if the foreign subpoena is based on a violation of another state's laws that interfere with a person's right to allow a child to receive gender-affirming health care or gender-affirming mental health care. (Civ. Code Proc., § 2029.300, subd. (e)(1).)
- 18) Sets forth a subpoena process by which a witness may be required to appear before a court or magistrate in a criminal action, which may include a subpoena compelling the production of records or other documents. (Pen. Code, § 1326.)
- 19) Prohibits a provider of health care, health care service plan, or contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to any foreign subpoena that is based on a violation of another state's laws authorizing a criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care. (Pen. Code, § 1326, subd. (c).)
- 20) Enumerates, under the Interstate and International Depositions and Discovery Act, the procedure for obtaining discovery in California for a civil case pending in a jurisdiction outside of California. (Code Civ. Proc., § 2029.100 et seq.)
- 21) Prohibits a subpoena from being issued pursuant to the Interstate and International Depositions and Discovery Act if the foreign subpoena is based on a violation of another state's laws that interfere with a person's right to allow a child to receive gender-affirming health care or gender-affirming mental health care. (Code Civ. Proc., § 2029.300, subd. (e)(1).)
- 22) Prohibits an authorized attorney from issuing a subpoena if the foreign subpoena is based on a violation of another state's laws that interfere with a person's right to allow a child to receive gender-affirming health care or gender-affirming mental health care. (Code Civ. Proc., § 2029.350, subd. (b)(1).)

FISCAL EFFECT: Unknown.

COMMENTS:

- 1) **Author's Statement:** According to the author, "California must strongly reject Trump's disgusting efforts to distract from his own incompetent failures by demonizing our transgender neighbors. The President is attempting to eliminate trans people's very existence in the eyes of the law, and he has made clear he is willing to violate laws and norms to target them. We must do all we can to prevent him, his lawless administration, and his cruel extremist allies from abusing Californians' sensitive medical information."

"Senate Bill 497 recognizes California's role in prioritizing the safety of those seeking gender affirming health care by:

- 1) Requiring warrants for law enforcement requests through the state’s healthcare database;
 - 2) Establishing that accessing and knowingly sharing health data from state database without a warrant to unauthorized parties is punishable as a misdemeanor; and
 - 3) Expanding California’s transgender shield laws to prohibit health care providers from complying with subpoenas requiring the disclosure of medical information related to gender-affirming health care; and
 - 4) Stating intent to protect teachers affirming of trans youth.”
- 2) **CURES:** A PDMP is “an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors.”¹ Forty-nine states currently have monitoring programs (Missouri is the only state currently without a PDMP). Of the 50 programs throughout the nation, only four are housed at the state’s DOJ, 17 are housed at a state Department of Health or substance abuse agency, 19 are housed at a state Board of Pharmacy, and 7 are housed state professional licensing agency.² California is one of only four states that houses its PDMP within a law enforcement agency.

CURES. The CURES database was first established in 1996 as a “technologically sophisticated” database containing prescription records collected through California’s Triplicate Prescription Program, which provided the DOJ with copies of all Schedule II drug prescriptions. Subsequent legislation made CURES the state’s sole prescription record repository and added Schedule III, IV, and V drugs to the database. In 2008, CURES was upgraded to function as a PDMP, allowing health professionals, regulators, and law enforcement to conduct web-based searches of the system to inform prescribing practices and support investigations.

Budget problems later plagued the database as the elimination of the DOJ’s Bureau of Narcotics Enforcement effectively defunded the CURES program. Users of the system complained that the PDMP offered insufficient client support and was plagued with technical issues. In response, Attorney General Kamala Harris sponsored legislation to overhaul the database with revenue newly derived from a license fee charged to healing arts professionals. The resulting system, commonly referred to as “CURES 2.0,” was considered to be a significantly improved, state-of-the-art tool for addressing the abuse and diversion of opioids and other prescription drugs.

