

SENATE THIRD READING
SB 717 (Richardson)
As Introduced February 21, 2025
Majority vote

SUMMARY

Requires the California Department of Public Health (DPH) to maintain the existing statewide and regional infrastructure for collecting and reporting cancer data through regional cancer registries, and deletes obsolete dates regarding its establishment timeline.

COMMENTS

Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI). According to the National Institutes of Health, SEER is an authoritative source of information on cancer incidence and survival in the United States. SEER began collecting data on cancer cases on January 1, 1973, in the states of Connecticut, Iowa, New Mexico, Utah, and Hawaii and the metropolitan areas of Detroit and San Francisco-Oakland. SEER currently collects and publishes cancer incidence and survival data from population-based cancer registries covering approximately 45.9% of the U.S. population. These registries routinely collect data on patient demographics, primary tumor site, tumor morphology (or structure) and stage at diagnosis, first course of treatment, and follow-up for vital status. The SEER Program is the only comprehensive source of population-based information in the United States that includes stage of cancer at the time of diagnosis and patient survival data. Thousands of researchers, clinicians, public health officials, legislators, policymakers, community groups, and the public use SEER data. California's three regional cancer registries, LA Cancer Surveillance Program, Greater Bay Area Cancer Registry, and Cancer Registry of Greater California, are operated by the University of Southern California (USC), the University of California – San Francisco (UCSF), and the Public Health Institute (PHI), respectively.

National Program of Cancer Registries (NPCR). According to the Centers for Disease Control and Prevention (CDC), the U.S. Congress established the NPCR in 1992 by enacting the Cancer Registries Amendment Act. This law authorized CDC to provide funding and technical assistance to statewide, population-based cancer registries and established CDC's national cancer surveillance system. Through NPCR, CDC supports central cancer registries in 46 states, the District of Columbia, Puerto Rico, the US Pacific Island Jurisdictions, and the US Virgin Islands. These data represent 97% of the U.S. population. Together, NPCR and the NCI SEER Program collect cancer data for the entire U.S. population. California participates in the NPCR and in the SEER program. California Cancer Registry (CCR) data must meet all NPCR and SEER standards for quality, timeliness, and completeness.

CCR. According to DPH's website, the CCR is California's statewide population-based cancer surveillance system. The CCR collects information about most cancers diagnosed in California, and all cancer professionals and facilities responsible for treating or diagnosing patients with cancer are required to report demographic, diagnostic, and treatment data to the CCR. In 1985, statewide population-based cancer reporting was mandated in state law. Statewide cancer reporting was fully implemented in 1988. Due to the size and diversity of the California population, more is now known about the occurrence of cancer in diverse populations than ever

before. The CCR and regional registries use collected data to write summary reports that inform the public, local health workers, educators, and legislators about the status of cancer.

Funding of the CCR. The CCR is funded with both state and federal dollars. State funding comes from the General Fund, Proposition 99 Fund, and the Breast Cancer Research Fund, and federal funding comes from the CDC. In Fiscal Year 2024-25, the CCR received a total of \$11.9 million, \$2.5 million in federal funds and \$9.4 million in state funds. All of the regional registries receive NCI SEER funding.

Federal budget uncertainty. The current federal administration has slashed funding for several health research programs, eliminated thousands of federal health jobs, and has proposed a budget to reduce federal Health and Human Services spending by 25%. According to the American Cancer Society (ACS), the proposed budget for Fiscal Year 2026 contains \$4.531 billion for the NCI. This represents a cut of almost \$2.7 billion, or approximately 37.2%, from the current fiscal year. The ACS states that this cut "will set this nation back dramatically in our ability to reduce death and suffering from a disease that is expected to kill more than 618,000 Americans this year alone." The Trump Administration has also proposed significant cuts at the CDC. Should the federal funding for cancer registries through NCI SEER and the NPCR at the CDC be reduced or eliminated, it is unclear how codifying the current structure in California would improve the likelihood of securing federal funds.

According to the Author

The CCR has relied on the regional registries as the state designated agents to perform data collection for the statewide cancer surveillance system. The current three regional registries have been in operation since 2000, and they are also the core registries of the SEER Program of the NCI. The author indicates that the registries have been federally funded by NCI for over 50 years and have always served as the foundation of California's cancer surveillance, preceding the state level operations of the CCR by more than a decade.

