

Introduced by Senator Wiener

January 22, 2024

An act to amend Section 8310.8 of the Government Code, and to amend Section 120440 of, and to add Division 110 (commencing with Section 130300) to, the Health and Safety Code, relating to data collection.

LEGISLATIVE COUNSEL'S DIGEST

SB 957, as amended, Wiener. Data collection: ~~sexual orientation and gender identity~~. *orientation, gender identity, and intersex status.*

(1) Existing law, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires the State Department of Public Health, among other specified state entities, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation, gender identity, and intersexuality.

This bill would replace the term "intersexuality" with the term "variations in sex characteristics/intersex status" and would make conforming changes to related provisions.

Existing law, as an exception to the provision above, authorizes those state entities, instead of requiring them, to collect the demographic data under either of the following circumstances: (a) pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey; or (b) demographic data are collected by other entities, including other state agencies, surveys administered by third-party entities and the state

department is not the sole funder, or third-party entities that provide aggregated data to a state department.

This bill, notwithstanding the exception above, would require the State Department of Public Health to collect the demographic data from third parties, including, but not limited to, local health jurisdictions, on any forms or electronic data systems, unless prohibited by federal or state law. To the extent that the bill would create new duties for local officials in facilitating the department's data collection, the bill would impose a state-mandated local program.

The bill would prohibit the provisions above from being construed to require health care providers to collect, disclose, or report information that is not voluntarily provided self-identification information pertaining to sexual orientation, gender identity, and variations in sex characteristics/intersex status (SOGISC).

Existing law requires the above-described state entities to report to the Legislature the data collected and the method used to collect the data, and to make the data available to the public, except for personally identifiable information. Existing law deems that personally identifiable information confidential and prohibits *its* disclosure. Existing law sets forth different deadlines, depending on the specified state entity, for complying with those requirements.

This bill would require the State Department of Public Health, for purposes of the data collected by the department on ~~sexual orientation, gender identity, and intersexuality~~, *SOGISC*, to comply with the above-described requirements by July 1, 2026.

(2) Existing law authorizes local health officers and the State Department of Public Health to operate immunization information systems. Existing law requires health care providers and other certain agencies, including schools and county human services agencies, to disclose specified immunization and other information about the patient or client to local health departments and the State Department of Public Health. Existing law authorizes local health departments and the State Department of Public Health to disclose most of that same information, as specified, to each other and to other entities. Existing law authorizes a patient or a patient's parent or guardian to refuse to permit recordsharing, as specified.

Under existing law, the information that is subject to disclosure under those provisions includes, among other things, certain data on immunizations received, the patient's or client's date of birth, race and ethnicity, and gender.

This bill would add the patient’s or client’s ~~sexual orientation and gender identity~~ *SOGISC* to the list of information subject to disclosure. *Under the bill, a health care provider would only be required to disclose SOGISC information that is voluntarily provided by the patient or client. The bill would prohibit a health care provider from disclosing that information as it relates to any patient or client who is under 18 years of age.* The bill would make conforming changes to the above-described provisions on data sharing. By expanding the duties of local officials with regard to disclosing demographic information to certain entities, the bill would impose a state-mandated local program.

(3) The bill would require the State Department of Public Health to prepare an annual report concerning ~~sexual orientation and gender identity (SOGI)~~ *SOGISC* data collected by the department. The bill would require the department to annually post and make available the report on the department’s internet website, and to annually submit the report to the Legislature, excluding any personally identifiable information.

The bill would require the annual report to include, among other certain information, the department’s efforts to collect, analyze, and report ~~SOGI~~ *SOGISC* data, and, until fully implemented, the progress that the department has made in implementing recommendations set forth in a related 2023 report by the California State Auditor’s Office.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(5) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

1 SECTION 1. Section 8310.8 of the Government Code is
2 amended to read:

3 8310.8. (a) (1) This section shall only apply to the following
4 state entities:

- 5 (A) The State Department of Health Care Services.
- 6 (B) The State Department of Public Health.
- 7 (C) The State Department of Social Services.
- 8 (D) The California Department of Aging.
- 9 (E) The State Department of Education and the Superintendent
10 of Public Instruction, except this section shall not apply to the
11 California Longitudinal Pupil Achievement Data System
12 (CALPADS).
- 13 (F) The Commission on Teacher Credentialing.
- 14 (G) The Civil Rights Department.
- 15 (H) The Labor and Workforce Development Agency.
- 16 (I) The Department of Industrial Relations.
- 17 (J) The Employment Training Panel.
- 18 (K) The Employment Development Department, except this
19 section shall not apply to the unemployment insurance program
20 within the department.
- 21 (L) The State Department of State Hospitals.
- 22 (M) The Department of Rehabilitation.
- 23 (N) The State Department of Developmental Services.
- 24 (O) The Department of Community Services and Development.
- 25 (2) This section shall be known, and may be cited, as the
26 Lesbian, Gay, Bisexual, ~~and Transgender~~ *Transgender, and*
27 *Intersex* Disparities Reduction Act.
- 28 (b) (1) Except as specified in paragraph (2), in addition to the
29 duties imposed by Section 8310.5 and to the extent permissible
30 by federal law, the state entities identified in subdivision (a), in
31 the course of collecting demographic data directly or by contract
32 as to the ancestry or ethnic origin of Californians, shall collect
33 voluntary self-identification information pertaining to sexual
34 orientation, gender identity, and ~~intersexuality~~ *variations in sex*
35 *characteristics/intersex status (SOGISC)*.
- 36 (2) The state entities identified in subdivision (a) may, but are
37 not required to, collect demographic data pursuant to this section
38 under either of the following circumstances:

1 (A) Pursuant to federal programs or surveys, whereby the
2 guidelines for demographic data collection categories are defined
3 by the federal program or survey.

