

Date of Hearing: July 16, 2025

Fiscal: Yes

ASSEMBLY COMMITTEE ON PRIVACY AND CONSUMER PROTECTION

Rebecca Bauer-Kahan, Chair

SB 504 (Laird) – As Amended June 26, 2025

SENATE VOTE: 36-0

SUBJECT: Communicable diseases: HIV reporting

SYNOPSIS

Existing law provides strong confidentiality provisions for the protection of human immunodeficiency virus (HIV) test information and the identity of the test subject, including prohibitions on sharing that information and civil penalties for the negligent release of that information. There are limited exceptions to the prohibition on sharing this data. These exceptions serve various public health purposes, such as requiring health care providers and laboratories to report all cases of HIV infection to the local health officer (LHO) and the California Department of Public Health (CDPH), as provided.

This bill authorizes a health care provider of a patient with an HIV infection, to communicate with a LHO or CDPH to provide additional information required by law or public health guidelines in order to complete or supplement an HIV case report, if the patient's HIV infection has already been reported under current law.

This bill enjoys the support of the California Legislative LGBTQ Caucus, the California Medical Association, and the AIDS Healthcare Foundation, among others. There is no registered opposition.

This bill was previously heard by the Health Committee, where it passed on a 15-0-1 vote.

THIS BILL:

- 1) Authorizes a health care provider of a patient diagnosed with an HIV infection that has already been reported to disclose personally identifying confidential information to an LHO or CDPH to provide additional information required by law or public health guidelines in order to complete or supplement the confidential HIV case report.
- 2) Prohibits a health care provider from disclosing personally identifying confidential information about a patient to a local health jurisdiction (LHJ) or CDPH unless the disclosure is necessary for the LHJ or CDPH to carry out its duties in the investigation, control, or surveillance of disease, or the coordination of, linkage to, or reengagement in care for a person, as determined by the health care provider, LHJ or CDPH.
- 3) Makes other technical and conforming changes.

EXISTING LAW:

- 1) Establishes under federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which sets standards for the privacy of individually identifiable health

information and security standards for the protection of electronic protected health information, including, through regulations, that a HIPAA-covered entity may not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except under specified circumstances. Provides that if HIPAA's provisions conflict with state law, the provision that is most protective of patient privacy prevails. (42 U.S.C. § 1320d, et seq.; 45 Code Fed. Regs. Part 164.)

- 2) Establishes the Confidentiality of Medical Information Act, which establishes protections for the use of medical information. (Civ. Code § 56 et seq.)
 - a) Prohibits 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 § 56.10.)
- 3) Requires health care providers and laboratories to report cases of HIV infection to the (LHOs using patient names on a form developed by CDPH to ensure knowledge of current trends in the HIV epidemic and to ensure that California remains competitive for federal HIV and AIDS funding.
 - a) Requires CDPH and local health department (LHD) employees and their contractors to sign confidentiality agreements annually.
 - b) Requires any potential or actual breach of confidentiality of HIV-related public health records to be investigated by the LHO, in coordination with CDPH, when appropriate. The LHO is required to immediately report any evidence of an actual breach of confidentiality of HIV-related public health records at a city or county level to CDPH and the appropriate law enforcement agency. (Health & Saf. Code § 121022.)
- 4) Prohibits public health records relating to HIV/AIDS containing personally identifying information that were developed or acquired by CDPH or an LHD, or their agent, from being disclosed, except for public health purposes or pursuant to a written authorization by the person who is the subject of the record or by that person's guardian or conservator. (Health & Saf. Code § 121025(a).)
 - a) Authorizes CDPH or an LHD, or their agent, to disclose personally identifying information in public health records to other local, state, or federal public health agencies or to corroborating medical researchers, when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, as determined by CDPH or an LHD. (Id. at (b).)
 - b) Authorizes CDPH and LHDs to disclose personally identifying information in public health records for the coordination of, linkage to, or reengagement in care, as determined by CDPH or a LHD. (Ibid.)
 - c) Any disclosures made are to include only the information necessary for the purpose of the disclosure and only upon agreement that the information will be kept confidential. (Id. at (c).)
 - d) Authorizes the disclosure of personally identifying information in public health records related to HIV/AIDS by specified state and local public health staff to the HIV-positive

person or health care provider for the purpose of proactively offering and coordinating care and treatment services to the HIV-positive person. (Id. at (c)(2).)

- 5) Prohibits the disclosure of the results of an HIV test to any third party in a manner that provides identifying characteristics of the subject of the test, except to the physician who ordered the test or the subject's health care providers for the purposes of diagnosis, care, or treatment of the patient. Excludes state-regulated health care service plans from being considered health care providers. (Health & Saf. Code § 120980 and §120985.)
- 6) Provides various protections for the confidentiality of the results of HIV tests and the identity of the person who took the test, including a prohibition on compelled disclosure of identifying information regarding HIV tests in civil, criminal, administrative, or legislative proceedings, and establishes civil penalties for negligently disclosing the result of such a test in a manner that identifies or provides identifying characteristics of the person to whom the test results apply. (Health & Saf. Code § 120975 & 120980.)

