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## SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguin, Chair  
2025 - 2026 Regular

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**Bill No:** AB 82                      **Hearing Date:** July 1, 2025  
**Author:** Ward  
**Version:** June 19, 2025  
**Urgency:** No                                      **Fiscal:** Yes  
**Consultant:** SU

**Subject:** *Health care: legally protected health care activity*

### HISTORY

**Source:** Alliance for TransYouth Rights & Equality California

**Prior Legislation:** SB 487 (Atkins), Ch. 261, Stats. 2023  
SB 345 (Skinner), Ch. 260, Stats. of 2023  
SB 107 (Wiener), Ch. 810, Stats. of 2022  
AB 2901 (Bonta), Ch. 628, Stats. of 2022  
AB 1242 (Bauer-Kahan), Ch. 627, Stats. of 2022  
AB 1751 (Low), Ch. 478, Stats. of 2018

**Support:** Alliance for TransYouth Rights; American College of Obstetricians & Gynecologists - District IX; APLA Health; Asian Americans Advancing Justice-Southern California; California LGBTQ Health and Human Services Network; California Psychological Association; California Public Defenders Association (CPDA); Central Coast Coalition for Inclusive Schools; CFT- A Union of Educators & Classified Professionals, AFT, AFL-CIO; Children's Hospital Los Angeles; County of Santa Clara; Courage California; East Bay Community Law Center; Easterseals Northern California; El/La Para TransLatinas; Electronic Frontier Foundation; Ella Baker Center for Human Rights; Equality California; Essential Access Health; LA Defensa; Los Angeles LGBT Center; Oakland Privacy; PFLAG Clayton-Concord; PFLAG Fresno; PFLAG Los Angeles; PFLAG Oakland-East Bay; PFLAG Sacramento; Planned Parenthood Affiliates of California; Public Counsel; Rainbow Families Action Bay Area; Sacramento LGBT Community Center; The Fresno Collective for Inclusive Medicine INC.; The San Diego; LGBT Community Center; The Source LGBT+ Center; The Translatin@ Coalition; TransFamily Support Services; Viet Rainbow of Orange County; Western Center on Law & Poverty, INC.; Youth Leadership Institute

**Opposition:** CAUSE: Californians United for Sex-Based Evidence in Policy and Law; Our Duty

**Assembly Floor Vote:** 62 - 5

## PURPOSE

***The purpose of this bill is to protect the privacy of sensitive health data by prohibiting the reporting of testosterone and mifepristone to the Prescription Drug Monitoring Program and to expand safe haven protections against adverse action for aiding and assisting the access of legally protected health care activities in California.***

*Existing law* classifies controlled substances into five schedules according to their danger and potential for abuse. (Health & Saf. Code, §§ 11054-11058.)

*Existing law* classifies testosterone as a Schedule III controlled substance. (Health & Saf. Code, §11056, subd. (f)(30).)

*Existing law* establishes the Controlled Substances Utilization Review and Evaluation System (CURES), a PDMP maintained by the Department of Justice (DOJ). The purpose of CURES is to assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, and law enforcement and regulatory agencies in controlling diversion and abuse of Schedule II, III, IV, and V controlled substances and for statistical analysis, education, and research. (Health & Saf. Code, § 11165, subd. (a).)

*Existing law* requires pharmacists and other dispensers to report information relating to prescriptions of Schedule II, III, IV, and V controlled substances to CURES as soon as reasonably possible but not more than one working day after the date a controlled substance is dispensed. (Health & Saf. Code, § 11165, subd. (d).)

*Existing law* requires CURES to operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Provides that data obtained from CURES can only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by DOJ, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)

*Existing law* requires DOJ to establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES. (Health & Saf. Code, § 11165, subd. (b)(2)(A).)

*Existing law* requires DOJ to adopt regulations regarding the access and use of the information within CURES no later than January 1, 2021. (Health & Saf. Code, § 11165, subd. (c)(3).)

*Existing law* authorizes DOJ to enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a PDMP in another state, for purposes of interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(1).)

*Existing law* allows data obtained from CURES to be provided to authorized users of another state's PDMP, as determined by DOJ, if the entity operating the interstate data sharing hub, and the PDMP of that state, as applicable, have entered into an agreement with the department for interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(2).)

*Existing law* requires that an agreement entered into by DOJ for purposes of interstate data sharing of PDMP information ensures that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES. (Health & Saf. Code, § 11165, subd. (h)(3).)

*This bill* prohibits the reporting of a prescription for, or the dispensing of, testosterone or mifepristone to DOJ, CURES, or a contracted prescription data processing vendor.