4 (B) Demographic data are collected by other entities including:

5 (i) State offices, departments, and agencies not included in
6 subdivision (a).

7 (ii) Surveys administered by third-party entities and the state
8 department is not the sole funder.

9 (iii) Third-party entities, including, but not limited to, private
10 employers, that provide aggregated data to a state department.

11 (3) Notwithstanding paragraph (2), the State Department of
12 Public Health shall collect demographic data pursuant to this
13 section from third parties, including, but not limited to, local health
14 jurisdictions, on any forms or electronic data systems, unless
15 prohibited by federal or state law. *Nothing in this section shall be*
16 *construed to require health care providers to collect, disclose, or*
17 *report information that is not voluntarily provided*
18 *self-identification information pertaining to SOGISC.*

19 (c) (1) The state entities identified in subdivision (a) shall report
20 to the Legislature the data collected pursuant to this section and
21 the method used to collect those data, and make the data available
22 to the public in accordance with state and federal law, except for
23 personal identifying information, which shall be deemed
24 confidential and shall not be disclosed.

25 (2) The state entities identified in subdivision (a) shall not report
26 demographic data that would permit identification of individuals
27 or would result in statistical unreliability. Demographic reports on
28 data collected pursuant to this section, to prevent identification of
29 individuals, may aggregate categories at a state, county, city, census
30 tract, or ZIP Code level to facilitate comparisons and identify
31 disparities.

32 (3) The state entities identified in subdivision (a) may use
33 information voluntarily provided about ~~sexual orientation, gender~~
34 ~~identity, and intersexuality~~ *SOGISC* only for demographic analysis,
35 coordination of care, quality improvement of its services,
36 conducting approved research, fulfilling reporting requirements,
37 and guiding policy or funding decisions. All information about
38 ~~sexual orientation, gender identity, and intersexuality~~ *SOGISC*
39 collected pursuant to this section shall be used only for purposes
40 specified in this section.

1 (d) (1) The state entities identified in subparagraphs (A) to (D),
2 inclusive, of paragraph (1) of subdivision (a) shall comply with
3 the requirements of this section as early as possible following the
4 effective date of this section, but no later than July 1, 2018, except
5 as specified in paragraph (2).

6 (2) For purposes of data collected pursuant to paragraph (3) of
7 subdivision (b), the State Department of Public Health shall comply
8 with the requirements of this section by July 1, 2026.

9 (e) The state entities identified in subparagraphs (E) to (K),
10 inclusive, of paragraph (1) of subdivision (a) shall comply with
11 the requirements of this section as early as possible following the
12 effective date of this section, but no later than July 1, 2019.

13 (f) The state entities identified in subparagraphs (L) to (O),
14 inclusive, of paragraph (1) of subdivision (a) shall comply with
15 the requirements of this section as early as possible following
16 January 1, 2025, but no later than July 1, 2026.

17 SEC. 2. Section 120440 of the Health and Safety Code, as
18 amended by Section 1 of Chapter 582 of the Statutes of 2022, is
19 amended to read:

20 120440. (a) For the purposes of this chapter, the following
21 definitions shall apply:

22 (1) “Health care provider” means any person licensed pursuant
23 to Division 2 (commencing with Section 500) of the Business and
24 Professions Code or a clinic or health facility licensed pursuant to
25 Division 2 (commencing with Section 1200).

26 (2) “Schools, childcare facilities, and family childcare homes”
27 means those institutions referred to in subdivision (b) of Section
28 120335, regardless of whether they directly provide immunizations
29 to patients or clients.

30 (3) “WIC service provider” means any public or private
31 nonprofit agency contracting with the department to provide
32 services under the California Special Supplemental Nutrition
33 Program for Women, Infants, and Children, as provided for in
34 Article 2 (commencing with Section 123275) of Chapter 1 of Part
35 2 of Division 106.

36 (4) “Health care plan” means a health care service plan as
37 defined in subdivision (f) of Section 1345, a government-funded
38 program the purpose of which is paying the costs of health care,
39 or an insurer as described in Sections 10123.5 and 10123.55 of

1 the Insurance Code, regardless of whether the plan directly provides
2 immunizations to patients or clients.

3 (5) “County human services agency” means a county welfare
4 agency administering the California Work Opportunity and
5 Responsibility to Kids (CalWORKs) program, pursuant to Chapter
6 2 (commencing with Section 11200.5) of Part 3 of Division 9 of
7 the Welfare and Institutions Code.

8 (6) “Foster care agency” means any of the county and state
9 social services agencies providing foster care services in California.

10 (7) “Tuberculosis screening” means an approved intradermal
11 tuberculin test or any other test for tuberculosis infection that is
12 recommended by the federal Centers for Disease Control and
13 Prevention and licensed by the federal Food and Drug
14 Administration.