Every dispenser of controlled substances and every health practitioner authorized by the DEA to prescribe controlled substances is required to obtain a login for access to CURES. For each dispensed Schedule II, III, IV, or V drug, pharmacists are required to report basic information about the patient and their prescription within one working day. This information is then made available to other system users in a variety of possible contexts. For example, physicians may query a patient’s prescription history prior to writing a new prescription; pharmacists can check the system before agreeing to fill a prescription for a

¹ <https://www.cdc.gov/drugoverdose/pdmp/states.html>.)

² <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>

controlled substance; regulators may review a licensee's prescribing practices as part of a disciplinary investigation; and law enforcement can incorporate a search of the system into a potential criminal case of drug diversion.

The vast majority of these searches (over 99%) are made by prescribers and dispensers seeking to review a patient's prescription history as a component of exercising informed clinical judgment before providing access to opioids or other controlled substances. As of October 2018, health practitioners are required to consult the CURES database prior to writing a prescription for a Schedule II, III, or IV drug for the first time, and then at least once every six months as long as the prescription continues to be renewed. There are a number of existing exceptions to this requirement, including exemptions for pharmacists, veterinarians, and prescribers working in specified settings.

Placement of CURES Database. California is one of only four states that houses its PDMP within a law enforcement agency. This is because the database traces its origins back to the TPP, created in 1939 within the Bureau of Narcotics Enforcement, which was principally considered a tool for law enforcement to investigate cases of criminal drug diversion. The earliest iterations of prescription monitoring in California were not available to health professionals, but served to aid law enforcement in cracking down on illicit drug activity.

As national attention to combatting the opioid crisis has grown, experts have established that abuse and addiction are best addressed through a public health lens, rather than through criminal prosecution. While regulatory investigators and local law enforcement may still utilize PDMP data, prescription drug misuse and diversion by patients should be treated by medical professionals rather than stigmatized as a chiefly criminal concern. This paradigm shift has led most states away from housing their PDMPs within a justice department, with some states having transitioned their own databases away from their Department of Justice in recent years.

Most states house their PDMP within either their state's health department or a licensing agency. Over half of all states currently have their PDMP within either their Board of Pharmacy or their licensing department (equivalent to the Department of Consumer Affairs (DCA) in California). The majority of other states house their PDMP within either their Department of Health or their Department of Human Services. While proposals have been introduced to relocate California's CURES database from the DOJ to another department, none have been successful and DOJ continues to operate the system.

Privacy and Security of CURES Data. A number of state and federal privacy laws apply to information contained in CURES. This includes the federal Health Insurance Portability and Accountability Act (HIPAA), the California Medical Information Act, and the Information Practices Act. Whether law enforcement use of the system implicates the Fourth Amendment's protections against unreasonable searches has historically been a topic of discussion. In 2017, the Supreme Court of California ruled in *Lewis v. Superior Court* that privacy interests are justified by the state's interest in preventing drug diversion.

CURES access is also subject to specific privacy and security regulations that have evolved as the state has modernized and expanded its PDMP. In 2013, SB 809 required the DOJ to develop regulations to implement access and use protocols for CURES, which DOJ formally promulgated in 2016. These regulations established clear standards for system access, data

use, user eligibility, and interagency and interstate data sharing. In 2018, Assembly Bill 1751 (Low) mandated the DOJ to adopt additional regulations governing access to and use of CURES information. These regulations, effective July 1, 2020, delineate additional processes for approving or denying access requests, specify permissible purposes for health care practitioners to access CURES, establish protocols for using CURES data in education, research, or peer review, and outline conditions under which law enforcement must obtain warrants or subpoenas to access CURES data as part of an investigation into a patient or prescriber.