*This bill* authorizes DOJ, in consultation with the California Health and Human Services Agency, health care providers, and clinicians, to add medications for legally protected health care activity, as defined, to the list of medications prohibited from being reported to DOJ, CURES, or a contracted prescription data processing vendor.

*This bill* requires DOJ to remove from CURES existing records of these prescriptions created or maintained on or before January 1, 2026, by January 1, 2027.

*Existing law* makes it a crime for a person to post on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or threat of violence against a reproductive health care patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of the patient, provider, or assistant, or other individuals residing at the same home address. (Gov. Code, § 6218.01.)

*This bill* makes it a crime for a person to post on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or threat of violence against a gender-affirming health care or gender-affirming mental health care patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of the patient, provider, or assistant, or other individuals residing at the same home address.

*Existing law* authorizes a court, by local rule, to prescribe the procedure by which the uniform countywide schedule of bail is prepared, adopted, and annually revised by the judges. If a court does not adopt a local rule, the uniform countywide schedule of bail shall be prepared, adopted, and annually revised by a majority of the judges. (Pen. Code, § 1269b, subd. (d).)

*Existing law* requires the countywide bail schedule to contain a list of the offenses and the amounts of bail applicable for each as the judges determine to be appropriate; and requires the schedule, if the schedule does not list all offenses specifically, to contain a general clause for designated amounts of bail as the judges of the county determine to be appropriate for all the offenses not specifically listed in the schedule. (Pen. Code, § 1269b, subd. (f)(1).)

*Existing law* requires the countywide bail schedule to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Pen. Code, § 1269b, subd. (f)(2).)

*This bill* expands the requirement that a countywide bail schedule set \$0 bail for any person arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of abortion specifically to reproductive health care services, gender-affirming health care services, and gender-affirming mental health care services.

*This bill* expands other existing protections for reproductive health care services to include gender-affirming health care services.

*This bill* defines the following terms for purposes of these provisions:

- “Covered health care services” as gender-affirming health care services or reproductive health care services.
- “Covered health care services provider, employee, volunteer, or patient” as a gender-affirming health care or a gender-affirming mental health care provider, employee, volunteer, or patient, or a reproductive health care services provider, employee, volunteer, or patient.
- “Covered health care services facility” as a gender-affirming health care services facility or a reproductive health care services facility.
- “Gender-affirming health care” and “gender-affirming mental health care” shall have the same meaning as medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, interventions to suppress the development of endogenous secondary sex characteristics; interventions to align the patient’s appearance or physical body with the patient’s gender identity; and intervention to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.
- “Gender-affirming health care and gender-affirming mental health care provider, employee, volunteer, or patient” as a person who obtains, provides, or assists, at the request of another person, in obtaining or providing gender-affirming health care services, or a person who owns or operates a gender-affirming health care services facility.
- “Gender-affirming health care services facility” to include a hospital, an office operated by a licensed physician and surgeon, a licensed clinic, or other licensed health care facility that provides gender-affirming health care services and includes only the building or structure in which the gender-affirming health care services are actually provided.

*This bill* contains a severability clause.

## COMMENTS

### 1. Need for This Bill

According to the author:

It is imperative that we support the privacy and safety of patients and their families – whose basic obligation is to ensure the utmost health for themselves and loved ones – as well as the safety of health professionals – whose basic obligation is to provide necessary care for their patients as they were trained to do. Reports not only highlight hostile entities utilizing our data systems to target those who are accessing legal health care services, but also illuminate a rise in harassment and violence directed towards those who work in health care settings or seek necessary health services for themselves or their loved ones. As such, AB 82 shores up existing state law by protecting the privacy of Californians' health data and expanding existing protections to uphold the safety of patients, their families, and health professionals.

### 2. CURES

A PDMP is an electronic database that tracks controlled substance prescriptions. California's PDMP is known as CURES, maintained by DOJ to assist health care practitioners in their efforts to ensure appropriate prescribing, furnishing, and dispensing of controlled substances, and law enforcement and regulatory agencies in controlling diversion and abuse of controlled substances.

CURES is required to operate under existing laws to safeguard the privacy and confidentiality of patients. As such, it must comply with all applicable federal and state privacy and security laws and regulations, such as the Confidentiality of Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act (HIPAA). Licensed health care practitioners and pharmacists may access information in CURES only for patients under their care. Regulatory agency officials and law enforcement officials may access CURES information only to assist the efforts of their agencies to control the diversion and resultant abuse of controlled substances.

Of relevance to this bill, testosterone is a Schedule III controlled substance and subject to the requirements of the CURES statutes.