15 (b) (1) Local health officers may operate immunization
16 information systems pursuant to their authority under Section
17 120175, in conjunction with the Immunization Branch of the State
18 Department of Public Health. Local health officers and the State
19 Department of Public Health may operate these systems in either
20 or both of the following manners:

21 (A) Separately within their individual jurisdictions.

22 (B) Jointly among more than one jurisdiction.

23 (2) This subdivision does not preclude local health officers from
24 sharing the information set forth in paragraphs (1) to (13),
25 inclusive, of subdivision (c) with other health officers jointly
26 operating the system.

27 (c) Notwithstanding Sections 49075 and 49076 of the Education
28 Code, Chapter 5 (commencing with Section 10850) of Part 2 of
29 Division 9 of the Welfare and Institutions Code, or any other law,
30 unless a refusal to permit recordsharing is made pursuant to
31 subdivision (e), health care providers, and other agencies,
32 including, but not limited to, schools, childcare facilities, service
33 providers for the California Special Supplemental Nutrition
34 Program for Women, Infants, and Children (WIC), health care
35 plans, foster care agencies, and county human services agencies,
36 shall disclose the information set forth in paragraphs (1) to (13),
37 inclusive, from the patient’s medical record, or the client’s record,
38 to local health departments operating countywide or regional
39 immunization information and reminder systems and the State
40 Department of Public Health. *With respect to the information set*

1 *forth in paragraph (13), a health care provider is only required*
2 *to disclose information that is voluntarily provided by the patient*
3 *or client. A health care provider shall not disclose any information*
4 *set forth in paragraph (13) relating to any patient or client who*
5 *is under 18 years of age. Local health departments and the State*
6 *Department of Public Health may disclose the information set forth*
7 *in paragraphs (1) to (13), inclusive, to each other and, upon a*
8 *request for information pertaining to a specific person, to health*
9 *care providers taking care of the patient and to the Medical Board*
10 *of California and the Osteopathic Medical Board of California.*
11 *Local health departments and the State Department of Public*
12 *Health may disclose the information in paragraphs (1) to (7),*
13 *inclusive, and paragraphs (9) to (13), inclusive, to schools,*
14 *childcare facilities, county human services agencies, and family*
15 *childcare homes to which the person is being admitted or in*
16 *attendance, foster care agencies in assessing and providing medical*
17 *care for children in foster care, and WIC service providers*
18 *providing services to the person, health care plans arranging for*
19 *immunization services for the patient, and county human services*
20 *agencies assessing immunization histories of dependents of*
21 *CalWORKs participants, upon request for information pertaining*
22 *to a specific person. Determination of benefits based upon*
23 *immunization of a dependent CalWORKs participant shall be made*
24 *pursuant to Section 11265.8 of the Welfare and Institutions Code.*
25 *The following information shall be subject to this subdivision:*
26 (1) The name of the patient or client and names of the parents
27 or guardians of the patient or client.
28 (2) Date of birth of the patient or client.
29 (3) Types and dates of immunizations received by the patient
30 or client.
31 (4) Manufacturer and lot number for each immunization
32 received.
33 (5) Adverse reaction to immunizations received.
34 (6) Other nonmedical information necessary to establish the
35 patient's or client's unique identity and record.
36 (7) Results of tuberculosis screening.
37 (8) Current address and telephone number of the patient or client
38 and the parents or guardians of the patient or client.
39 (9) Patient's or client's gender.
40 (10) Patient's or client's place of birth.

1 (11) Patient’s or client’s race and ethnicity.

2 (12) Patient’s or client’s information needed to comply with
3 Chapter 1 (commencing with Section 120325), but excluding
4 Section 120380.

5 (13) Patient’s or client’s ~~sexual orientation and gender identity.~~
6 *orientation, gender identity, and variations in sex*
7 *characteristics/intersex status (SOGISC).*

8 (d) (1) Health care providers, local health departments, and the
9 State Department of Public Health shall maintain the confidentiality
10 of information listed in subdivision (c) in the same manner as other
11 medical record information with patient identification that they
12 possess. These providers, departments, and contracting agencies
13 are subject to civil action and criminal penalties for the wrongful
14 disclosure of the information listed in subdivision (c), in accordance
15 with existing law. They shall use the information listed in
16 subdivision (c) only for the following purposes:

17 (A) To provide immunization services to the patient or client,
18 including issuing reminder notifications to patients or clients or
19 their parents or guardians when immunizations are due.

20 (B) To provide or facilitate provision of third-party payer
21 payments for immunizations.

22 (C) To compile and disseminate statistical information of
23 immunization status on groups of patients or clients or populations
24 in California, without identifying information for these patients or
25 clients included in these groups or populations.

26 (D) In the case of health care providers only, as authorized by
27 Part 2.6 (commencing with Section 56) of Division 1 of the Civil
28 Code.

29 (2) Schools, childcare facilities, family childcare homes, WIC
30 service providers, foster care agencies, county human services
31 agencies, and health care plans shall maintain the confidentiality
32 of information listed in subdivision (c) in the same manner as other
33 client, patient, and pupil information that they possess. These
34 institutions and providers are subject to civil action and criminal
35 penalties for the wrongful disclosure of the information listed in
36 subdivision (c), in accordance with existing law. They shall use
37 the information listed in subdivision (c) only for those purposes
38 provided in subparagraphs (A) to (D), inclusive, of paragraph (1)
39 and as follows:

1 (A) In the case of schools, childcare facilities, family childcare
2 homes, and county human services agencies, to carry out their
3 responsibilities regarding required immunization for attendance
4 or participation benefits, or both, as described in Chapter 1
5 (commencing with Section 120325), and in Section 11265.8 of
6 the Welfare and Institutions Code.