Interstate PDMP Datasharing. Currently, all 50 states and the District of Columbia have some form of PDMP. Many of these states participate in one of several interstate data share hubs that allow for the exchange of prescription information. For example, the National Association of Boards of Pharmacy administers PMP InterConnect, a technology solution developed in partnership with Bamboo Health that currently connects 48 state PDMPs. Another interstate data share hub, RxCheck, has historically been operated by the federal Bureau of Justice Assistant using Prescription Monitoring Information Exchange National Architecture specifications developed by a PDMP Training and Technical Assistance Center housed within Brandeis University.

As of April, 2025, California does not participate in any major interstate data share hubs. AB 1751 was enacted in 2018 to authorize, but not require, the DOJ to share prescription records between the CURES PDMP and other databases across state lines, with a requirement that other states meet California's patient privacy and data security standards. To date, DOJ has not reached an agreement to share prescription data with PMP InterConnect or RxCheck in a manner consistent with California's privacy and security requirements. However, DOJ does currently have a direct interstate data-sharing agreement with the State of Oregon, which allows for prescription data to be shared between CURES and Oregon's PDMP.

Federal vs. State Controlled Substances Scheduling. The federal Controlled Substances Act classifies a number of drugs and chemicals into one of five schedules. Drugs falling within Schedules II through V may be prescribed only by health practitioners in possession of a DEA registration and are ranked according to the drug's potential for abuse, with lower numbered schedules representing drugs with a higher risk of abuse or dependence. Schedule I drugs have been determined to have no currently accepted medical use and a high potential for abuse. Schedule I drugs may not be prescribed by any health practitioner in the United States. Examples of Schedule I drugs include cannabis, LSD, peyote, heroin, and ecstasy.

California also has its own schedule of controlled substances under the Uniform Controlled Substances Act. While the federal and state schedules are typically aligned in regards to how medications are classified, there have been conflicts between the federal and state acts, typically when the federal government reschedules a substance or exempts a specific drug from the Controlled Substances Act. When this occurs, statute in California typically must be legislatively amended to reconcile the differences.

For purposes of reporting to the CURES database, subdivision (d) of Section 11165 of the Health and Safety Code specifically references the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations. This would mean that if the federal government were to add a drug like mifepristone to a schedule within the federal

Controlled Substances Act that is not currently considered a controlled substance in California, prescriptions for that drug would be required for reporting to CURES. Meanwhile, testosterone is listed as a Schedule III substance in both the state and federal acts.

- 3) **Full Faith and Credit Clause:** This bill implicates the U.S. Constitution's Full Faith and Credit Clause which provides that full faith and credit must be given in each state to the public acts, records, and judicial proceedings of every other state. (U.S. Const. art. IV, § 1.)

Generally, the laws of the state regulate conduct that occurs within that state. However, situations may arise where more than one state's laws may apply such as the collection of previously-owed income taxes or child support obligations from another state. The purpose of the Full Faith and Credit Clause "is to alter the status of the several states as independent foreign sovereignties, each free to ignore obligations created under the laws or by the judicial proceedings of the others, and to make them integral parts of a single nation throughout which a remedy upon a just obligation might be demanded as of right, irrespective of the state of its origin." (*Baker v. General Motors Co.* (1998) 522 U.S. 222, 232 (citing *Milwaukee County v. M. E. White Co.* (1935) 296 U.S. 268, 277).)

The U.S. Supreme Court has held that even when criminal conduct takes place outside of the state, extraterritorial jurisdiction may be proper when the conduct was intended to produce or did produce harmful effects within the state. (*Strassheim v. Daily* (1911) 221 U.S. 280.)

The U.S. Supreme Court has also made a distinction between the strength of the Full Faith and Credit Clause's applications to judgments versus state law:

The Full Faith and Credit Clause does not compel "a state to substitute the statutes of other states for its own statutes dealing with a subject matter concerning which it is competent to legislate." Regarding judgments, however, the full faith and credit obligation is exacting. A final judgment in one State, if rendered by a court with adjudicatory authority over the subject matter and persons governed by the judgment, qualifies for recognition throughout the land. (*Baker v. General Motors Co.*, *supra*, 522 U.S. at 232-233.) (Internal citations omitted.)

