Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Corey A. Jackson, Chair
SB 435 (Gonzalez) – As Amended May 18, 2023

SENATE VOTE: 35-0

SUBJECT: Collection of demographic data: CalFresh program and State Department of Public Health

SUMMARY: Requires the California Department of Social Services (CDSS) and the California Department of Public Health (CDPH) to include separate collection categories for each major Latino group, each major Mesoamerican Indigenous nation, and major Mesoamerican Indigenous language group when collecting demographic data, as specified. Specifically, **this bill**:

1) Establishes the "Latino and Indigenous Disparities Reduction Act."

2) Defines "department" as CDSS whenever collecting demographic data as to the ancestry or ethnic origin of California residents for any report on the CalFresh program.

3) Requires CDSS, in the course of collecting demographic data directly or by contract as to the ancestry of ethnic origin of California residents, to use separate collection categories in the provided forms that offer respondents the option of selecting one or more ethnic or racial designations or languages and tabulations for all of the following:

   a) Each major Latino group, including, but not limited to, Mexican, Salvadoran, Guatemalan, Honduran, Nicaraguan, Costa Rican, Panamanian, Belizean, Puerto Rican, Dominican, Cuban, and South American;

   b) Each major Mesoamerican Indigenous nation, including, but not limited to, Maya, Aztec, Mixteco, Zapoteco, and Triqui; and,

   c) Each major Mesoamerican Indigenous language group, including, but not limited to, Zapoteco, Chinanteco, K'iche Nahuatl, Mixteco, Purépecha, Tzotzil, Mayan, Amuzgo, Ayuujk (Mixe), Mam, Popti', Q'anjob'al, Triqui, and Chatino.

4) Requires the data collected to be included in every demographic report on ancestry or ethnic origins of Californians by CDSS published or released on or after July 1, 2025.

5) Requires CDSS to report to the Legislature, on or before July 1, 2025, the following:

   a) The data collected in 3) above; and,

   b) The methods used to collect that data.

6) Requires CDSS to make the data available to the public in accordance with state and federal law, including by posting the data on CDSS' website, except for personally identifying information, which is deemed confidential and is not to be disclosed.

a) Prohibits CDSS from reporting demographic data that would permit identification of individuals, and permits CDSS, in order to prevent identification of individuals, to aggregate data categories at a state, county, city, census tract, or ZIP code level to facilitate comparisons and identify disparities;

b) Prohibits CDSS from reporting demographic data that would result in statistical unreliability.

7) Requires CDSS, within 18 months after a decennial United States (U.S.) Census is released to the public, to update its data collection to reflect the additional Latino groups, major specific Mesoamerican Indigenous nations, and major Mesoamerican Indigenous language groups as they are reported by the U.S. Census Bureau.

8) Requires CDSS to comply with the provisions of this bill as early as possible, but no later than July 1, 2025.

9) Requires CDPH to comply with the requirements specified between 3) and 7) above, inclusive, to the extent funding is specifically appropriated, whenever collecting demographic data as to the ancestry or ethnic origin of California residents for a report that includes rates of major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy, housing, and mental health rates.

10) Makes legislative findings and declarations related to this Act imposing a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies, and finds that in order to protect the privacy of California residents, while also gathering and publicizing useful demographic data, it is necessary that personal identifying information remain confidential.

EXISTING LAW:

1) Requires a state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for the following: each major Asian group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Laotian, and Cambodian; and each major Pacific Islander group, including, but not limited to, Hawaiian, Guamanian, and Samoan. (Government Code Section [GOV] 8310.5)

2) Requires the Department of Industrial Relations (DIR) and the Department of Fair Employment and Housing (DFEH) to collect and tabulate data for those groups listed above, as well as additional major Asian groups including, but not limited to, Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, and Thai, and additional major Native Hawaiian groups and other Pacific Islander groups including, but not limited to Fijian and Tongan. (GOV 8310.7)

3) Establishes CDPH, headed by the State Public Health Officer, and sets forth its powers and duties, including the administration of provisions relating to the prevention and control of communicable disease. (Health and Safety Code Sections 131050-131135)

4) Requires CDPH, on or after July 1, 2022, to the extent funding is appropriated, when collecting demographic data as to the ancestry or ethnic origin of persons for a report that

includes rates for major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy rates, or housing numbers to use additional separate collection categories and other tabulations for major Asian groups and Native Hawaiian and other Pacific Islander groups. (GOV 8310.7)

5) Establishes under federal law the “Supplemental Nutrition Assistance Program” (SNAP) pursuant to the Food Stamp Act of 1964 and establishes, in California statute, the CalFresh program to administer the provision of federal SNAP benefits to families and individuals meeting certain criteria, as specified. (7 United States Code Section 2011 *et seq*., Welfare and Institutions Code Section 18900 *et seq*.)