7 (B) In the case of WIC service providers, to perform
8 immunization status assessments of clients and to refer those clients
9 found to be due or overdue for immunizations to health care
10 providers.

11 (C) In the case of health care plans, to facilitate payments to
12 health care providers, to assess the immunization status of their
13 clients, and to tabulate statistical information on the immunization
14 status of groups of patients, without including patient-identifying
15 information in these tabulations.

16 (D) In the case of foster care agencies, to perform immunization
17 status assessments of foster children and to assist those foster
18 children found to be due or overdue for immunization in obtaining
19 immunizations from health care providers.

20 (E) (i) In the case of schools, childcare facilities, family
21 childcare homes, and county human services agencies, for the
22 COVID-19 public health emergency, to perform immunization
23 status assessments of pupils, adults, and clients to ensure health
24 and safety.

25 (ii) In the case of schools, this subparagraph only applies if the
26 school's governing board or body has adopted a policy mandating
27 COVID-19 immunization for school attendance and the school
28 limits the use of the data to verifying immunization status for this
29 purpose.

30 (e) A patient or a patient's parent or guardian may refuse to
31 permit recordsharing. The health care provider administering
32 immunization and any other agency possessing any patient or client
33 information listed in subdivision (c), if planning to provide patient
34 or client information to an immunization system, as described in
35 subdivision (b), shall inform the patient or client, or the parent or
36 guardian of the patient or client, of the following:

37 (1) The information listed in subdivision (c) shall be shared
38 with local health departments and the State Department of Public
39 ~~Health~~. *Health, except as prohibited by this section or other*
40 *applicable law.* The health care provider or other agency shall

1 provide the name and address of the State Department of Public
2 Health or of the immunization registry with which the provider or
3 other agency will share the information.

4 (2) Any of the information shared with local health departments
5 and the State Department of Public Health shall be treated as
6 confidential medical information and shall be used only to share
7 with each other, and, upon request, with health care providers,
8 schools, childcare facilities, family childcare homes, WIC service
9 providers, county human services agencies, foster care agencies,
10 and health care plans. These providers, agencies, and institutions
11 shall, in turn, treat the shared information as confidential, and shall
12 use it only as described in subdivision (d).

13 (3) The patient or client, or parent or guardian of the patient or
14 client, has the right to examine any immunization-related
15 information or tuberculosis screening results shared pursuant to
16 this section and to correct any errors in it.

17 (4) The patient or client, or the parent or guardian of the patient
18 or client, may refuse to allow this information to be shared pursuant
19 to this section or to receive immunization reminder notifications
20 at any time, or both. After refusal, the patient's or client's physician
21 may maintain access to this information for the purposes of patient
22 care or protecting the public health. After refusal, the local health
23 department and the State Department of Public Health may
24 maintain access to this information for the purpose of protecting
25 the public health pursuant to Sections 100325, 120140, and 120175,
26 as well as Sections 2500 to 2643.20, inclusive, of Title 17 of the
27 California Code of Regulations.

28 (f) (1) The health care provider administering the immunization
29 or tuberculosis screening and any other agency possessing any
30 patient or client information listed in subdivision (c), may inform
31 the patient or client, or the parent or guardian of the patient or
32 client, by ordinary mail, of the information in paragraphs (1) to
33 (4), inclusive, of subdivision (e). The mailing shall include a
34 reasonable means for refusal, such as a return form or contact
35 telephone number.

36 (2) The information in paragraphs (1) to (4), inclusive, of
37 subdivision (e) may also be presented to the parent or guardian of
38 the patient or client during any hospitalization of the patient or
39 client.

1 (g) If the patient or client, or parent or guardian of the patient
2 or client, refuses to allow the information to be shared, pursuant
3 to paragraph (4) of subdivision (e), the health care provider or
4 other agency may not share this information in the manner
5 described in subdivision (c), except as provided in subparagraph
6 (D) of paragraph (1) of subdivision (d).

7 (h) (1) Upon request of the patient or client, or the parent or
8 guardian of the patient or client, in writing or by other means
9 acceptable to the recipient, a local health department or the State
10 Department of Public Health that has received information about
11 a person pursuant to subdivision (c) shall do all of the following:

12 (A) Provide the name and address of other persons or agencies
13 with whom the recipient has shared the information.

14 (B) Stop sharing the information in its possession after the date
15 of the receipt of the request.

16 (2) After refusal, the patient's or client's physician may maintain
17 access to this information for the purposes of patient care or
18 protecting the public health. After refusal, the local health
19 department and the State Department of Public Health may
20 maintain access to this information for the purpose of protecting
21 the public health pursuant to Sections 100325, 120140, and 120175,
22 as well as Sections 2500 to 2643.20, inclusive, of Title 17 of the
23 California Code of Regulations.

24 (i) Upon notification, in writing or by other means acceptable
25 to the recipient, of an error in the information, a local health
26 department or the State Department of Public Health that has
27 information about a person pursuant to subdivision (c) shall correct
28 the error. If the recipient is aware of a disagreement about whether
29 an error exists, information to that effect may be included.

