AMENDED IN SENATE JUNE 24, 2009
AMENDED IN ASSEMBLY JUNE 2, 2009
AMENDED IN ASSEMBLY APRIL 1, 2009
AMENDED IN ASSEMBLY MARCH 5, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 52

Introduced by Assembly Member Portantino (Principal coauthor: Assembly Member Anderson)
(Coauthors: Assembly Members Bass, Block, Blumenfield, Buchanan, and Price Cook, Huffman, Jones, Ma, Swanson, and Torlakson)

(Coauthors: Senators DeSaulnier, Leno, and Maldonado, Padilla, and Price)

December 2, 2008

An act to amend Sections 1627 and 1628 1627, 1628, and 1630 of, and to amend, repeal, and add Sections 102247, 103605, and 103625 of, and to add Sections 1627.5 and 1627.7 to, the Health and Safety Code, relating to umbilical cord blood banking, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 52, as amended, Portantino. Umbilical Cord Blood Collection Program.

Existing law requires the State Department of Public Health to establish, by January 1, 2010, and until January 1, 2015, the Umbilical Cord Blood Collection Program for the purpose of increasing the amount of umbilical cord blood that is donated in the state and that will be added

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to the national inventory. Existing law authorizes the department, to the extent private or public funds are identified for this purpose, to contract with blood banks that are licensed or accredited to provide umbilical cord blood banking storage services, for the purpose of collecting and storing umbilical cord blood.

This bill would, instead, require the department to establish the Umbilical Cord Blood Collection Program from January 1, 2011, until January 1, 2015 2020, for the purpose of collecting and storing umbilical cord blood for public use, as defined, for human transplantation and human research. The bill would require the department to contract with up to 5 entities, including blood banks that are licensed or accredited to provide umbilical cord blood banking storage services, to collect, and make available for transplant or medical research, umbilical cord blood. transplantation and for providing nonclinical units for specified research.

This bill would require the department to establish the California Umbilical Cord Blood Collection Board, with prescribed membership, which would administer the program in accordance with specified requirements.

Existing law provides that any funds made available for purposes of the program shall be deposited into the Umbilical Cord Blood Collection Program Fund. Existing law provides that moneys in the fund shall be available, upon appropriation by the Legislature, for purposes of the program. Existing law provides that the fund shall include any federal, state, and private funds made available for purposes of the program.

Existing law requires the collection of a \$7 fee for certified copies of birth certificates.

Under existing law, \$4 of the \$7 fee is allocated to either the county Children's Trust Fund or to the State Children's Trust Fund, which exists in the State Treasury. Existing law requires that the money in the State Children's Trust Fund, upon appropriation by the Legislature, be allocated to the State Department of Social Services for the purpose of funding child abuse and neglect prevention and intervention programs, as specified.

This bill would, instead, until January 1, 2015 2020, require the collection of an \$8 a \$9 fee for certified copies of birth certificates and require that \$1 of any \$8 \$2 of any \$9 fee be paid to the Umbilical Cord Blood Collection Program Fund. The bill would make other conforming ehanges.

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The bill would provide that no moneys shall be expended from the fund to implement the program unless the Controller determines, by an unspecified date, that at least an unspecified amount is available in the fund, and would provide, if this determination is not made, for a prescribed distribution of the money in the fund, including the distribution of proceeds from the birth certificate fee increase to the Children's Trust Fund.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

1 SECTION 1. The Legislature finds and declares all of the 2 following:

- 3 (a) Although rich in stem cells known as hematopoietic stem 4 and progenitor cells (HSPCs), the blood within the umbilical cord 5 and placenta is mostly discarded as medical waste following the birth of a child. The relatively small number of units of cord blood 7 that are stored for transplantation are used to treat blood cancers, such as leukemia, myeloma, and lymphoma, and more than 70 9 inherited immunodeficiencies and other genetic and acquired blood 10 diseases, including sickle cell anemia, hemoglobinopathies, aplastic anemias, and marrow failure 11 12 disorders, and inherited disorders or errors of metabolism. 13
 - (b) Conducted after birth, the cord blood donation procedure is quick, painless, and risk-free to the child and mother. The harvested cord blood is immediately shipped, processed, sorted, labeled, stored, and frozen. Since the first transplant in 1988, as its use for transplantation has steadily increased, the unique handling of cord blood has been the subject of both recent and pending regulation by the United States Food and Drug Administration (FDA).
 - (c) Although only one-third of all harvested cord blood has sufficient stem cells to be suitable for transplantation as currently practiced, the rest may be valuable to university-based and private research facilities that continue to search for cures for some of our most common and perplexing medical conditions. The uses for cord blood are quickly evolving and have created great

