

ASSEMBLY BILL

No. 641

Introduced by Assembly Member Jeff Gonzalez

February 13, 2025

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 introduced, 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, 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 _____, develop and administer a program to raise
27 awareness about drug-induced movement disorders. The program
28 shall include, but is not limited to, all of the following:

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

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

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

37 (b) This chapter shall remain in effect only until January 1,
38 2031, and as of that date is repealed.

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