

AMENDED IN ASSEMBLY MARCH 19, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 641**

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**Introduced by Assembly Member Jeff Gonzalez**

February 13, 2025

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An act to add and repeal Chapter 2 (commencing with Section 125711) of Part 8 of Division 106 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL’S DIGEST

AB 641, as amended, Jeff Gonzalez. Drug-Induced Movement Disorder Awareness Program.

Under existing law, the State Department of Public Health is responsible for the administration and oversight of various health care programs. Existing law, the California Osteoporosis Prevention and Education Act, states the intent of the Legislature to raise awareness of the causes of and options for the prevention of osteoporosis, to educate the public regarding the prevention and management of osteoporosis, and to improve management of osteoporosis, thereby minimizing its impact. Existing law sets forth the requirements for administration of the program.

This bill would direct, upon appropriation of funds, as specified, the State Department of Public Health, ~~by or within an unspecified date,~~ *January 1, 2027*, to develop and administer a program related to drug-induced movement disorder awareness, as specified. The bill would repeal the program on January 1, 2031. The bill would include related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. The Legislature finds and declares the following:

2     (a) In order to enhance the potential for positive outcomes in  
3     mental health treatment, it is essential to provide patients and health  
4     care providers with educational information about the importance  
5     of screening for and recognizing symptoms of mental health  
6     drug-induced movement disorders, develop guidance on clinical  
7     standards for treating drug-induced movement disorders, including  
8     via telehealth, and the elimination of bias and reduction of stigma  
9     for people living with drug-induced movement disorders related  
10    to the treatment of mental health conditions.

11    (b) Patients receiving treatment with medications for their mental  
12    health conditions may be at risk of developing a drug-induced  
13    movement disorder. Drug-induced movement disorders, as  
14    discussed in the most recent edition of the Diagnostic and Statistical  
15    Manual of Mental Disorders (DSM-5), are of “frequent importance”  
16    when mental disorders and other medical conditions are managed  
17    with antipsychotic medications. These involuntary movement  
18    disorders are caused by medications that help control dopamine,  
19    such as first- and second-generation antipsychotics commonly  
20    prescribed to treat people living with mental illnesses like  
21    schizophrenia, bipolar disorder, and major depression.

22    (c) Some drug-induced movement disorders, such as tardive  
23    dyskinesia, are persistent, irreversible, potentially disabling  
24    neurological conditions characterized by uncontrollable repetitive  
25    movements of the face, torso, or other parts of the body. While  
26    untreated involuntary movements can be stigmatizing and  
27    debilitating, the rates of undiagnosed patients living with  
28    drug-induced movement disorders remains high.

29    (d) Awareness of and periodic screenings for movement  
30    disorders are fundamental to the proper identification, diagnosis,  
31    and timely treatment of drug-induced movement disorders. Recent  
32    updates to the American Psychiatric Association’s clinical  
33    guidelines reflect the importance of screening in people at risk of  
34    developing drug-induced movement disorders, but health care and  
35    mental health providers, patients, and the public may be unaware  
36    of these standards.

37    (e) Public education and information about drug-induced  
38    movement disorders will help health professionals, public safety

1 officials, and the community better understand these disorders,  
2 including what causes these types of involuntary movements and  
3 their prevalence. This can help reduce stigma by clarifying that  
4 some abnormal movements that may be mistaken as a public safety  
5 concern are actually uncontrollable physical symptoms of  
6 conditions caused by medication used to treat mental illness.

7 (f) In addition, services provided via telehealth to patients at  
8 risk of developing drug-induced movement disorders, such as those  
9 treated with antipsychotic medications, should align with existing  
10 clinical standards of care. This includes ensuring that at-risk  
11 patients are periodically screened and assessed for developing  
12 drug-induced movement disorders. The needs of patients living  
13 with or at risk of developing drug-induced movement disorders  
14 encompass both mental and physical health care, and therefore  
15 may require additional considerations when determining the clinical  
16 appropriateness of telehealth.

17 SEC. 2. Chapter 2 (commencing with Section 125711) is added  
18 to Part 8 of Division 106 of the Health and Safety Code, to read:

19  
20 CHAPTER 2. DRUG-INDUCED MOVEMENT DISORDER  
21 AWARENESS PROGRAM  
22

23 125711. (a) Upon appropriation by the Legislature or the  
24 appropriation of federal funds to the State Department of Public  
25 Health for this purpose, the State Department of Public Health  
26 shall, ~~by or within \_\_\_\_\_, January 1, 2027,~~ develop and administer  
27 a program to raise awareness about drug-induced movement  
28 disorders. The program shall include, but is not limited to, all of  
29 the following:

30 (1) Educational information on the importance of screening for  
31 and identifying symptoms of drug-induced movement disorders.

32 (2) The development of guidance on clinical standards for  
33 treating drug-induced movement disorders, including for services  
34 provided via telehealth.

35 (3) Education and outreach to eliminate stigma for people living  
36 with drug-induced movement disorders related to the treatment of  
37 mental health conditions.

- 1 (b) This chapter shall remain in effect only until January 1,
- 2 2031, and as of that date is repealed.