FISCAL EFFECT: According to the Senate Appropriations Committee analysis on May 18, 2023:

- Unknown, likely significant fiscal impact ranging in the hundreds of thousands to low millions of dollars, for CDSS to updates its current IT data collection systems, forms, and other processes.

- CDPH reports costs of approximately $1.9 million in the first year, $1.1 million in the second year, and $567,000 in the third year and ongoing (General Fund). Costs includes changing IT systems and education about categories for CDPH’s reporting programs, and reconciling categories between the state and federal government.

COMMENTS:

Background: *United States Census*. The U.S. Census Bureau (Bureau) is a federal agency responsible for collecting and providing statistical data about the American population and economy. The primary responsibility of the Bureau is conducting the census every 10 years, which counts every person residing in the U.S. and collects demographic information about the population in accordance with the U.S. Office of Management and Budget (OMB). Over time, the census has evolved to reflect changes in society and the recognition of diverse racial and ethnic groups.

The first decennial census was conducted in 1790, which counted close to 4 million people. The census primarily focused on collecting the number of free white males, free white females, other free persons, and slaves, reflecting the prevailing racial and social structures of the time. In subsequent decades, the census expanded to include more racial categories. However, the focus remained primarily on racial categorization rather than ethnic or national origin, and still prohibited any person of mixed origin to claim membership in more than one category or as white. A person of a mixed African and European ancestry were identified as “mulatto” in the 1850 Census; Native Americans were not recognized until 1860, when the racial category of “Indian” was added; “Chinese” was added in 1870 as the first category for people of Asian descent, following “Japanese” in 1890; “Other” was added in 1910, which primarily referred to people of Korean and Filipino descent; and by 1920, “Filipino”, “Korean” and “Hindu” were enumerated.

Despite the long history of Latino or Hispanic residents in the U.S., there had been no systematic effort to collect data on this group separately until the 1930 Census when the option of choosing “Mexican” was added as a racial category. Close to 1.5 million were counted in this group, ranking “Mexicans” as the third largest “racial” group after white and Black people. Yet, this approach still resulted in an undercount of the Latino/Hispanic population since many

Latinos/Hispanics did not identify as "Mexican" or fit into the other limited racial categories. Recognizing the limitations of this approach, the Bureau introduced additional changes in subsequent years to collect data on Hispanic or Latino ethnicity separately from race, and for the first time, allow residents themselves to complete the census forms. The 1970 Census was the first to include a question on Latino/Hispanic origin, allowing individuals to self-identity as being of Hispanic, Latino, or Spanish origin, regardless of race. The specific categories included, "Mexican, Puerto Rican, Cuban, Central or South American," which represent strikingly different cultures and histories. While precise counting of the Latino/Hispanic population remained a challenge, this change was significant as it recognized the distinct ethnic identity of the Latino/Hispanic population and allowed for a more accurate representation of this group in the census data. Since then, the Bureau has continued to refine and expand its data collection efforts by adding more categories to capture the diversity within the Latino/Hispanic population. In fact, the OMB closed public comment on April 12, 2023, relating to data disaggregation for race and ethnic group categories, and will complete its revisions no later than the summer of 2024.

Currently, the Bureau adheres to the 1997 OMB standards, which require two separate race and ethnicity questions. For data on ethnicity, two minimum categories to choose from include: 1) Of Hispanic, Latino, or Spanish origin or 2) Not of Hispanic, Latino, or Spanish origin. For data on race, five minimum categories to choose from include: 1) American Indian or Alaska Native; 2) Asian; 3) Black or African American; 4) Native Hawaiian or Other Pacific Islander; and, 5) White. The OMB standards also encourage the collection of detailed responses. To accomplish this, a write-in area was added in the 2020 Census to give respondents from all backgrounds the opportunity to self-identity multiple racial/ethnic identities.

Existing Racial/Ethnic Data Collection in California. Data disaggregation refers to the breaking down of collected data into smaller definable units to better understand underlying patterns and trends. Efforts have been made in California to disaggregate data specifically for the Asian and Pacific Islander (AAPI) community.