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excitement among researchers and physicians. For example, cord blood derived from stem and progenitor cells may also be particularly suitable candidates for conversion into induced pluripotent stem cells (IPSCs) derived by modifying only four stem cell-associated genes. This modification causes the cord blood stem cells to exhibit the essential characteristics of embryonic stem (ES) cells, the potential to differentiate into all tissues of the body. Since cord blood stem and progenitor cells per se are very early cells that have great proliferative capacity, and they already are banked for public use, tested, and HLA-typed, they could well become the premier source of optimal cells to convert to IPSCs and might, arguably, provide an individual a lifetime of personalized replaceable tissue.

- (d) Cord blood units that are appropriate for transplantation are used to treat more than 70 lethal diseases, but the current inventory is not only unable to accommodate the overall demand, but especially fails to properly provide matched units for many ethnic and racial groups, including multicultural individuals. According to the United States Government Accountability Office (GAO) and the National Marrow Donor Program, over 10,000 children and adults in the United States would benefit annually from a transplant from someone unrelated to them, but less than 30 percent actually receive one largely due to an inadequate inventory.
- (e) Unlike bone marrow, cord blood can provide good clinical outcomes with less than a perfect match to the patient. However, to transplanting physicians, both options are considered valuable. A bone marrow donation requires an exact match and a live donor who is willing and available to undergo a time-sensitive medical procedure. With targeted collections and an adequate inventory, cord blood can be stored frozen and made immediately available upon need. This source of stem cells provides all races, ethnicities, and multiracial individuals with an equal probability of a suitable match.
- (f) Private industry has focused on alerting the public about the possibility of banking cord blood for their families. However, the goal of the California Umbilical Cord Blood Collection Program is to collect cord blood only for public use to ensure all persons have an equal probability of attaining an appropriate stem cell match.

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(g) The federal government established the Stem Cell Therapeutic and Research Act of 2005 (42 U.S.C. Sec. 201 et seq.) to collect and maintain cord blood for public use in transplantation and research. The goal of the federal program is to collect 150,000 genetically diverse units in an effort to provide patients of all ethnicities an equal probability of receiving a clinical grade, suitably matched unit of umbilical cord blood. The program, implemented by Health Resources and Services Administration (HRSA) which is part of the United States Department of Health and Human Services, has specified target collection goals for cord blood units that will match patient populations that are underrepresented in the national inventory, including Native American, Latino, African American, Asian, and multiracial individuals.

- (h) California has been a leader in stem cell research through a number of previous and ongoing efforts. For example, California pioneered the first sibling donor cord blood pilot project, and is a world leader in the more general area of stem cell research and its medical applications through the establishment and funding of the California Institute of Regenerative Medicine (CIRM). This makes California ideally situated to become the leader in harnessing the therapeutic potential of nonhematopoietic cord blood-derived stem and progenitor cells.
- (i) Furthermore, California is home to the most ethnically diverse population in the world with the highest birth rate in the nation of 550,000 per year. Cord blood donations from California will not only serve the health needs of Californians, but help build a more diverse inventory that can provide better matches for patients throughout the world.
- (j) In addition to directly savings lives, an increase in the inventory of FDA-licensed cord blood stem cell units will save the state, insurers, donors, and patients significant money now being spent on lifetime treatments and relieve ongoing pain and anguish of affected patients and their families.
- (k) Although the Umbilical Cord Blood Collection Program and the California Umbilical Cord Blood Collection Board will be within the State Department of Public Health, it is the intent of the Legislature that they operate autonomously and be self-contained.

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SECTION 1.