30 (j) (1) Any party authorized to make medical decisions for a
31 patient or client, including, but not limited to, those authorized by
32 Section 6922, 6926, or 6927 of, Part 1.5 (commencing with Section
33 6550), Chapter 2 (commencing with Section 6910) of Part 4, or
34 Chapter 1 (commencing with Section 7000) of Part 6, of Division
35 11 of, the Family Code, Section 1530.6 of the Health and Safety
36 Code, or Sections 727 and 1755.3 of, and Article 6 (commencing
37 with Section 300) of Chapter 2 of Part 1 of Division 2 of, the
38 Welfare and Institutions Code, may permit sharing of the patient's
39 or client's record with any of the immunization information
40 systems authorized by this section.

1 (2) For a patient or client who is a dependent of a juvenile court,
2 the court or a person or agency designated by the court may permit
3 this recordsharing.

4 (3) For a patient or client receiving foster care, a person or
5 persons licensed to provide residential foster care, or having legal
6 custody, may permit this recordsharing.

7 (k) For purposes of supporting immunization information
8 systems, the State Department of Public Health shall assist the
9 Immunization Branch of the State Department of Public Health in
10 both of the following:

11 (1) Providing department records containing information about
12 publicly funded immunizations.

13 (2) Supporting efforts for the reporting of publicly funded
14 immunizations into immunization information systems by health
15 care providers and health care plans.

16 (l) Subject to any other provisions of state and federal law or
17 regulation that limit the disclosure of health information and protect
18 the privacy and confidentiality of personal information, local health
19 departments and the State Department of Public Health may share
20 the information listed in subdivision (c) with a state, local health
21 departments, health care providers, immunization information
22 systems, or any representative of an entity designated by federal
23 or state law or regulation to receive this information. The State
24 Department of Public Health may enter into written agreements
25 to exchange confidential immunization information with other
26 states for the purposes of patient care, protecting the public health,
27 entrance into school, childcare and other institutions requiring
28 immunization prior to entry, and the other purposes described in
29 subdivision (d). The written agreement shall provide that the state
30 that receives confidential immunization information must maintain
31 its confidentiality and may only use it for purposes of patient care,
32 protecting the public health, entrance into school, childcare and
33 other institutions requiring immunization prior to entry, and the
34 other purposes described in subdivision (d). Information shall not
35 be shared pursuant to this subdivision if a patient or client, or parent
36 or guardian of a patient or client, refuses to allow the sharing of
37 immunization information pursuant to subdivision (e).

38 (m) This section shall remain in effect only until January 1,
39 2026, and as of that date is repealed.

1 SEC. 3. Section 120440 of the Health and Safety Code, as
2 added by Section 2 of Chapter 582 of the Statutes of 2022, is
3 amended to read:

4 120440. (a) For the purposes of this chapter, the following
5 definitions shall apply:

6 (1) “Health care provider” means any person licensed pursuant
7 to Division 2 (commencing with Section 500) of the Business and
8 Professions Code or a clinic or health facility licensed pursuant to
9 Division 2 (commencing with Section 1200).

10 (2) “Schools, childcare facilities, and family childcare homes”
11 means those institutions referred to in subdivision (b) of Section
12 120335, regardless of whether they directly provide immunizations
13 to patients or clients.

14 (3) “WIC service provider” means any public or private
15 nonprofit agency contracting with the department to provide
16 services under the California Special Supplemental Nutrition
17 Program for Women, Infants, and Children, as provided for in
18 Article 2 (commencing with Section 123275) of Chapter 1 of Part
19 2 of Division 106.

20 (4) “Health care plan” means a health care service plan as
21 defined in subdivision (f) of Section 1345, a government-funded
22 program the purpose of which is paying the costs of health care,
23 or an insurer as described in Sections 10123.5 and 10123.55 of
24 the Insurance Code, regardless of whether the plan directly provides
25 immunizations to patients or clients.

26 (5) “County human services agency” means a county welfare
27 agency administering the California Work Opportunity and
28 Responsibility to Kids (CalWORKs) program, pursuant to Chapter
29 2 (commencing with Section 11200.5) of Part 3 of Division 9 of
30 the Welfare and Institutions Code.

31 (6) “Foster care agency” means any of the county and state
32 social services agencies providing foster care services in California.

33 (7) “Tuberculosis screening” means an approved intradermal
34 tuberculin test or any other test for tuberculosis infection that is
35 recommended by the federal Centers for Disease Control and
36 Prevention and licensed by the federal Food and Drug
37 Administration.

38 (b) (1) Local health officers may operate immunization
39 information systems pursuant to their authority under Section
40 120175, in conjunction with the Immunization Branch of the State

1 Department of Public Health. Local health officers and the State
2 Department of Public Health may operate these systems in either
3 or both of the following manners:

4 (A) Separately within their individual jurisdictions.

5 (B) Jointly among more than one jurisdiction.

6 (2) This subdivision does not preclude local health officers from
7 sharing the information set forth in paragraphs (1) to (13),
8 inclusive, of subdivision (c) with other health officers jointly
9 operating the system.