- ***AB 1726 (Bonta), Chapter 607, Statutes of 2016,*** set precedent to require CDPH to collect demographic data related to each major AAPI group. The data collected is also used in reports that collect information regarding the ancestry or ethnic origin of persons that includes rates for major diseases, leading causes of death per demographic, pregnancy rates, and housing numbers;

- ***AB 1088 (Eng), Chapter 689, Statutes of 2011,*** required DIR and DFEH to similarly collect and tabulate data for each major Asian group; and,

- Existing law requires a state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians are required to use separate collection categories and tabulations for each major Asian group.

Despite the Latino community representing 40% of the California population, current law only requires that agencies collect data on individuals using the broad term of "Latino." While the term Latino aligns with the OMB standards, and has allowed California data to be compared against data released nationally, there is a wide variety of ethnic subgroups and languages within the Latino population that is not captured. This bill seeks to require CDPH and CDSS, for the CalFresh program, to disaggregate data for Latino subgroups and Mesoamerican subgroups to better understand the barriers these groups are facing that are hidden in the monolithic term of Latino.

Latino & Mesoamerica Indigenous Subgroups in the U.S. & California. According to the 2020 Census, there are currently 62.1 million self-identified Latino or Hispanic people in the U.S., which increased from 50.5 million in 2010. Of the 62.1 million Latinos or Hispanics in the U.S., 24.5 million were in California, making it the largest ethnicity in the state. Latino subgroups represent over 25 countries in the Caribbean and Central and South America. While Mexicans accounted for nearly 60% (or 37.2 million people) of the nation's overall Latino/Hispanic population in 2021, the Latino population is diversifying. According to the Pew Research Center, between 2010 and 2021, the fastest growing origin groups in the U.S. were Venezuelans (up 172%), Dominicans (up 59%), Hondurans (up 57%), and Guatemalans (up 53%). At the state level, Mexicans are the largest Latino population in 40 out of 50 states. Additionally, according to the United Nation's Children Fund (UNICEF), there are 522 Indigenous peoples in Latin America who speak over 420 different languages. The Pew Research Center found that immigrants make up a declining share of the U.S. Latinos today, while U.S.-born Latinos comprise a majority.

Despite decreased rates of immigrant arrivals, indigeneity is often erased in the immigrant/migrant narrative, and are often undercounted in the census due to many being classified under Latino/Hispanic. While the census approximates 20,000 Indigenous speakers from Latin America residing in the U.S., there is an estimated 200,000 Latinos of Indigenous origin living in California, according to the Latino Community Foundation. Although the racial group "American Indian or Alaska Native" is included in census surveys and is intended for use by Central and South American Indigenous groups, research shows that Indigenous participants from Central and South America associated the phrase with tribal enrollment exclusive to Indigenous groups in the U.S. This has led to many Mesoamerica Indigenous people identifying as Latino or Hispanic, which leads to a substantial underreporting of Indigenous migrant populations in the U.S. – a similar issue described earlier by Latinos or Hispanics who only had the option of choosing "Mexican" in the 1930 Census. A separate study conducted by a UCLA professor estimated as many as 200,000 Zapotecs living in Los Angeles County.

Apart from ethnic misidentification among Indigenous populations from Central and South America in census surveys, many fear revealing their identity and ability to speak an Indigenous language due to discrimination. Indigenous nonprofits have largely done the work to count the number of Indigenous Latin Americans residing in California and provide services to meet their needs. This bill aims to systematically collect demographic data on this group to better understand the number of ethnic subgroups residing in California and the Mesoamerican languages spoken who receive CalFresh benefits. This bill also aims to collect this demographic data by CDPH for purpose of reporting on rates of major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy, housing, and mental health rates.

Data Inequities. Health outcomes or measures related to the social determinants of health are often discussed in reference to the five broad racial/ethnic categories defined by the OMB. However, there is a growing recognition that significant variation exists within these racial/ethnic groups, particularly within Latinos/Hispanics. When data is aggregated to the broad term of Latino/Hispanic, factors like nativity, immigrant status, language, socioeconomic status, and experiences with structural and interpersonal racism – which all significantly impact health outcomes – are lost, and limits the ability to target health and social services resources where they are needed most among each community experiencing significant disparities.