- 2 SEC. 2. Section 1627 of the Health and Safety Code is amended to read:
 - 1627. (a) (1) On or before January 1, 2011, the State Department of Public Health shall establish the Umbilical Cord Blood Collection Program (hereafter program) for the purpose of collecting and storing umbilical cord blood for public use—for human transplantation and human research in transplantation and providing nonclinical units for research pertaining to biology and new clinical utilization of stem cells derived from the blood and tissue of the placenta and umbilical cord. The program shall conclude no later than December 31, 2014 2019.
 - (2) For purposes of this article, "public use" means both of the following:
 - (A) The collection of an inventory of genetically diverse umbilical cord blood, for placement in the National Cord Blood Inventory, to increase the likelihood of a patient obtaining a suitable donor match.
 - (B) The use of research protocols approved by the Committee for the Protection of Human Subjects or an institutional review board, as defined in subdivision (e) of Section 125330, to further the understanding of the use of umbilical cord blood as tissue to treat human diseases.
 - (b) (1) In order to implement the program, the department shall contract with up to five entities, including entities that are licensed or accredited to provide umbilical cord blood collection and data processing services, and entities that provide umbilical cord blood banking storage services that are licensed or accredited pursuant to Section 1604.6, to build an inventory of anonymous umbilical cord blood units and make the inventory available for transplant or medical research for purposes consistent with the public use, as defined in paragraph (2) of subdivision (a). The department shall ensure that any cord blood bank receiving funds through the program also meets the federal requirements outlined in the C.W. Bill Young Cell Transplantation Program (42 U.S.C. Sec. 274k et seq.) so that all umbilical cord blood units collected can be listed through the National Cord Blood Inventory
 - (A) The collection of umbilical cord blood units from genetically diverse donors that will be owned by the participating cord blood bank that is chosen by the California Umbilical Cord Blood

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Collection Board, established pursuant to Section 1627.5, to process and store the cord blood units. This inventory shall be accessible by the National Registry and by California-based and other United States and international registries and transplant centers to increase the likelihood of providing suitably matched donor tissue to patients who are in need of transplantation.

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- (B) Cord blood units with a lower number of cells than deemed necessary for clinical transplantation, and those available in excessive numbers owing to their overly common types, as well as placental tissue, shall be provided to assist California-based academic stem cell research laboratories in the investigation of treatments for additional human diseases, under protocols approved by the Committee for the Protection of Human Subjects or an institutional review board, as defined in subdivision (e) of Section 125330, or by the State Department of Public Health.
- (b) (1) In order to implement the collection part of this program, the board shall contract with one or more selected applicant entities that have demonstrated the competence to collect and ship cord blood units in compliance with federal Food and Drug Administration (FDA) and Health Resources and Services Administration (HRSA) guidelines and regulations. The collected units shall only be shipped to a cord blood bank that has obtained an FDA investigational new drug (IND) exemption, a valid accreditation from an agency recognized by the State Department of Public Health, and shall be approved by its own institutional review board (IRB) and the IRB of the hospitals where the cord blood would be collected, or has a Biologic License from the FDA, when available, to manufacture clinical grade cord blood stem cell units for clinical indications and to make nonclinical level cord blood units available to entities that will perform medical research for purposes consistent with public use, as defined in paragraph (2) of subdivision (a). The board shall ensure that cord blood units financed by the program are manufactured in full compliance with FDA and HRSA regulations so that all umbilical cord blood units stored are of the highest quality and can be utilized by the National Registry, as administered by HRSA.. A medical provider or research facility shall comply with, and shall be subject to existing penalties for violations of, all state and federal laws with respect to the protection of any medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code, and

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any personally identifiable information contained in the umbilical cord blood inventory.

- (2) In selecting qualified entities under this subdivision, the following shall apply:
- (A) The department board may use a competitive process to identify qualified entities to administer the program.
- (B) In order to qualify for selection under this section, an entity shall have experience in blood collection, labeling, storage, transportation, or distribution. The department shall select entities with demonstrated ability to retrieve umbilical cord blood from ethnically diverse communities. the best proposals submitted by applicant entities to administer the collection, banking, and research objectives of the program.
- (B) In order to qualify for selection under this section to bank cord blood, an entity shall have obtained an FDA IND, a valid accreditation from an agency recognized by the State Department of Public Health, and shall be approved by its own IRB and those of the hospitals where the cord blood would be collected, or a Biologic License from the FDA, when available, to manufacture clinical grade cord blood stem cell units for clinical indications.
- (C) In order to qualify to receive appropriate cord blood units and placental tissue to advance the research goals of this program, an entity shall be a laboratory recognized as having performed peer-reviewed research on stem and progenitor cells, including those derived from placental or umbilical cord blood and postnatal tissue.
- (c) The board shall ensure that the program attempts to meet, at a minimum, all of the following objectives:
- (1) Define and identify qualified umbilical cord blood collection entities in accordance with subparagraph (B) of paragraph (2) of subdivision (b).
- (2) Design a competitive process for identifying qualified participants in accordance with subparagraph (B) of paragraph (2) of subdivision (b) in a manner that complies with state, federal, and international regulations.
- (3) Establish criteria for determining when units of umbilical cord blood may be used only for research and when units of umbilical cord blood may be used only for transplantation and a policy addressing circumstances under which units of umbilical cord blood may be used for either purpose.