10 (c) Notwithstanding Sections 49075 and 49076 of the Education
11 Code, Chapter 5 (commencing with Section 10850) of Part 2 of
12 Division 9 of the Welfare and Institutions Code, or any other law,
13 unless a refusal to permit recordsharing is made pursuant to
14 subdivision (e), health care providers, and other agencies,
15 including, but not limited to, schools, childcare facilities, service
16 providers for the California Special Supplemental Nutrition
17 Program for Women, Infants, and Children (WIC), health care
18 plans, foster care agencies, and county human services agencies,
19 shall disclose the information set forth in paragraphs (1) to (13),
20 inclusive, from the patient's medical record, or the client's record,
21 to local health departments operating countywide or regional
22 immunization information and reminder systems and the State
23 Department of Public Health. *With respect to the information set
24 forth in paragraph (13), a health care provider is only required
25 to disclose information that is voluntarily provided by the patient
26 or client. A health care provider shall not disclose any information
27 set forth in paragraph (13) relating to any patient or client who
28 is under 18 years of age.* Local health departments and the State
29 Department of Public Health may disclose the information set forth
30 in paragraphs (1) to (13), inclusive, to each other and, upon a
31 request for information pertaining to a specific person, to health
32 care providers taking care of the patient and to the Medical Board
33 of California and the Osteopathic Medical Board of California.
34 Local health departments and the State Department of Public
35 Health may disclose the information in paragraphs (1) to (7),
36 inclusive, and paragraphs (9) to (13), inclusive, to schools,
37 childcare facilities, county human services agencies, and family
38 childcare homes to which the person is being admitted or in
39 attendance, foster care agencies in assessing and providing medical
40 care for children in foster care, and WIC service providers

1 providing services to the person, health care plans arranging for
2 immunization services for the patient, and county human services
3 agencies assessing immunization histories of dependents of
4 CalWORKs participants, upon request for information pertaining
5 to a specific person. Determination of benefits based upon
6 immunization of a dependent CalWORKs participant shall be made
7 pursuant to Section 11265.8 of the Welfare and Institutions Code.
8 The following information shall be subject to this subdivision:
9 (1) The name of the patient or client and names of the parents
10 or guardians of the patient or client.
11 (2) Date of birth of the patient or client.
12 (3) Types and dates of immunizations received by the patient
13 or client.
14 (4) Manufacturer and lot number for each immunization
15 received.
16 (5) Adverse reaction to immunizations received.
17 (6) Other nonmedical information necessary to establish the
18 patient's or client's unique identity and record.
19 (7) Results of tuberculosis screening.
20 (8) Current address and telephone number of the patient or client
21 and the parents or guardians of the patient or client.
22 (9) Patient's or client's gender.
23 (10) Patient's or client's place of birth.
24 (11) Patient's or client's race and ethnicity.
25 (12) Patient's or client's information needed to comply with
26 Chapter 1 (commencing with Section 120325), but excluding
27 Section 120380.
28 (13) ~~Patient's or client's sexual orientation and gender identity.~~
29 *orientation, gender identity, and variations in sex*
30 *characteristics/intersex status (SOGISC).*
31 (d) (1) Health care providers, local health departments, and the
32 State Department of Public Health shall maintain the confidentiality
33 of information listed in subdivision (c) in the same manner as other
34 medical record information with patient identification that they
35 possess. These providers, departments, and contracting agencies
36 are subject to civil action and criminal penalties for the wrongful
37 disclosure of the information listed in subdivision (c), in accordance
38 with existing law. They shall use the information listed in
39 subdivision (c) only for the following purposes:

1 (A) To provide immunization services to the patient or client,
2 including issuing reminder notifications to patients or clients or
3 their parents or guardians when immunizations are due.

4 (B) To provide or facilitate provision of third-party payer
5 payments for immunizations.

6 (C) To compile and disseminate statistical information of
7 immunization status on groups of patients or clients or populations
8 in California, without identifying information for these patients or
9 clients included in these groups or populations.

10 (D) In the case of health care providers only, as authorized by
11 Part 2.6 (commencing with Section 56) of Division 1 of the Civil
12 Code.

13 (2) Schools, childcare facilities, family childcare homes, WIC
14 service providers, foster care agencies, county human services
15 agencies, and health care plans shall maintain the confidentiality
16 of information listed in subdivision (c) in the same manner as other
17 client, patient, and pupil information that they possess. These
18 institutions and providers are subject to civil action and criminal
19 penalties for the wrongful disclosure of the information listed in
20 subdivision (c), in accordance with existing law. They shall use
21 the information listed in subdivision (c) only for those purposes
22 provided in subparagraphs (A) to (D), inclusive, of paragraph (1)
23 and as follows:

24 (A) In the case of schools, childcare facilities, family childcare
25 homes, and county human services agencies, to carry out their
26 responsibilities regarding required immunization for attendance
27 or participation benefits, or both, as described in Chapter 1
28 (commencing with Section 120325), and in Section 11265.8 of
29 the Welfare and Institutions Code.

30 (B) In the case of WIC service providers, to perform
31 immunization status assessments of clients and to refer those clients
32 found to be due or overdue for immunizations to health care
33 providers.

34 (C) In the case of health care plans, to facilitate payments to
35 health care providers, to assess the immunization status of their
36 clients, and to tabulate statistical information on the immunization
37 status of groups of patients, without including patient-identifying
38 information in these tabulations.

39 (D) In the case of foster care agencies, to perform immunization
40 status assessments of foster children and to assist those foster

1 children found to be due or overdue for immunization in obtaining
2 immunizations from health care providers.