DOJ is authorized to enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a PDMP in another state, for purposes of interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(1).) Data obtained from CURES may be provided to authorized users of another state's PDMP, if the entity operating the interstate data sharing hub, and the PDMP of that state, have entered into an agreement with the department for interstate data sharing of PDMP information. (Health & Saf. Code, § 11165, subd. (h)(2).) An agreement entered into by DOJ for the purposes of interstate data sharing of PDMP information must ensure that all access to data obtained from CURES as well as the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES. (Health & Saf. Code, § 11165, subd. (h)(3).)

Of relevance to this bill, testosterone is a Schedule III controlled substance and subject to the requirements of the CURES statutes.

While mifepristone is not federally classified as a controlled substance, Louisiana reclassified it as such in 2024. Texas, Idaho, and Indiana are also considering similar measures to reclassify and track mifepristone too. (See e.g, Texas bill would reclassify abortion drugs as controlled substances, Texas Tribune, Nov. 25, 2024, < <https://www.texastribune.org/2024/11/25/abortion-texas-pills-controlled-substance/> >, [as of June 26, 2025]; see also Idaho House Bill No. 137.) Since March 2025, Louisiana prescribers must report it into the state's PDMP which is run by Bamboo Health – a company that manages PDMPs across 44 states and territories. As such, concerns have been raised about Bamboo sharing sensitive data from states with shield laws to other states. (See Abortion Pills are Now Being Tracked in Parts of the US – with the Help From a Little Known Tech Company, Business Insider, March 10, 2025, <<https://www.businessinsider.com/abortion-meds-prescription-tracking-misoprostol-mifepristone-bamboo-health-2025-2>> [as of June 26, 2025].) Accordingly, this bill specifies that mifepristone prescriptions shall not be reported to CURES. This bill requires DOJ, on or before January 1, 2027, to remove existing records of prescriptions for the dispensing of testosterone or mifepristone created or maintained prior to January 1, 2026.

In addition, in recognition that there may be other drugs not yet on a controlled substances list but which may impact sensitive, legally-protected health care, this bill authorizes DOJ, in consultation with the California Health and Human Services Agency, health care providers, and clinicians, to add medications for legally protected health care activity to the list of medications prohibited from being reported to DOJ, CURES, or a contracted prescription data processing vendor.

### **3. Bail Schedules**

Bail is set via “bail schedules” that list preset amounts for various crimes. These schedules, revised annually, are promulgated by a committee of judges in each county, and apply county-wide. Existing law requires judges to consider the seriousness of each crime, and assign an additional amount of required bail for aggravating or enhancing factors. (Pen. Code, § 1269b, subd. (c).) When bail is set in a given criminal case, a defendant or the prosecution can move the judge presiding over a particular case to raise or lower the amount of bail, or the defendant can request release on their own recognizance.

AB 1242 (Bauer-Kahan), Chapter, 627, Statutes of 2022, required a uniform countywide schedule of bail to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is protected.

This bill sets the same \$0 bail for an individual arrested in connection with regards to offenses arising out of legally protected gender-affirming health care.

### **4. Doxing Crimes**

Doxing refers to the collection of a user's private information, across multiple platforms (including social media) by an unauthorized individual, who then publishes the information in an attempt to shame or embarrass the user, or to instigate a crime of violence against them.

Current law prohibits a person from posting on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or a threat of violence against a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address. (Gov. Code, § 6218.01, subd. (a)(1).) The conduct is punishable as a wobbler, with imprisonment of either up to one year in a county jail, or pursuant to criminal justice realignment, by a fine of up to \$10,000 per violation, or by both. (Gov. Code, § 6218.01, subd. (a)(2).) A violation that leads to the bodily injury of a reproductive covered health care services patient, provider, or assistant, or other individuals residing at the same home address, is a felony punishable in the county jail under realignment, by a fine of up to \$50,000, or by both. (Gov. Code, § 6218.01, subd. (a)(3).)

This bill expands that crime to give those same protections to gender affirming health care services patients, providers, or assistants.

## 5. Concerns Related to the Current Administration

On President Trump's first day in office of his second term, he issued an executive order titled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government" which states that "the United States recognizes two sexes, male and female." (Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025), available at <<https://www.federalregister.gov/documents/2025/01/30/2025-02090/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal>>.) Since then, the President has issued an executive order banning transgender girls and women from participating in women's sports, and another one banning the use of federal funding for youth gender affirming care, including funding for research on gender affirming care. (See Exec. Order No. 14201, 90 Fed. Reg. 9279 (Feb. 5, 2025), available at <<http://www.federalregister.gov/documents/2025/02/11/2025-02513/keeping-men-out-of-womens-sports>>; Exec. Order No. 14187, 90 Fed. Reg. 8771 (Jan. 28, 2025), available at <<https://www.federalregister.gov/documents/2025/02/03/2025-02194/protecting-children-from-chemical-and-surgical-mutilation>>.)