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(4) Create umbilical cord blood collection targets for ethnically diverse populations in accordance with identified deficiencies in the inventories in order to provide all Californians an equal probability of obtaining a suitable match.

- (5) Develop a strategy to increase voluntary participation by hospitals in the collection and storage of umbilical cord blood and identify funding sources to offset the financial impact on hospitals.
- (6) Consider a medical contingency response program to prepare for and respond effectively to biological, chemical, or radiological attacks, accidents, and other public health emergencies where victims potentially benefit from treatment.
- (7) Determine whether collection of umbilical cord blood from donors that have siblings or other close relatives who either have or are at high risk of developing a disease that can be treated by stem cell transplantation would help achieve the overall inventory goals of the program.
- (8) Explore the feasibility of operating the program as a self-funding program, including the potential of charging users a reimbursement fee.
- (9) Ensure the program does not conflict with other national and international efforts to generate an adequate inventory of high-quality umbilical cord blood.

(c)

(d) In implementing the program, the department board shall make every effort to avoid duplication or conflicts with existing and ongoing programs and to leverage existing resources. The department board shall use its existing authority to promote the collection, storage, retrieval, and distribution of umbilical cord blood and advise the Legislature of its needs to accomplish these goals.

(d)

- (e) (1) All information collected pursuant to the program shall be confidential, and shall be used solely for the purposes of the program. Access to confidential information shall be limited to authorized persons who agree, in writing, to maintain the confidentiality of that information.
- (2) Any person who, in violation of a written agreement to maintain confidentiality, discloses any information provided pursuant to this section, or who uses information provided pursuant to this section in a manner other than as approved pursuant to this

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section, may be denied further access to any confidential information maintained by the department, and shall be subject to a civil penalty not exceeding one thousand dollars (\$1,000). The penalty provided for in this section shall not be construed to limit or otherwise restrict any remedy, provisional or otherwise, provided by law for the benefit of the department or any other person covered by this section.

- (3) Notwithstanding the restrictions of this section, an individual to whom the confidential information pertains shall have access to his or her own personal information.
- SEC. 3. Section 1627.5 is added to the Health and Safety Code, to read:
- 1627.5. (a) (1) There shall be established, within the State Department of Public Health, the California Umbilical Cord Blood Collection Board for purposes of implementing the Umbilical Cord Blood Collection Program established pursuant to Section 1627.
- (2) The board shall be the decisionmaking body for the program and shall develop policies for implementing the program that are in accordance with the objectives specified in subdivision (c) of Section 1627.
- (b) (1) The board shall be composed of five members who shall be appointed not later than March 1, 2011. The Governor shall appoint one member who shall chair the board, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint two members.
 - (2) The board shall include all of the following:
- (A) A medical director or chief scientist of an umbilical cord blood bank that meets all of the following requirements:
- (i) Is not based in California.
- (ii) Has obtained a federal Food and Drug Administration investigational new drug (FDA IND).
- (iii) Has a valid accreditation from an agency recognized by the State Department of Public Health.
- (iv) Has been approved by its own institutional review board (IRB) and the IRBs of hospitals where the umbilical cord blood would be collected, or has a biological license from the FDA to manufacture, store, and release clinical grade units of cord blood stem cells.
- 39 (B) A transplant physician with experience in transplanting 40 units of umbilical cord blood.

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(C) A physician with expertise in obstetrics or gynecology and experience in a birthing hospital participating in umbilical cord blood collections.

- (D) A scientist with expertise in the biology of stem and progenitor cells derived from placental and umbilical cord blood and tissue.
- (E) A person with professional business knowledge of and experience in umbilical cord blood banking, as practiced internationally.
- (c) Board members shall serve without compensation, except that members shall be reimbursed for authorized travel costs and expenses.
- (d) The following persons may be appointed to assist the board with the administration of the program:
- (1) An officer who is appointed by the board and is exempt from civil service pursuant to subdivision (e) of Section 4 of Article VII of the California Constitution.
- (2) An officer who is appointed by the Governor and is exempt from civil service pursuant to subdivision (f) of Section 4 of Article VII of the California Constitution.
- SEC. 4. Section 1627.7 is added to the Health and Safety Code, to read:
- 1627.7. (a) The California Umbilical Cord Blood Collection Board shall submit two reports to the Assembly and Senate Committees on Health, the Assembly and Senate Committees on Judiciary, and the Governor on the effectiveness of the program. The first report shall be submitted no later than January 1, 2013, and the second report no later than January 1, 2018.
- (b) The chair of the board shall submit an annual report to the Assembly and Senate Committees on Health, the Assembly and Senate Committees on Judiciary, and the Governor, on the progress of the program in meeting its goals. The chair shall continue to provide the annual report until the Governor determines that the reports are no longer necessary, and files a declaration to that effect with the department.