3 (e) A patient or a patient's parent or guardian may refuse to
4 permit recordsharing. The health care provider administering
5 immunization and any other agency possessing any patient or client
6 information listed in subdivision (c), if planning to provide patient
7 or client information to an immunization system, as described in
8 subdivision (b), shall inform the patient or client, or the parent or
9 guardian of the patient or client, of the following:

10 (1) The information listed in subdivision (c) shall be shared
11 with local health departments and the State Department of Public
12 ~~Health~~. *Health, except as prohibited by this section or other*
13 *applicable law.* The health care provider or other agency shall
14 provide the name and address of the State Department of Public
15 Health or of the immunization registry with which the provider or
16 other agency will share the information.

17 (2) Any of the information shared with local health departments
18 and the State Department of Public Health shall be treated as
19 confidential medical information and shall be used only to share
20 with each other, and, upon request, with health care providers,
21 schools, childcare facilities, family childcare homes, WIC service
22 providers, county human services agencies, foster care agencies,
23 and health care plans. These providers, agencies, and institutions
24 shall, in turn, treat the shared information as confidential, and shall
25 use it only as described in subdivision (d).

26 (3) The patient or client, or parent or guardian of the patient or
27 client, has the right to examine any immunization-related
28 information or tuberculosis screening results shared pursuant to
29 this section and to correct any errors in it.

30 (4) The patient or client, or the parent or guardian of the patient
31 or client, may refuse to allow this information to be shared pursuant
32 to this section or to receive immunization reminder notifications
33 at any time, or both. After refusal, the patient's or client's physician
34 may maintain access to this information for the purposes of patient
35 care or protecting the public health. After refusal, the local health
36 department and the State Department of Public Health may
37 maintain access to this information for the purpose of protecting
38 the public health pursuant to Sections 100325, 120140, and 120175,
39 as well as Sections 2500 to 2643.20, inclusive, of Title 17 of the
40 California Code of Regulations.

1 (f) (1) The health care provider administering the immunization
2 or tuberculosis screening and any other agency possessing any
3 patient or client information listed in subdivision (c), may inform
4 the patient or client, or the parent or guardian of the patient or
5 client, by ordinary mail, of the information in paragraphs (1) to
6 (4), inclusive, of subdivision (e). The mailing shall include a
7 reasonable means for refusal, such as a return form or contact
8 telephone number.

9 (2) The information in paragraphs (1) to (4), inclusive, of
10 subdivision (e) may also be presented to the parent or guardian of
11 the patient or client during any hospitalization of the patient or
12 client.

13 (g) If the patient or client, or parent or guardian of the patient
14 or client, refuses to allow the information to be shared, pursuant
15 to paragraph (4) of subdivision (e), the health care provider or
16 other agency may not share this information in the manner
17 described in subdivision (c), except as provided in subparagraph
18 (D) of paragraph (1) of subdivision (d).

19 (h) (1) Upon request of the patient or client, or the parent or
20 guardian of the patient or client, in writing or by other means
21 acceptable to the recipient, a local health department or the State
22 Department of Public Health that has received information about
23 a person pursuant to subdivision (c) shall do all of the following:

24 (A) Provide the name and address of other persons or agencies
25 with whom the recipient has shared the information.

26 (B) Stop sharing the information in its possession after the date
27 of the receipt of the request.

28 (2) After refusal, the patient's or client's physician may maintain
29 access to this information for the purposes of patient care or
30 protecting the public health. After refusal, the local health
31 department and the State Department of Public Health may
32 maintain access to this information for the purpose of protecting
33 the public health pursuant to Sections 100325, 120140, and 120175,
34 as well as Sections 2500 to 2643.20, inclusive, of Title 17 of the
35 California Code of Regulations.

36 (i) Upon notification, in writing or by other means acceptable
37 to the recipient, of an error in the information, a local health
38 department or the State Department of Public Health that has
39 information about a person pursuant to subdivision (c) shall correct

1 the error. If the recipient is aware of a disagreement about whether
2 an error exists, information to that effect may be included.

3 (j) (1) Any party authorized to make medical decisions for a
4 patient or client, including, but not limited to, those authorized by
5 Section 6922, 6926, or 6927 of, Part 1.5 (commencing with Section
6 6550), Chapter 2 (commencing with Section 6910) of Part 4, or
7 Chapter 1 (commencing with Section 7000) of Part 6, of Division
8 11 of, the Family Code, Section 1530.6 of the Health and Safety
9 Code, or Sections 727 and 1755.3 of, and Article 6 (commencing
10 with Section 300) of Chapter 2 of Part 1 of Division 2 of, the
11 Welfare and Institutions Code, may permit sharing of the patient's
12 or client's record with any of the immunization information
13 systems authorized by this section.

14 (2) For a patient or client who is a dependent of a juvenile court,
15 the court or a person or agency designated by the court may permit
16 this recordsharing.

17 (3) For a patient or client receiving foster care, a person or
18 persons licensed to provide residential foster care, or having legal
19 custody, may permit this recordsharing.

20 (k) For purposes of supporting immunization information
21 systems, the State Department of Public Health shall assist the
22 Immunization Branch of the State Department of Public Health in
23 both of the following:

24 (1) Providing department records containing information about
25 publicly funded immunizations.