Latino subgroups and Indigenous Latin Americans have distinct needs, such as Indigenous language access, in order to obtain quality and reliable information and services from our state agencies and programs. The Comunidades Indígenas en Liderazgo (CIELO) and the UCLA Bunche Center collected data on Latin American Indigenous people residing in the Los Angeles area and found at least 20 Indigenous languages were spoken, including Zapoteco, Chinanteco, K'iche', and Ayuujk. Without disaggregated data, hidden trends remain unexposed, and this invisibility can have dire social, health, and economic consequences. During the height of the COVID-19 pandemic, Indigenous communities from Latin America could not access timely and reliable information to access vaccines in California due to language barriers, which was a contributing factor to higher death rates. This bill seeks to require data collection for each major Mesoamerican Indigenous nation, including, but not limited to Maya, Aztec, Mixteco, and Zapoteco, and each major Mesoamerican Indigenous language group, including, but not limited to Zapoteco, Chinanteco, K'iche, Nahuatl, Mixteco, Purépecha, Tzotzil, Mayan, Amuzgo, Ayuujk (Mixe), Mam, Popti, Q'anjob'al, Triui, and Chatino among specific state agencies.

The collection of more meaningfully disaggregated racial/ethnic data is uncommon for the Latino/Hispanic population, and even more rare is the analysis and reporting of those data. The continued lack of visibility and representation in data for some populations, also known as data inequity, leads to certain ethnic subgroups experiencing worse outcomes than others. Currently, policymakers and researchers in California must rely on less detailed data released by state agencies or local data that may be collected inconsistently in different jurisdictions, which can lead to health inequities. According to several bodies of research, data inequity is a form of systemic racism, "wherein data collection, analysis, and reporting policies, practices, and norms continue to disproportionately exclude certain communities from access to opportunities and resources," says researchers in a 2021 literature review titled, *"The Critical Role of Racial/Ethnic Data Disaggregation for Health Equity."* When the needs of racial/ethnic subpopulations are ignored because the data does not exist, health disparities are further perpetuated among some of the most disadvantaged communities that continue to remain invisible. Data disaggregation allows for health and social services that address specific needs to target their resources where needed most, thereby eliminate health disparities, and informs policy and funding decisions. In addition to collecting data on each major Mesoamerican Indigenous nation, this bill aims to require specified state agencies to collect and disaggregate data for each major Latino subgroup: Mexican, Salvadoran, Guatemalan, Honduran, Nicaraguan, Costa Rican, Panamanian, Belizean, Puerto Rican, Dominican, Cuban, and South American.

CalFresh. The primary goal of CalFresh is to provide food access to low-income individuals who meet certain eligibility criteria. CalFresh benefits are federally funded, and administration at the federal level lies with the United States Department of Agriculture (USDA). As such, it is the responsibility of USDA to set specific eligibility requirements for SNAP programs across the country in addition to the gross and net income tests, work requirements, and other documentation requirements that is prescribed by USDA.

Since 2014, CDSS has maintained publicly accessible CalFresh data and trends on its CalFresh Data Dashboard, including annual CalFresh caseload numbers, timeliness and accuracy rates, churn measurements, and demographic data, among others. According to the Dashboard, as of January 2023, there were 5,260,585 individuals receiving CalFresh. The National Council of la Raza also reports that Latinos account for more than half of all CalFresh recipients in California. While millions of Latinos participate in CalFresh, Latino participation rates have historically lagged behind state and national averages. By addressing data equity in analysis and reporting of ethnic subgroups within the Latino population, this bill aims to gain a deeper understanding of hidden participation rate trends in aggregate data, which will inform the development of targeted interventions to increase participation rates within the Latino community.

Author's Statement: According to the author, "Latinos make up 40% of California's population. However, within the Latino community there are several ethnic subgroups that have diverse health outcomes. Within the state, instead of looking at these subgroups individually and understanding the challenges they each face, they are viewed as a monolith, which can lead to policymakers and researchers relying on less detailed information that may be collected inconsistently. An example that illustrates the need for more detailed information is current research that has shown that Puerto Ricans have the highest prevalence of asthma in the US mainland at 16%, whereas Latinos of Mexican origin have the lowest prevalence of asthmas at 5.4%. This highlights how health data collected by the State isn't necessarily reflective of the diversity of various subgroups within Latino populations and ignores the health trends within those subgroups."