36 SEC. 2.

37 SEC. 5. Section 1628 of the Health and Safety Code is amended 38 to read:

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 1628. (a) The department California Umbilical Cord Blood Collection Board may accept public and private funds for the purpose of implementing this article.

- (b) Any funds made available for purposes of this article, including fees collected pursuant to Section 103625, shall be deposited into the Umbilical Cord Blood Collection Program Fund, which is hereby created in the State Treasury. Moneys in the fund shall be available, upon appropriation by the Legislature, for purposes of this article.
- (c) The fund shall include any federal, state, and private funds made available for purposes of the program, including, but not limited to, the fees collected for the fund pursuant to Section 103625, and, notwithstanding Section 16305.7 of the Government Code, any interest earned on moneys in the fund.
- (d) No moneys shall be expended from the fund to implement the program unless and until the Controller determines, by not later than _____, that at least _____ dollars (\$_____), including both federal and private moneys, is available in the fund.
- (e) The Controller shall determine whether there is at least ____ dollars (\$____) available for implementation of the program. Once the Controller has determined that at least ____ dollars (\$____) is available to implement the program, he or she shall distribute these funds. If the Controller has not made a determination on or before ____, that at least ____ dollars (\$____) is available to implement the program, the amount in the fund shall be immediately distributed to each private contributor or the federal government in the amount contributed, and the amount of funds attributable to the two dollar (\$2) fee collected pursuant to Section 103625 shall be deposited into the Children's Trust Fund. The fund shall cease to exist thereafter.
- 31 SEC. 6. Section 1630 of the Health and Safety Code is amended 32 to read:
 - 1630. This article shall remain in effect only until January 1, 2015 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015 2020, deletes or extends that date.
- 37 SEC. 3.
- 38 SEC. 7. Section 102247 of the Health and Safety Code is amended to read:

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102247. (a) There is hereby created in the State Treasury the Health Statistics Special Fund. The fund shall consist of revenues, including, but not limited to, all of the following:

- (1) Fees or charges remitted to the State Registrar for record search or issuance of certificates, permits, registrations, or other documents pursuant to Chapter 3 (commencing with Section 26801) of Part 3 of Division 2 of Title 3 of the Government Code, and Chapter 4 (commencing with Section 102525), Chapter 5 (commencing with Section 103050), and Chapter 15 (commencing with Section 103600) of Part 1 of Division 102.
- (2) Funds remitted to the State Registrar by the federal Social Security Administration for participation in the enumeration at birth program.
- (3) Funds remitted to the State Registrar by the National Center for Health Statistics pursuant to the federal Vital Statistics Cooperative Program.
- (4) Any other funds collected by the State Registrar, except Children's Trust Fund fees collected pursuant to Section 18966 of the Welfare and Institutions Code, Umbilical Cord Blood Collection Program Fund fees collected pursuant to Section 1628, fees allocated to the Judicial Council pursuant to Section 1852 of the Family Code, and fees collected pursuant to Section 103645, all of which shall be deposited into the General Fund.
- (b) Moneys in the Health Statistics Special Fund shall be expended by the State Registrar for the purpose of funding its existing programs and programs that may become necessary to carry out its mission, upon appropriation by the Legislature.
- (c) Health Statistics Special Fund moneys shall be expended only for the purposes set forth in this section and Section 102249, and shall not be expended for any other purpose or for any other state program.
- (d) It is the intent of the Legislature that the Health Statistics Special Fund provide for the following:
- (1) Registration and preservation of vital event records and dissemination of vital event information to the public.
- (2) Data analysis of vital statistics for population projections, health trends and patterns, epidemiologic research, and development of information to support new health policies.

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- (3) Development of uniform health data systems that are integrated, accessible, and useful in the collection of information on health status.
- (e) This section shall remain in effect only until January 1, 2015 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015 2020, deletes or extends that date.

SEC. 4.