26 (2) Supporting efforts for the reporting of publicly funded
27 immunizations into immunization information systems by health
28 care providers and health care plans.

29 (l) Subject to any other provisions of state and federal law or
30 regulation that limit the disclosure of health information and protect
31 the privacy and confidentiality of personal information, local health
32 departments and the State Department of Public Health may share
33 the information listed in subdivision (c) with a state, local health
34 departments, health care providers, immunization information
35 systems, or any representative of an entity designated by federal
36 or state law or regulation to receive this information. The State
37 Department of Public Health may enter into written agreements
38 to exchange confidential immunization information with other
39 states for the purposes of patient care, protecting the public health,
40 entrance into school, childcare and other institutions requiring

1 immunization prior to entry, and the other purposes described in
2 subdivision (d). The written agreement shall provide that the state
3 that receives confidential immunization information must maintain
4 its confidentiality and may only use it for purposes of patient care,
5 protecting the public health, entrance into school, childcare and
6 other institutions requiring immunization prior to entry, and the
7 other purposes described in subdivision (d). Information shall not
8 be shared pursuant to this subdivision if a patient or client, or parent
9 or guardian of a patient or client, refuses to allow the sharing of
10 immunization information pursuant to subdivision (e).

11 (m) This section shall become operative on January 1, 2026.

12 SEC. 4. Division 110 (commencing with Section 130300) is
13 added to the Health and Safety Code, to read:

14
15 ~~DIVISION 110. SEXUAL-ORIENTATION AND GENDER~~
16 ~~IDENTITY ORIENTATION, GENDER IDENTITY, AND~~
17 ~~INTERSEX STATUS DATA COLLECTION~~
18

19 130300. (a) (1) The State Department of Public Health
20 (department) shall prepare an annual report, in accordance with
21 subdivision (c), concerning ~~sexual-orientation and gender identity~~
22 ~~(SOGI)~~ *orientation, gender identity, and variations in sex*
23 *characteristics/intersex status (SOGISC)* data collected by the
24 department.

25 (2) It is the intent of the Legislature that the reports be utilized
26 for the purpose of advancing both of the following objectives:

27 (A) Use of ~~SOGI~~ *SOGISC* data by different branches of the
28 department in order to identify and address disparities in health
29 outcomes.

30 (B) The department's use of an efficient mechanism to comply
31 with its reporting requirements for ~~SOGI~~ *SOGISC* data.

32 (b) The department shall annually post and make available the
33 corresponding report prepared pursuant to this section on the
34 department's internet website. The department shall annually
35 submit the corresponding report to the Legislature in accordance
36 with Section 9795 of the Government Code. The annual report
37 shall exclude any personally identifiable information.

38 (c) The annual report described in subdivision (a) shall include
39 all of the following information:

1 (1) The department's efforts to collect, analyze, and report ~~SOGI~~
 2 *SOGISC* data, including a comprehensive list of forms through
 3 which the collection of ~~SOGI~~ *SOGISC* data is required under
 4 existing law, the level of compliance with ~~SOGI~~ *SOGISC* data
 5 collection requirements through those forms, the forms exempt
 6 from those requirements, and the reasons for those exemptions.

7 (2) The status of any improvement or replacement of the
 8 California Reportable Disease Information Exchange (CalREDIE),
 9 the department's statewide database and surveillance system for
 10 reporting communicable diseases.

11 (3) The outcomes of data analyses that the department has
 12 performed, or has allowed other qualified researchers to perform,
 13 using ~~SOGI~~ *SOGISC* data that the department has collected.

14 (4) The steps that the department has taken, or has caused to be
 15 taken, to improve services or program outcomes for underserved
 16 lesbian, gay, bisexual, transgender, queer, or ~~questioning~~ (LGBTQ)
 17 *intersex, plus (LGBTQI+)* populations.

18 (5) Until fully implemented, the progress that the department
 19 has made in implementing recommendations set forth in a report
 20 by the California State Auditor's Office, dated April 27, 2023, and
 21 numbered 2022-102.

22 SEC. 5. If the Commission on State Mandates determines that
 23 this act contains costs mandated by the state, reimbursement to
 24 local agencies and school districts for those costs shall be made
 25 pursuant to Part 7 (commencing with Section 17500) of Division
 26 4 of Title 2 of the Government Code.

27 SEC. 6. The Legislature finds and declares that Section 1 of
 28 this act, which amends Section 8310.8 of the Government Code,
 29 imposes a limitation on the public's right of access to the meetings
 30 of public bodies or the writings of public officials and agencies
 31 within the meaning of Section 3 of Article I of the California
 32 Constitution. Pursuant to that constitutional provision, the
 33 Legislature makes the following findings to demonstrate the interest
 34 protected by this limitation and the need for protecting that interest:

35 Due to the sensitive general nature of data relating to sexual
 36 orientation, gender identity, and ~~intersexuality~~ *variations in sex*
 37 *characteristics/intersex status (SOGISC)* and the need to protect
 38 the safety of those who would provide voluntary self-identification
 39 information pertaining to their ~~sexual orientation, gender identity,~~
 40 ~~or intersexuality~~, *SOGISC*, it is necessary to prohibit the public

1 disclosure of personal identifying information that would allow
2 the identification of an individual who provided voluntary
3 self-identification information pertaining to ~~sexual orientation,~~
4 ~~gender identity, or intersexuality.~~ *SOGISC.*

O