Although some of these orders are currently being challenged in court, the outcome of those cases is uncertain. In response to these executive orders, the Trump Administration has taken several actions, including: rescinding all existing federal policies protecting transgender people from sex and disability discrimination; revoking the ability to obtain passports and federal documents reflecting their gender identity; denying transition-related healthcare to federal employees; and directing federal prisons to deny medical treatment and house transgender people according to sex assigned at birth. (Jennifer Levi, GLAD Law, *From the Front Lines: The Fight for Transgender Rights Is a Fight for Democracy*, (Feb. 10, 2025), available at <<https://www.glad.org/the-fight-for-transgender-rights-is-a-fight-for-democracy/>>).

Some California healthcare providers are beginning to scale back care for transgender youth, following efforts by the Trump administration to restrict access to such care. Stanford is the second provider in this state that has begun restricting gender-affirming health care because of the recent actions of the Trump administration. Stanford recently issued the following statement on the matter:

After careful review of the latest actions and directives from the federal government and following consultations with clinical leadership, including our multidisciplinary LGBTQ+ program and its providers, Stanford Medicine paused providing gender-related surgical procedures as part of our comprehensive range of medical services for LGBTQ+ patients under the age of 19, effective June 2, 2025.

(See <<https://www.ktvu.com/news/stanford-no-longer-providing-gender-affirming-surgeries-children>> [as of June 26, 2025].)

In light of the Trump Administration's actions against and impacting transgender individuals, this bill seeks to expand existing protections to ensure the safety of people seeking gender-affirming care.

## **6. Double Referral**

This bill is double referred to the Senate Judiciary Committee. Changes to the Safe at Home Program and civil liability for online violations of privacy will be addressed by that Committee.

## **7. Argument in Support**

According to Equality California, a co-sponsor of this bill:

California's Controlled Substance Utilization Review and Evaluation System (CURES)—our state's Prescription Drug Monitoring Program (PDMP)—contains sensitive data on prescriptions for controlled substances. While CURES plays an important role in safeguarding public health, current law allows for data sharing with out-of-state law enforcement agencies, which creates significant safety and privacy risks for patients and health care providers.

Because testosterone, a medication commonly prescribed as part of gender-affirming care, is a controlled substance, there are mounting concerns that out-of-state actors hostile to transgender rights could misuse CURES data to identify and target transgender patients and their providers. Similarly, states that are criminalizing abortion care are using PDMP data to monitor prescriptions of mifepristone—posing a threat to reproductive health care access as well.

Although California leads the nation in protecting access to reproductive and gender-affirming care, more must be done to ensure the privacy and safety of all who seek and provide these services. AB 82 provides essential safeguards by:

- Prohibiting the reporting of testosterone and mifepristone prescriptions to the CURES database;
- Expanding the Safe at Home Program to include gender-affirming care providers, shielding their personal information from public access;
- Strengthening anti-doxing protections for both patients and providers of gender-affirming care; and,



- Expanding safe haven protections against adverse action for aiding and assisting the access of legally protected health services in California.

By advancing these protections, AB 82 ensures that individuals accessing and providing essential health care in California can do so without fear of surveillance, retaliation, or harassment.

## **8. Argument in Opposition**

According to Californians United for Sex-Based Evidence in Policy and Law:

California is making a grave mistake by continuing to treat so-called “gender-affirming care” for minors as if it has a proven record of safety and efficacy. It does not. A growing body of evidence calls this entire area of medicine into serious question. There is indeed a public safety crisis here, as ideology has overtaken ethical medical research and reason. For the safety of patients and their families, we respectfully request that the Public Safety Committee show appropriate caution by voting NO on AB 82. ...

AB 82 extends extraordinary legal protections—originally intended for abortion providers—to those providing “gender-affirming care.” This is an untenable overreach. It is illogical and dangerous to extend far-reaching and unique legal shields to providers of medical interventions the purpose of which is to effect extreme changes in the appearance of a person’s normal and healthy body. Puberty blockers, cross-sex hormones, and surgeries all pose significant risks to patients. Proponents of these treatments have not demonstrated measurable efficacy, safety, or improvements in mental health outcomes.

AB 82 does not protect patients; it undermines their ability to access essential information required for informed medical decisions. It also severely restricts the ability of harmed individuals—even legal residents of other states—to seek legal redress. All patients and families have a right to clear, comprehensive information about treatment options, risks, potential long-term consequences, and the likely outcomes of any medical intervention. They must also retain the legal ability to seek recourse if harmed.

– END –