This concept is often referred to as the "public policy exception" meaning that a statute in one state is given effect only if it does not contravene the public policy of the other state. If this bill were enacted and challenged based on a violation of the Full Faith and Credit Clause, California could argue that enforcing the criminal statutes of another state regarding gender-affirming care is contrary to the public policy of this state.

- 4) **Argument in Support:** According to *Equality California*, "Since his first day in office, President Trump has waged an unprecedented attack on the rights, safety, and dignity of transgender Americans. The Trump administration is systematically dismantling legal recognition of transgender and nonbinary people across the federal government and rolling back critical protections in healthcare, education, housing, and public life. Now, more than ever, it is crucial for California to remain a safe haven for the transgender community, ensuring their privacy and access to essential health care are protected against growing threats from hostile out-of-state actors.

“SB 497 builds upon the foundation set by SB 107 (Wiener, 2022) by addressing a major vulnerability – the potential access and misuse of sensitive patient medical data through California’s Prescription Drug Monitoring Program (PDMP), also known as the Controlled Substance Utilization Review and Evaluation System (CURES). The CURES database contains information on Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

Existing law provides the authority for CURES data sharing between authorized law enforcement entities and law enforcement in other states if California’s Department of Justice (DOJ) enters into an agreement with other states. Specifically, a law enforcement officer may obtain CURES reports, including a “Patient Activity Report” and a “Prescription History Report.” A CURES Patient Activity Report contains highly sensitive information, including patient first name, patient gender, patient address, prescriber name, pharmacy name and prescriber address. This presents privacy and safety issues for both health care providers and patients when out-of-state law enforcement pull an activity report in attempts to prosecute people receiving care that is legal in California.

A recent study found that in nearly half of U.S. states, law enforcement can access testosterone prescription records through PDMPs without basic safeguards – such a warrant or subpoena.

“Shockingly, California is among those states lacking these strong privacy protections. Because testosterone is commonly prescribed for gender-affirming care, this loophole creates significant risks for transgender individuals and their health care providers.

“SB 497 takes crucial steps to address these concerns by:

- Prohibiting out-of-state law enforcement from accessing prescription data in CURES absent a warrant, subpoena, or court order;
- Establishing that accessing and knowingly sharing prescription data from CURES without a warrant to unauthorized parties is punishable as a misdemeanor; and
- Expanding California’s existing transgender shield laws to prohibit health care providers from complying with subpoenas requiring the disclosure of medical information related to gender-affirming health care.

“SB 497 ensures that transgender individuals and their families seeking refuge in our state receive the privacy, dignity, and protections they deserve.”

- 5) **Argument in Opposition:** According to *Concerned Women for America*, “Science has shown that puberty blockers and cross-sex hormones for young children are experimental and cause irreversible damage. HHS 2025 Report on Treatment for Pediatric Dysphoria confirms there is no evidence that hormones reduce youth suicide, that depression and anxiety persist after medical transition, and that cross-sex hormones cause infertility and cognitive damage.

“Preventing disclosure of information about these experimental procedures prevents holding

providers accountable and directly undermines legitimate concerns for child welfare. This bill also undermines the rule of law that shields harmful medical interventions from scrutiny.

“SB 497 advances the gender ideology but does nothing to protect children. This bill is in direction [sic] opposition and contradiction of multiple European countries and over 20 states that have banned medical transition for minors. There is no science to trust and children should not be in the hands of medical experimenters to further a specific ideology and agenda.”

6) Related Legislation: AB 82 (Ward) would expand existing protections for reproductive health care services to include gender-affirming health care services. AB 82 is pending hearing in the Senate Appropriations Committee.

