
UNFINISHED BUSINESS

Bill No: SB 504
Author: Laird (D), et al.
Amended: 9/2/25 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 10-0, 3/26/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener

NO VOTE RECORDED: Grove

SENATE JUDICIARY COMMITTEE: 13-0, 4/22/25

AYES: Umberg, Niello, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SENATE FLOOR: 36-0, 5/8/25 (Consent)

AYES: 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

NO VOTE RECORDED: Hurtado, Reyes, Rubio, Valladares

ASSEMBLY FLOOR: 79-0, 9/8/25 - See last page for vote

SUBJECT: Communicable diseases: HIV reporting

SOURCE: Author

DIGEST: This bill permits a health care provider of a patient diagnosed with an Human Immunodeficiency Virus (HIV) infection to disclose personally identifying confidential information to a local health department or the California Department

of Public Health (CDPH) to provide additional information required in order to complete or supplement an HIV case report.

Assembly Amendments of 9/2/25 make nonsubstantive, clarifying changes.

ANALYSIS:

Existing law:

- 1) Requires CDPH to establish a list of diseases and conditions to be reported by local health officers (LHOs) to CDPH. Requires CDPH to specify the timeliness requirements related to the reporting of each disease and condition, and the mechanisms required for, and the content to be included in, reports made. [Health and Safety Code (HSC) §120130]
- 2) Requires health care providers and laboratories to report cases of HIV infection to the LHO using patient names on a form developed by CDPH. Requires CDPH and local health department (LHD) employees and contractors to sign confidentiality agreements, which include information related to the penalties for a breach of confidentiality and the procedures for reporting a breach of confidentiality, prior to accessing confidential HIV-related public health records. [HSC §121022]
- 3) Prohibits public health records relating to HIV/AIDS containing personally identifying information 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 the person's guardian or conservator. Permits CDPH or a 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 a LHD. [HSC §121025 (a) and (b)]
- 4) Permits disclosures authorized in 3) above to only include information necessary for the purpose of that disclosure and to be made only upon the agreement that the information will be kept confidential as described in 3) above. Makes unauthorized further disclosure subject to specified penalties. [HSC §121025 (c)]
- 5) Permits CDPH or LHD staff to further disclose the information to a health care provider who provides care to the HIV-positive person who is the subject of the

record for the purpose of assisting in compliance with 2) above. [HSC §121025 (c)(1)]

This bill:

- 1) Permits a health care provider of a patient diagnosed with an HIV infection, that has already been reported to a LHD, to disclose identifying information about the patient to a LHD or CDPH if the disclosure is necessary to complete or supplement the HIV case report, as determined by the health care provider, the LHD, or CDPH.
- 2) Permits a health care provider to disclose identifying information about a patient with a diagnosed HIV infection to a LHD or CDPH if the disclosure is necessary for the LHD 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 LHD, or CDPH.
- 3) Makes technical, clarifying changes to existing law.

Comments

According to the author of this bill:

This bill allows health care providers to share personally identifying information about previously reported HIV infections with local health departments and CDPH 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. This bill enhances coordination between health care providers and public health officials while maintaining strict confidentiality protections.”

Background

According to CDPH, the prevalence of diagnosed HIV infection was 355.6 per 100,000 population in 2022, compared to 343.1 per 100,000 in 2018 – an increase of 3.7%. Of the 142,772 people living with diagnosed HIV infection in 2022, 73.7% were in HIV care and 64.7% achieved viral suppression. Among all racial/ethnic groups, African Americans are the most disproportionately affected

by HIV. While Latinx and white individuals make up the largest percentage of persons living with diagnosed HIV, the rate of HIV among African Americans is substantially higher (1,012.3 per 100,000 population, versus 319.5 per 100,000 among whites and 364.8 per 100,000 among Latinx). The rate of new HIV diagnoses among African Americans is 4.4 times higher than whites among men and 5.7 times higher among women. Latinx are also disproportionately affected by HIV with rates of new HIV diagnoses 2.7 times higher than white among men and 1.6 times higher among women.

According to CDPH's Office of AIDS, in California and the rest of the U.S., HIV infections and AIDS diagnoses are reported through a combination of passive and active surveillance. Passive surveillance is conducted through state required reporting of HIV and AIDS cases by health care providers and reporting of HIV-positive test results from laboratories to local health departments. Active surveillance is accomplished through routine visits to hospitals, physician offices, laboratories, counseling and testing clinics, and outpatient clinics to ensure accuracy of reported data. In California and other states, HIV/AIDS surveillance has historically relied heavily upon active case surveillance, through on-site chart reviews and case report completion by local surveillance staff at the health care provider's office. To improve timeliness and completeness of reporting and ensure prompt identification and response to emerging problems in the field, the Office of AIDS supports a decentralized reporting system where HIV/AIDS case reports are identified through passive and active surveillance efforts coordinated by California's 61 local health departments. HIV/AIDS surveillance case data and laboratory reports, reported to local health departments by health care providers and laboratories, is then sent to the HIV/AIDS Surveillance Section via the Lab Data Entry Tool or on the Adult Case Report Form. The Surveillance Section surveillance coordinators review the forms for accuracy and input the information into the Enhanced HIV/AIDS Reporting System, and in turn, submit electronic HIV/AIDS case reports, without personal identifiers, to the federal Centers for Disease Control and Prevention.

Prior/Related Legislation

SB 1333 (Eggman and Roth, Chapter 472, Statutes of 2024) revised the law to permit 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 the LHD.

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

According to the Assembly Appropriations Committee, there are no state costs.

SUPPORT: (Verified 9/8/25)

AIDS Healthcare Foundation
Beyond AIDS Foundation
California Academy of Preventive Medicine
California Legislative LGBTQ Caucus
California Medical Association
Essential Access Health
Infectious Disease Association of California

OPPOSITION: (Verified 9/8/25)

None received

ARGUMENTS IN SUPPORT: The California Legislative LGBTQ Caucus writes that currently, 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. AIDS Healthcare Foundation writes that achieving and maintaining a reduced viral load demands continual engagement between the patient and a medical team in order to ensure ongoing monitoring, proper maintenance of medications and swift response to emerging challenges. This bill closes the gap that exists between an HIV care provider and public health official to allow necessary communication about the care needs of a person with HIV. California Academy of Preventative Medicine writes that reporting of cases to public health is legal, but subsequent discussion of patients for coordination of care has had the potential risk of civil and criminal penalties. HIV treatment is only effective if it is continuous. Patients sometimes move or discontinue care, and one of the services provided by public health is assistance to patients to re-engage in care, sometimes with a new provider. Public health staff can also provide education and counseling for patients with HIV infections, and can confidentially refer exposed partners to testing and preventive treatment (PrEP and/or use of condoms), which is done without identifying the name of the patient. However, public health staff may need referrals from care providers in order to know that such services are needed by particular patients.

Ayes: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

No Vote Recorded: Nguyen

Prepared by: Melanie Moreno / HEALTH / (916) 651-4111
9/8/25 19:36:09

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