The author continues, "Data disaggregation is imperative for discovering disparities among the Latino community and addressing them effectively. During the height of the COVID-19 pandemic, Indigenous communities could not access timely and reliable information to access vaccines in California and suffered a higher death rate as a result. [This bill] takes the critical and necessary first step to uncover trends and potential disparities that are often hidden in aggregated numbers for Latinos and Indigenous Mesoamericans in California by requiring public health state agencies, to collect and disaggregate data for specified subgroups."

Need for this bill: The provisions of this bill seeks to reduce disparities within the Latino and Indigenous population by requiring CDSS to use separate collection categories in the provided CalFresh forms for each major Latino group, Mesoamerican Indigenous nation, and Mesoamerican Indigenous language group, as specified. This bill specifies that the data collected is required to be included in every demographic report on ancestry or ethnic origins of Californians on or after July 1, 2025, and prohibits any personal identifying information from being disclosed. This bill also requires CDSS to update its data collection to reflect the additional Latino groups, major specific Mesoamerican Indigenous nations, and major Mesoamerican Indigenous language groups as they are reported by the Bureau within 18 months after a decennial U.S. Census is released to the public.

The provisions of this bill further seeks to model a similar bill that focused on the AAPI community by requiring CDPH to collect and tabulate data on important health related outcomes, including rates of major diseases, leading causes of death per demographic, subcategories for leading causes of death in California, and other important health information for these specific Latino and Mesoamerica Indigenous subgroups. By expanding the category of "Latino or Hispanic" to include ethnic subgroups, this bill seeks to make visible the community's rich diversity, while completely creating a new category for Mesoamerican Indigenous people will identify this group as their own community with its own distinct needs. Currently, state systems and programs do not collect data on these subgroups.

Equity Implications: By 2060, the Latino population is projected to increase to 111.2 million or 28% of the U.S. population. Given that the Latino and Mesoamerican Indigenous population is racially, culturally, linguistically and socioeconomically diverse, is it challenging to make broad generalizations about Latino well-being that apply to all Latino groups. In the aggregate, the Latino population experience disproportionate distribution of poverty, language barriers, and discrimination, as well as lack of health insurance and access to quality health care, which increases their risk of morbidity and mortality as a whole. However, health and life outcomes –

particularly the prevalence of cardiovascular disease, asthma, obesity diabetes, and hypertension – vary significantly by nativity status, country of origin, language, and duration of residence in the U.S. For example, according to 2001-10 data from the National Health Interview Survey, Puerto Ricans have the highest prevalence of asthma in the U.S. mainland (16%) compared to Latinos of Mexican origin who have the lowest prevalence of asthma (5.4%). Similarly, Mexicans born in Mexico have lower rates of asthma compared to Mexicans born in the U.S., but the association is reverse for Puerto Ricans.

In recognition of the diverse cultures, histories, and experiences of Latino and Mesoamerican Indigenous communities, the provisions of this bill seeks to address equity by disaggregating data within the Latino population to shed light on the social and economic characteristics of particular subgroups. By breaking data down into detailed racial/ethnic subgroups, the provisions of this bill aim to better understand and address the distinct needs of Latino and Indigenous Latin American subgroups that are often hidden in the broad term of Latino/Hispanic.

Additionally, given the rising population growth of Latinos/Hispanics who are born in the U.S., coupled with the high participation rates of Latinos/Hispanics in the CalFresh program, this bill anticipates the need to disaggregate demographic data for the Latino/Hispanic population among CalFresh recipients to better understand and analyze the health differences within this group. By doing so, this bill aims to support and sustain the use of these data that will address health inequities within Latino and Indigenous Latin American subgroups who use CalFresh.

This bill is the first of its kind to recognize the steady increase in changing demographic trends within the Latino community by requiring specified state agencies to disaggregate data for the Latino and Mesoamerica Indigenous populations, and Mesoamerica Indigenous languages. By disaggregating data to gain increased knowledge from aggregated information, the provisions of this bill takes the first step to help inform how public social services can better meet the distinct needs of ethnic subgroups, thereby potentially reduce health disparities among Latino and Mesoamerica Indigenous recipients on CalFresh who experience hunger and food insecurity. When data are disaggregated by detailed racial/ethnic subgroups, a more representative picture of the health and well-being of the state emerges and could save lives. Overall, this bill is the first step to creating a statewide standard for demographic information collected within Latino and Indigenous Latin American populations that will expose hidden trends and enable the identification of vulnerable populations.