- SEC. 8. Section 102247 is added to the Health and Safety Code, to read:
- 102247. (a) There is hereby created in the State Treasury the Health Statistics Special Fund. The fund shall consist of revenues, including, but not limited to, all of the following:
- (1) Fees or charges remitted to the State Registrar for record search or issuance of certificates, permits, registrations, or other documents pursuant to Chapter 3 (commencing with Section 26801) of Part 3 of Division 2 of Title 3 of the Government Code, and Chapter 4 (commencing with Section 102525), Chapter 5 (commencing with Section 103050), and Chapter 15 (commencing with Section 103600) of Part 1 of Division 102.
- (2) Funds remitted to the State Registrar by the federal Social Security Administration for participation in the enumeration at birth program.
- (3) Funds remitted to the State Registrar by the National Center for Health Statistics pursuant to the federal Vital Statistics Cooperative Program.
- (4) Any other funds collected by the State Registrar, except Children's Trust Fund fees collected pursuant to Section 18966 of the Welfare and Institutions Code, fees allocated to the Judicial Council pursuant to Section 1852 of the Family Code, and fees collected pursuant to Section 103645, all of which shall be deposited into the General Fund.
- (b) Moneys in the Health Statistics Special Fund shall be expended by the State Registrar for the purpose of funding its existing programs and programs that may become necessary to carry out its mission, upon appropriation by the Legislature.
- (c) Health Statistics Special Fund moneys shall be expended only for the purposes set forth in this section and Section 102249,

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and shall not be expended for any other purpose or for any other 2 state program. 3

- (d) It is the intent of the Legislature that the Health Statistics Special Fund provide for the following:
- (1) Registration and preservation of vital event records and dissemination of vital event information to the public.
- (2) Data analysis of vital statistics for population projections, health trends and patterns, epidemiologic research, and development of information to support new health policies.
- (3) Development of uniform health data systems that are integrated, accessible, and useful in the collection of information on health status.
- (e) This section shall become operative on January 1, 2015 2020.

SEC. 5.

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- SEC. 9. Section 103605 of the Health and Safety Code is amended to read:
- 103605. (a) The money collected by the State Registrar shall be deposited with the Treasurer for credit to the Health Statistics Special Fund, except for the Children's Trust Fund fees collected pursuant to Section 18966 of the Welfare and Institutions Code, the Umbilical Cord Blood Collection Program Fund fees collected pursuant to Section 1628, the fees allocated to the Judicial Council pursuant to Section 1852 of the Family Code, and the fees collected pursuant to Section 103645, all of which shall be deposited in the General Fund.
- (b) This section shall remain in effect only until January 1, 2015 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015 2020, deletes or extends that date.

31 SEC. 6.

- SEC. 10. Section 103605 is added to the Health and Safety Code, to read:
- 34 103605. (a) The money collected by the State Registrar shall 35 be deposited with the Treasurer for credit to the Health Statistics 36 Special Fund, except for the Children's Trust Fund fees collected 37 pursuant to Section 18966 of the Welfare and Institutions Code, 38 the fees allocated to the Judicial Council pursuant to Section 1852 39 of the Family Code, and the fees collected pursuant to Section 40

103645, all of which shall be deposited in the General Fund.

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1 (b) This section shall become operative on January $1, \frac{2015}{2020}$.

3 SEC. 7.

- 4 SEC. 11. Section 103625 of the Health and Safety Code is amended to read:
 - 103625. (a) A fee of three dollars (\$3) shall be paid by the applicant for a certified copy of a fetal death or death record.
 - (b) (1) A fee of three dollars (\$3) shall be paid by a public agency or licensed private adoption agency applicant for a certified copy of a birth certificate that the agency is required to obtain in the ordinary course of business. A fee of-eight dollar (\$8) nine dollars (\$9) shall be paid by any other applicant for a certified copy of a birth certificate. Four dollars (\$4) of any-eight-dollar (\$8) nine-dollar (\$9) fee is exempt from subdivision (e) and shall be paid either to a county children's trust fund or to the State Children's Trust Fund, in conformity with Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code. One dollar of any eight-dollar (\$8) Two dollars (\$2) of any nine-dollar (\$9) fee is exempt from subdivision (e) and shall be paid to the Umbilical Cord Blood Collection Program Fund in conformity with Section 1628.
 - (2) The board of supervisors of any county that has established a county children's trust fund may increase the fee for a certified copy of a birth certificate by up to three dollars (\$3) for deposit in the county children's trust fund in conformity with Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code.
 - (c) A fee of three dollars (\$3) shall be paid by a public agency applicant for a certified copy of a marriage record, that has been filed with the county recorder or county clerk, that the agency is required to obtain in the ordinary course of business. A fee of six dollars (\$6) shall be paid by any other applicant for a certified copy of a marriage record that has been filed with the county recorder or county clerk. Three dollars (\$3) of any six-dollar (\$6) fee is exempt from subdivision (e) and shall be transmitted monthly by each local registrar, county recorder, and county clerk to the state for deposit into the General Fund as provided by Section 1852 of the Family Code.
 - (d) A fee of three dollars (\$3) shall be paid by a public agency applicant for a certified copy of a marriage dissolution record