The author says, since 2000, the federal government, through the NCI SEER contract awards to the three SEER core registries in California (i.e., LA Cancer Surveillance Program, Greater Bay Area Cancer Registry, and Cancer Registry of Greater California), has invested over \$15 million annually to cover 80% of these CCR regional registries' operational costs, leaving the state to only cover 20%. However, current law does not recognize the three regional registries, which risks their eligibility for the competitive renewal of their next NCI SEER contracts and, in turn, poses severe financial strain for the state to maintain the legally mandated statewide cancer reporting system.

Arguments in Support

The University of Southern California (USC) and the Keck School of Medicine at USC are co-sponsors of this bill and state that, in April 2024, the impact of CCR on cancer prevention procedures was evident when the U.S. Preventive Services Task Force issued a statement changing its guidelines for breast cancer screening to recommend that all women in the U.S. aged 40 to 74 should have a mammogram every other year, lowering the recommended age of screening by a decade. This significant change in guidelines was informed using data from the national SEER cancer registry – of which the CCR is a vital component – that found that rates of breast cancer diagnosis have been on the rise in women under 50 for the past twenty years. USC argues that by codifying the regional registries' status, this bill will safeguard the more than \$15

million in annual federal funding that covers 80% of the regional registries' operational costs and ensure the continuity of high-quality cancer data collection and analysis.

Susan G. Komen supports this bill stating that the CCR – one of the world's foremost cancer registries – relies on three regional registries as the state designated agents to perform data collection for the statewide cancer surveillance system. It has been largely funded through NCI SEER awards since 2000. Current law does not recognize the three regional registries, which puts their eligibility for the competitive renewal of their next NCI SEER contracts at risk. Susan G. Komen argues that without these contracts, the state would be financially responsible for maintaining the legally mandated statewide cancer reporting system. This bill will codify the relationship between the CCR and its three regional registries, ensuring their eligibility for future SEER contracts.

City of Hope also supports this bill stating, since its inception, the CCR has relied on the regional registries. The current three regional registries of CCR have been in operation since 2000, and they are the core registries of the SEER Program of the NCI. They have been federally funded by NCI for over 50 years and have always served as the foundation of California's cancer surveillance, preceding the state level operations of the CCR by more than a decade. The regional registries' long-standing contributions continue to shape strategies to reduce the cancer burden nationwide and attract additional funding to support groundbreaking cancer research. Data collected by the regional registries also make it possible to determine cancer risk factors and study groupings of cancers in communities. City of Hope argues this bill will protect the regional registries and ensure the future of cancer research and prevention.

California Professional Firefighters (CPF) also support the bill stating that this data informs treatment practices, research, and prevention with community and demographic level data, but this resource has for decades relied on three regional cancer registries throughout the state as the agents for collecting data for the statewide system. While this arrangement has been highly effective, the fact that it has not been formalized in statute means that the regional registries are at risk of losing funding through the competitive grant process. CPF argues that this bill will guarantee the continuation of the work of the regional cancer registries, thereby continuing the CCR as a whole. These changes are necessary to ensure that the CCR remains a robust and effective resource in the fight against cancer in California's communities. Cancer is one of the leading causes of illness and death in California's fire service, with diagnosis rates significantly higher than the general population.

Public Health Institute (PHI) supports this bill stating that, for decades, PHI has played a central role in cancer surveillance in California, partnering with the state to administer and advance the California Cancer Registry. Currently, PHI administers the Cancer Registry of Greater California, one of the three federally funded NCI SEER Program registries in the state. In this role, PHI ensures the comprehensive collection, analysis, and dissemination of cancer data for a broad region of California, supporting critical research, health equity initiatives, and public health interventions. California's cancer registries are a cornerstone of our public health infrastructure. PHI indicates current law does not formally recognize the three regional registries, putting their eligibility for future NCI SEER funding at risk. PHI argues that without this funding, California would face significant financial and operational challenges in maintaining its legally mandated statewide cancer surveillance system.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, DPH estimates annual General Fund costs of approximately \$91,000 in fiscal year (FY) 2026-27 through FY 2028-29 to update the regulations governing CCR.

VOTES

SENATE FLOOR: 38-0-2

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

ABS, ABST OR NV: Limón, Reyes

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 APPROPRIATIONS: 13-0-2

YES: Wicks, Sanchez, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Solache, Ta, Tangipa

ABS, ABST OR NV: Arambula, Pellerin

UPDATED

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