7) Prior Legislation:

- a) SB 107 (Wiener), Chapter 810, Statutes of 2022, enacted various safeguards against the enforcement of other states’ laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California.
- b) AB 2091 (Bonta), Chapter 628, statutes of 2022, prohibited providers, health care service plans, contractors, employers from releasing medical information related to abortion services or information related to a person allowing a minor to receive gender-affirming health care and gender-affirming mental health care in response to a subpoena/investigation-related request seeking to impose liability under another state's law for an abortion lawful in CA or for allowing minor to receive gender-affirming health care and gender-affirming mental health care, among other provisions.
- c) AB 1666 (Bauer-Kahan), Chapter 42, Statutes of 2022, prohibited California courts from applying another state's laws authorizing civil action for receiving, seeking, providing, and/or aiding abortion in deciding the cases before them or from enforcing civil judgments under those laws, and thus designates those laws contrary to California public policy, among other provisions.
- d) AB 528 (Low), Chapter 677, Statutes of 2019 reduced the required timeframe in which pharmacists are required to report dispensed prescriptions to CURES from seven days to the following business day, added Schedule V drugs to CURES, and changed the requirement for health practitioners to continue consulting the CURES database from every four months to every six months beginning July 1, 2021.
- e) AB 1751 (Low), Chapter 478, Statutes of 2018, authorized DOJ to share prescription records between the state's PDMP, CURES, and other databases across state lines, with a requirement that other states meet California's patient privacy and data security standards.
- f) SB 54 (De León), Chapter 495, Statutes of 2017, enacted the California Values Act, which further limits the involvement of state and local law enforcement agencies in federal immigration enforcement.
- g) AB 40 (Santiago), Chapter 607, Statutes of 2017, required DOJ to make electronic prescription drug records contained in its CURES accessible through integration with a

health information technology system, if that system meets certain information security and patient privacy requirements.

REGISTERED SUPPORT / OPPOSITION:

Support

Alice B. Toklas Lgbtq Democratic Club
Alliance for Trans Youth Rights
Alliance for Transyouth Liberation
American Academy of Pediatrics, California
American College of Obstetricians & Gynecologists - District IX
Api Equality-la
Asian Americans Advancing Justice-southern California
Board of Behavioral Sciences
California Academy of Family Physicians
California Association for Nurse Practitioners
California Chapter of the American College of Emergency Physicians
California Civil Liberties Advocacy
California Legislative Lgbtq Caucus
California Lgbtq Health and Human Services Network
California Medical Association (CMA)
California Psychological Association
California Teachers Association
Calpride
Calpride Valle Central
Cft- a Union of Educators & Classified Professionals, Aft, Afl-cio
Children Now
City of San Jose
Community Clinic Association of Los Angeles County (CCALAC)
County Behavioral Health Directors Association, (CBHDA)
Courage California
Culver City Democratic Club
Disability Rights California
Easterseals Northern California
El/la Para Translatinas
Electronic Frontier Foundation
Ella Baker Center for Human Rights
Equality California
Family Violence Appellate Project
Goleta West Sanitary District
GUSD Parents for Public Schools
Health Access California
Hmong Innovating Politics
Indivisible San Francisco
LA Defensa
Lgbtq+ Inclusivity, Visibility, and Empowerment (LIVE)
Los Angeles Lgbt Center
National Health Law Program

Oakland Privacy
Oasis Legal Services
Our Family Coalition
Pflag Los Angeles
Pflag Oakland-east Bay
Pflag Sacramento
Pflag San Jose/peninsula
Planned Parenthood Affiliates of California
Pride At the Pier
Rainbow Families Action Bay Area
Sacramento LGBT Community Center
San Francisco Aids Foundation
San Francisco Marin Medical Society
Santa Monica Democratic Club
Secure Justice
Seneca Family of Agencies
The Translatin@ Coalition
Transfamily Support Services
Viet Rainbow of Orange County
Western Center on Law & Poverty, INC.
2 private individuals

Oppose

California Baptist for Biblical Values
California Family Council
Cause: Californians United for Sex-based Evidence in Policy and Law
Concerned Women for America
Lighthouse Baptist Church
1 private individual

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