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obtained from the State Registrar that the agency is required to obtain in the ordinary course of business. A fee of six dollars (\$6) shall be paid by any other applicant for a certified copy of a marriage dissolution record obtained from the State Registrar.

- (e) Each local registrar, county recorder, or county clerk collecting a fee pursuant to subdivisions (a) to (d), inclusive, shall transmit 15 percent of the fee for each certified copy to the State Registrar by the 10th day of the month following the month in which the fee was received.
- (f) In addition to the fees prescribed pursuant to subdivisions (a) to (d), inclusive, all applicants for certified copies of the records described in those subdivisions shall pay an additional fee of three dollars (\$3), that shall be collected by the State Registrar, the local registrar, county recorder, or county clerk, as the case may be.
- (g) The local public official charged with the collection of the additional fee established pursuant to subdivision (f) may create a local vital and health statistics trust fund. The fees collected by local public officials pursuant to subdivision (f) shall be distributed as follows:
- (1) Forty-five percent of the fee collected pursuant to subdivision (f) shall be transmitted to the State Registrar.
- (2) The remainder of the fee collected pursuant to subdivision (f) shall be deposited into the collecting agency's vital and health statistics trust fund, except that in any jurisdiction in which a local vital and health statistics trust fund has not been established, the entire amount of the fee collected pursuant to subdivision (f) shall be transmitted to the State Registrar.
- (3) Moneys transmitted to the State Registrar pursuant to this subdivision shall be deposited in accordance with Section 102247.
- (h) Moneys in each local vital and health statistics trust fund shall be available to the local official charged with the collection of fees pursuant to subdivision (f) for the applicable jurisdiction for the purpose of defraying the administrative costs of collecting and reporting with respect to those fees and for other costs as follows:
- (1) Modernization of vital record operations, including improvement, automation, and technical support of vital record systems.

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(2) Improvement in the collection and analysis of health-related birth and death certificate information, and other community health data collection and analysis, as appropriate.

- (i) Funds collected pursuant to subdivision (f) shall not be used to supplant funding in existence on January 1, 2002, that is necessary for the daily operation of vital record systems. It is the intent of the Legislature that funds collected pursuant to subdivision (f) be used to enhance service to the public, to improve analytical capabilities of state and local health authorities in addressing the health needs of newborn children and maternal health problems, and to analyze the health status of the general population.
- (j) Each county shall annually submit a report to the State Registrar by March 1 containing information on the amount of revenues collected pursuant to subdivision (f) in the previous calendar year and on how the revenues were expended and for what purpose.
- (k) Each local registrar, county recorder, or county clerk collecting the fee pursuant to subdivision (f) shall transmit 45 percent of the fee for each certified copy to which subdivision (f) applies to the State Registrar by the 10th day of the month following the month in which the fee was received.
- (1) The additional three dollars (\$3) authorized to be charged to applicants other than public agency applicants for certified copies of marriage records by subdivision (c) may be increased pursuant to Section 114.
- (m) In providing for the expiration of the surcharge on birth certificate fees on June 30, 1999, the Legislature intends that juvenile dependency mediation programs pursue ancillary funding sources after that date.
- (n) This section shall remain in effect only until January 1, 2015 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015 2020, deletes or extends that date.

34 SEC. 8.

- SEC. 12. Section 103625 is added to the Health and Safety Code, to read:
- 37 103625. (a) A fee of three dollars (\$3) shall be paid by the 38 applicant for a certified copy of a fetal death or death record.
- (b) (1) A fee of three dollars (\$3) shall be paid by a public 40 agency or licensed private adoption agency applicant for a certified

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copy of a birth certificate that the agency is required to obtain in the ordinary course of business. A fee of seven dollars (\$7) shall be paid by any other applicant for a certified copy of a birth certificate. Four dollars (\$4) of any seven-dollar (\$7) fee is exempt from subdivision (e) and shall be paid either to a county children's trust fund or to the State Children's Trust Fund, in conformity with Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code.