COMMENTS:

1) **Author's statement.** According to the author:

Senate Bill 504 allows health care providers to share personally identifying information about previously reported HIV infections with local health departments and California Department of Public Health, but only when necessary for specified public health purposes.

While existing law permits local and state public health officials to share confidential data regarding HIV infections for disease surveillance and surveillance or care coordination, this authorization does not extend to health care providers. This limitation can create barriers to connecting patients with treatment and ensuring continuity of care. Senate Bill 504 enhances coordination between health care providers and public health officials while maintaining strict confidentiality protections.

2) **Background.** Due to the historical stigma and discrimination associated with HIV/AIDS, California law restricts the sharing and disclosure of HIV-related data and includes specific penalties for unauthorized disclosures. These HIV-specific restrictions were put in place to protect people living with HIV from undesired disclosure of their HIV status.

General federal and state medical privacy and confidentiality laws, as well as HIV-specific laws, offer protection against undesired disclosure of a person's HIV status. However, these protections can sometimes lead to the inability to share data within the healthcare community, posing difficulties for health care and public health entities looking to identify, prevent, and treat HIV.

According to the author, existing law authorizes CDPH and local health officials to disclose personally identifying information regarding patients diagnosed with HIV to other local, state, or federal public health agencies or to medical researchers when necessary for disease investigation, control, or surveillance or for coordinating, linking, or reengaging in care for a person.

Currently, this authorization does not extend to health care providers, meaning they cannot initiate disclosure to public health officials. This leads to several challenges with regard to HIV care coordination and disease control, including:

1. Public health records can be incomplete. If a laboratory provides the initial report, health care providers cannot reach out to public health officials to supplement those records with other information such as comorbidities, social history, or name, sex, and gender changes.
2. Providers are limited in their ability to place referrals for patients to state-provided clinical or preventative services. This is especially limiting for providers unfamiliar with state-provided services or HIV care.
3. If a patient moves to another jurisdiction, the provider cannot initiate disclosure of personally identifying information to health officials to ensure continuous care.
4. If a provider must close or suspend their practice, they cannot initiate disclosure of personally identifying information to health officials to ensure continuous care.

3) **What this bill would do.** This bill permits a health care provider treating a patient with an HIV infection that has already been reported to an LHO as described above to communicate with an LHO or CDPH to provide additional information required by law or public health guidelines in order to complete or supplement an HIV case report.

This bill additionally prohibits a provider from disclosing any personally identifying confidential information about a patient to an LHJ or CDPH unless the disclosure is necessary for the LHJ or CDPH to carry out its duties in the investigation, control, or surveillance of disease, or the coordination of, linkage to, or reengagement in care for a person, as determined by the health care provider, the LHJ or CDPH.

ARGUMENTS IN SUPPORT: The California Medical Association writes in support:

Currently, health care providers are required to report HIV infections to local health officers, who then report cases to the California Department of Public Health (CDPH). However, providers are not explicitly authorized to communicate with public health officials regarding these cases to obtain care recommendations or connect patients with essential services. This limitation creates barriers to care coordination and public health duties.

SB 504 allows health care providers to communicate with local health officials and CDPH regarding previously reported cases for public health purposes, including disease control and care coordination. This collaboration would enhance HIV treatment and reinforce California's public health infrastructure to better protect people living and diagnosed with HIV.

The California Legislative LGBTQ Caucus also writes in support:

Currently, health care providers are required to report HIV infections to local health officers, who then report cases to the California Department of Public Health (CDPH). However, providers are not explicitly authorized to communicate with public health officials regarding these cases to obtain care recommendations or connect patients with essential services. This limitation creates barriers to care coordination and public health duties.

Consistent with the Legislature's intent to enhance limited data sharing practices to improve the treatment and health outcomes for people living with HIV, it is imperative that we authorize health care providers to disclose personally identifying information regarding

previously reported HIV infections when communicating with state or local health officials, only for disease investigation, control, or surveillance or coordination of, linkage to, or reengagement in care.

SB 504 allows health care providers to communicate with local health officials and CDPH regarding previously reported cases for public health purposes, including disease control and care coordination.

REGISTERED SUPPORT / OPPOSITION:**Support**

Aids Healthcare Foundation
Beyond Aids Foundation
California Legislative LGBTQ Caucus
California Medical Association (CMA)
Essential Access Health

Opposition

None on file.

Analysis Prepared by: Julie Salley / P. & C.P. / (916) 319-2200