SENATE RULES COMMITTEE SB 717
Office of Senate Floor Analyses
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UNFINISHED BUSINESS

Bill No: SB 717
Author: Richardson (D)
Amended: 9/4/25 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 APPROPRIATIONS COMMITTEE: 6-0, 5/23/25
AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SENATE FLOOR: 38-0, 5/29/25
AYES: 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
NO VOTE RECORDED: Limón, Reyes

ASSEMBLY FLOOR: 62/0, 9/9/25 – Roll call is not available

SUBJECT: Ken Maddy California Cancer Registry

SOURCE: Keck School of Medicine - USC
The University of Southern California

DIGEST: This bill (1) requires the California Department of Public Health (CDPH) to maintain statewide and regional infrastructures and systems for collecting information on and reporting cancer incidence through regional cancer registries, and (2) deletes past dates regarding the establishment of these provisions.

Assembly Amendments revert the provision in this bill *requiring* the establishment of regional cancer registries to existing law, which *permits* CDPH to establish such registries. The Assembly amendments also make technical, nonsubstantive changes.

ANALYSIS:

Existing law:

1) Requires CDPH to establish a statewide system for the collection of information determining the incidence of cancer, using population-based cancer registries (known as the Ken Maddy California Cancer Registry, or CCR). Requires all county or regional registries to be implemented or initiated by July 1, 1988, and the statewide cancer reporting system to be fully operational By July 1, 1990. [Health & Safety Code (HSC) §103885(a)]

2) Permits CDPH to establish regional cancer registries and to designate any demographic parts of the state as regional cancer incidence reporting areas. [HSC §103885(b)]

3) Requires CDPH, in establishing the system, to maximize the use of available federal funds. [HSC §103885(j)]

This bill:

1) Requires CDPH to maintain the existing statewide and regional infrastructures and systems of registries, and to maintain statewide cancer reporting systems.

2) Deletes past dates by which the registries and reporting system were required to be implemented and operational.

3) Requires CDPH to submit an implementation and funding schedule, in partnership with the state's existing registries, to the Legislature on or before January 1, 2027.

Comments

According to the author of this bill:

> 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 are also the core registries of the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (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 federal government, through contract awards to the three 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 their operational costs, with the state covering 20%. As current law does not formally recognize the three regional registries, their eligibility is at risk for the competitive renewal of their next contracts, which could result in severe financial strain for the state to maintain the legally mandated CCR.

Background

CCR. AB 136 (Connelly, Chapter 841, Statutes of 1985) established the CCR. Today there are three regional registries: the Greater Bay Area Cancer Registry (administered by the University of California, San Francisco); the Los Angeles County Cancer Surveillance Program (administered by the University of Southern California); and, the Cancer Registry of Greater California (administered by the Public Health Institute, which covers all other counties). The CCR is California's statewide cancer surveillance system, which collects all the data from the regional registries into a statewide database. The CCR and regional registries use the data to write summary reports that inform the public, local health workers, educators, and legislators about the status of cancer. Researchers may examine the data to identify areas that have high cancer rates and areas where people might benefit from cancer screening and education programs, or to look at trends in cancer diagnosis. Other uses include measuring the success of cancer screening programs; examining disparities in cancer risk, treatment, and survival; examining treatment choices and other predictors of survival; responding to public concerns and questions about cancer; and, conducting research to find the causes and cures of cancer.

Background on SEER program and the National Program of Cancer Registries (NPCR). According to the NCI website, the SEER program is an authoritative source of information on cancer incidence and survival for the nation. SEER collects and publishes cancer incidence and survival data from population-based registries covering approximately 48% of the U.S. population. NCI staff work with the North American Association of Central Cancer Registries to guide all state registries to achieve data content and compatibility acceptable for pooling data and improving national estimates. Use of surveillance data for research is being improved through web-based access to the data and analytic tools, and linking with other national data sources. The NPCR was established by the Centers for Disease Control and Prevention to provide funding and technical assistance to statewide, population-based cancer registries. NPCR supports states and territories to improve existing cancer registries; plan and implement registries where none existed; develop model legislation and regulations for states to enhance the viability of registry operations; set standards for data completeness, timeliness, and quality; provide training for registry personnel; and, help establish a computerized reporting and data processing system. In 2006, NPCR launched the Electronic Pathology (ePath) Implementation Project to test a model for automated electronic capture and reporting of cancer registry data to central cancer registries. Following initial pilot programs, ePath has expanded to all 50 states and includes many more national and regional laboratories. In California, AB 2325 (Bonilla, Chapter 354, Statutes of 2016) required pathologists to use ePath to report cancer diagnoses beginning on January 1, 2019.

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

According to the Assembly Appropriations Committee, CDPH 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.

SUPPORT: (Verified 9/9/25)

Keck School of Medicine - USC (co-source)
The University of Southern California (co-source)
American Cancer Society Cancer Action Network
California Medical Association
California Professional Firefighters
City of Hope
Public Health Institute
Susan G. Komen
University of California

OPPOSITION: (Verified 9/9/25)

None received

ARGUMENTS IN SUPPORT: The sponsors and supporters state that this bill will ensure the continuation of a robust and efficient statewide cancer surveillance system while protecting vital federal funding and minimizing the state's financial burden. The sponsors state that a benefit of the CCR is that, in April 2024, cancer prevention procedures in real time were impacted 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 rates of breast cancer diagnosis have been on the rise in women under 50 for the past 20 years. The Public Health Institute states this bill is critical to protecting the state's ability to collect and analyze high-quality cancer surveillance data, which is essential for advancing public health research, informing policy, and improving cancer prevention and treatment strategies.

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
9/9/25 14:31:24

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