- (2) The board of supervisors of any county that has established a county children's trust fund may increase the fee for a certified copy of a birth certificate by up to three dollars (\$3) for deposit in the county children's trust fund in conformity with Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code.
- (c) A fee of three dollars (\$3) shall be paid by a public agency applicant for a certified copy of a marriage record, that has been filed with the county recorder or county clerk, that the agency is required to obtain in the ordinary course of business. A fee of six dollars (\$6) shall be paid by any other applicant for a certified copy of a marriage record that has been filed with the county recorder or county clerk. Three dollars (\$3) of any six-dollar (\$6) fee is exempt from subdivision (e) and shall be transmitted monthly by each local registrar, county recorder, and county clerk to the state for deposit into the General Fund as provided by Section 1852 of the Family Code.
- (d) A fee of three dollars (\$3) shall be paid by a public agency applicant for a certified copy of a marriage dissolution record obtained from the State Registrar that the agency is required to obtain in the ordinary course of business. A fee of six dollars (\$6) shall be paid by any other applicant for a certified copy of a marriage dissolution record obtained from the State Registrar.
- (e) Each local registrar, county recorder, or county clerk collecting a fee pursuant to subdivisions (a) to (d), inclusive, shall transmit 15 percent of the fee for each certified copy to the State Registrar by the 10th day of the month following the month in which the fee was received.
- (f) In addition to the fees prescribed pursuant to subdivisions (a) to (d), inclusive, all applicants for certified copies of the records described in those subdivisions shall pay an additional fee of three

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dollars (\$3), that shall be collected by the State Registrar, the local registrar, county recorder, or county clerk, as the case may be.

- (g) The local public official charged with the collection of the additional fee established pursuant to subdivision (f) may create a local vital and health statistics trust fund. The fees collected by local public officials pursuant to subdivision (f) shall be distributed as follows:
- (1) Forty-five percent of the fee collected pursuant to subdivision (f) shall be transmitted to the State Registrar.
- (2) The remainder of the fee collected pursuant to subdivision (f) shall be deposited into the collecting agency's vital and health statistics trust fund, except that in any jurisdiction in which a local vital and health statistics trust fund has not been established, the entire amount of the fee collected pursuant to subdivision (f) shall be transmitted to the State Registrar.
- (3) Moneys transmitted to the State Registrar pursuant to this subdivision shall be deposited in accordance with Section 102247.
- (h) Moneys in each local vital and health statistics trust fund shall be available to the local official charged with the collection of fees pursuant to subdivision (f) for the applicable jurisdiction for the purpose of defraying the administrative costs of collecting and reporting with respect to those fees and for other costs as follows:
- (1) Modernization of vital record operations, including improvement, automation, and technical support of vital record systems.
- (2) Improvement in the collection and analysis of health-related birth and death certificate information, and other community health data collection and analysis, as appropriate.
- (i) Funds collected pursuant to subdivision (f) shall not be used to supplant funding in existence on January 1, 2002, that is necessary for the daily operation of vital record systems. It is the intent of the Legislature that funds collected pursuant to subdivision (f) be used to enhance service to the public, to improve analytical capabilities of state and local health authorities in addressing the health needs of newborn children and maternal health problems, and to analyze the health status of the general population.
- (j) Each county shall annually submit a report to the State Registrar by March 1 containing information on the amount of revenues collected pursuant to subdivision (f) in the previous

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calendar year and on how the revenues were expended and for
what purpose.
(k) Each local registrar, county recorder, or county clerk

- (k) Each local registrar, county recorder, or county clerk collecting the fee pursuant to subdivision (f) shall transmit 45 percent of the fee for each certified copy to which subdivision (f) applies to the State Registrar by the 10th day of the month following the month in which the fee was received.
- (*l*) The additional three dollars (\$3) authorized to be charged to applicants other than public agency applicants for certified copies of marriage records by subdivision (c) may be increased pursuant to Section 114.
- (m) In providing for the expiration of the surcharge on birth certificate fees on June 30, 1999, the Legislature intends that juvenile dependency mediation programs pursue ancillary funding sources after that date.
- (n) This section shall become operative on January $1, \frac{2015}{2020}$.

18 SEC. 9.

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- SEC. 13. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:
- In order to fund efforts aimed at curing disorders and diseases at the earliest possible time, it is necessary that this act take effect immediately.