

SENATE THIRD READING

SB 504 (Laird)

As Amended September 2, 2025

Majority vote

SUMMARY

Authorizes, *notwithstanding the Confidentiality of Medical Information Act (CMIA)*, a health care provider of a patient with a human immunodeficiency virus (HIV) infection that has already been reported to a local health officer (LHO) to communicate with an LHO or the Department of Public Health (DPH) to provide *identifying* information in order to complete or supplement an HIV case report or carry out the LHO or DPH's duties in the investigation, control or surveillance of disease, or the coordination, linkage to and reengagement in case for a person, as determined by the health care provider, the local health jurisdiction, or DPH.

Major Provisions**COMMENTS**

Prevalence of HIV in California. According to the DPH Office of Aids report titled "*HIV/AIDS Epidemiology and Health Disparities in California 2022*," from 2018 through 2022, both the annual number and rate of new HIV diagnoses remained relatively the same in California. The number of new diagnoses increased by 0.4% from 4,863 in 2018 to 4,882 in 2022, while the rate of new diagnoses per 100,000 population declined by 0.8%, from 12.3 to 12.2 during the same time period. Although new HIV diagnoses have declined overall, disparities persist among racial/ethnic groups, gender, age, and transmission categories. Among all racial/ethnic groups, Black/African Americans are the most disproportionately affected by HIV. In 2022, Black/African Americans made up approximately 6% of California's population, yet they accounted for 16% of California's HIV epidemic. Rates among newly diagnosed Black/African American men are 4.4 times higher than white men, and among Black/African American women, 5.7 times higher than white women. Viral suppression among Black/African Americans is typically lower than other race/ethnicities regardless of gender, age, or transmission category. Latinx individuals make up the largest racial/ethnic group among new HIV diagnoses, accounting for 57% of all new HIV diagnoses in 2022; however, they also make up the largest racial/ethnic group in California at almost 40%. Disparities among Latinx individuals include higher rates of HIV diagnoses and lower viral suppression, especially among transgender women, and people with injection drug use history. Rates among newly diagnosed Latinx men are 2.7 times higher than white men, and among Latinx women 1.6 times higher than white women. In addition, among MMSC (male-to-male sexual contact), disparities between Latinx individuals and white individuals have increased from 2018 to 2022. In 2018, the rate of new diagnoses among Latinx MMSC was 2.2 times that of white MMSC; in 2022 it was 3.3 times that of white individuals. In addition, Latinx individuals had a higher proportion of late HIV diagnoses compared to Black/African Americans and white individuals.

The Confidentiality of Medical Information Act (CMIA). The CMIA establishes protections for the use of medical information and prohibits providers of health care, health care service plans, or contractors, from sharing medical information without the patient's written authorization, subject to certain exceptions.

What does this bill do? Existing law authorizes DPH and LHOs 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 coordination of, linkage to, or reengagement in care for a person. Currently, this authorization does not explicitly extend to health care providers. The author contends that this leads to several challenges with regards to HIV care coordination and disease control, including:

- 1) *Public health records can be incomplete.* If a laboratory provides the initial HIV case report, health care providers cannot reach out to public health officials to supplement those records with other information such as comorbidities, social history, 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.

A 2015 study titled, "*The Contribution of Missed Clinic Visits to Disparities in HIV Viral Load Outcomes*" found that missed clinic visits contributed to observed differences in viral load outcomes among Black persons and persons with injection drug use history and achieving an improved understanding of differential visit attendance is imperative to reducing disparities in HIV.

This bill authorizes, *notwithstanding the CMIA*, a health care provider of a patient with an HIV infection that has already been reported to an LHO as described above to communicate with an LHO or DPH to provide additional information in order to complete or supplement an HIV case report. This bill also authorizes, *notwithstanding the CMIA*, a health care provider to disclose identifying information about a patient to a LHJ or DPH if the disclosure is necessary for the LHJ or DPH 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 DPH.

According to the Author

This bill allows health care providers to share personally identifying information about previously reported HIV infections with LHDs and DPH, but only when necessary for specified public health purposes. The author continues that while existing law permits local and state public health officials to share confidential data regarding HIV infections for disease surveillance or care coordination, this authorization does not extend to health care providers. The author contends that this limitation can create barriers to connecting patients with treatment and ensuring continuity of care. The author concludes that this bill enhances coordination between health care providers and public health officials while maintaining strict confidentiality protections.

Arguments in Support

The California Legislative LGBTQ Caucus (the Caucus) supports this bill and states that currently, health care providers are required to report HIV infections to LHOs, who then report cases to DPH. 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. The Caucus continues that this limitation creates barriers to care coordination and public health duties. The Caucus concludes that 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 the legislature 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.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, no state costs.

VOTES**SENATE FLOOR: 36-0-4**

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Richardson, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Hurtado, Reyes, Rubio, Valladares

ASM HEALTH: 15-0-1

YES: Bonta, Chen, Aguiar-Curry, Caloza, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Elhawary
ABS, ABST OR NV: Addis

ASM PRIVACY AND CONSUMER PROTECTION: 15-0-0

YES: Bauer-Kahan, Dixon, Bryan, DeMaio, Irwin, Lowenthal, Macedo, McKinnor, Ortega, Patterson, Pellerin, Petrie-Norris, Ward, Wicks, Wilson

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Jeff Gonzalez, Solache, Ta, Tangipa

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