Policy Considerations: While CDSS is the owner of CalFresh data, demographic data is stored in the Medi-Cal Eligibility Data System (MEDS), which is managed by the Department of Health Care Services (DHCS). As a result, it is unclear if CDSS can make changes to the data categories.

> *Should this bill move forward, the author may wish to consider the most appropriate department to take lead in making data system changes.*

Earlier versions of this bill included additional departments, including DHCS, the Department of Aging and the Department of Health Care Access and Information, to use separate collection categories for each major Latino group, each major Mesoamerican Indigenous nation, and major Mesoamerican Indigenous language group when collecting demographic data. While this bill is a necessary first step to uncovering trends and tracking disparities within the Latino population, updating the race and ethnicity categories will likely impact forms and back-end data systems to accommodate new categories for the CalFresh program.

> *Should this bill move forward, the author may want to consider expanding the bill to require the California Health and Human Services Agency (Cal HHS) to meet the provisions of the bill to ensure data collection standards are standardized across all departments and agencies to prevent inconsistencies in data collection, particularly among programs that overlap – as many social services programs do.*

RELATED AND PRIOR LEGISLATION:

AB 1358 (Muratsuchi) of 2021, would have expanded the groups that state agencies are required to collect disaggregated demographic data on and would have required CDPH to establish standards for the collection of demographic information by local health officers and health care providers. *AB 1358 was held on the Senate Appropriations Committee suspense file.*

AB 1726 (Bonta), Chapter 607, Statutes of 2016, required CDPH, when collecting demographic data on ancestry or ethnic origin of persons for a report that includes rates for major diseases, including causes of death per demographic, sub categories for leading causes of death in California overall, pregnancy rate, or housing number, to disaggregate those data for specified Native Hawaiian and other Asian and Pacific Islander groups.

AB 176 (Bonta) of 2015, would have required the California Community Colleges (CCC), the California State University (CSU), the University of California (UC), and the California Department of Managed Health Care to disaggregate demographic information for Native Hawaiian, Asian, and Pacific Islander groups. *AB 176 was vetoed by Governor Brown.*

AB 1088 (Eng), Chapter 689, Statutes of 2011, required the DIR and the DFEH to collect and tabulate data for each major Asian group.

AB 1737 (Eng) of 2010, would have required certain state agencies to use additional separate collection categories and tabulations for major Asian and Pacific Islander groups. *AB 1737 was held on the Assembly Appropriations Committee suspense file.*

AB 295 (Lieu) of 2007, would have required various state entities to report collected demographic data according to each major Asian and Pacific Islander group and make the data available to the public to the extent that disclosure did not violate confidentiality. *AB 295 was vetoed by Governor Schwarzenegger*.

AB 2420 (Lieu) of 2006, was substantially similar to AB 176 (Bonta of 2015), and would have expanded from 11 to 23 the ancestry or ethnic origin collection categories required to be collected by any state agency, board, commission, CCC, or CSU. *AB 2420 was held on the Senate Appropriations Committee suspense file*.

REGISTERED SUPPORT / OPPOSITION:

Support

Latino Coalition for a Healthy California (Sponsor)
#OneContraCosta Coalition
AARP
Access Reproductive Justice
Altamed Health Services

API Equality-LA
Asian Americans Advancing Justice-Southern California
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Asociacion De Migrantes Guatemaltecos, LA
Buen Vecino
California Black Health Network
California Dental Association
California Food and Farming Network
California Health+Advocates, Subsidiary of The California Primary Care Association
California Institute for Rural Studies
California Latinas for Reproductive Justice
California Pan - Ethnic Health Network
California State Council of Service Employees International Union (SEIU California)
Casa Del Diabetico Gualan
Central California Environmental Justice Network
Central Coast Alliance United for A Sustainable Economy
Centro Binacional Para El Desarrollo Indígena Oaxaqueno
Children Now
Coalition for Humane Immigrant Rights (CHIRLA)
Community Health Councils
Diligencias
Equality California
Having Our Say Coalition
Hispanas Organized for Political Equality
Mixteco/Indígena Community Organizing Project
Multi Ethnic Collaborative of Community Agencies
National Health Law Program
Pesticide Action Network North America
Public Health Advocates
Raizes Collective
Roots of Change
Southeast Asia Resource Action Center
Union De Guatemaltecos Emigrantes
Vision Y Compromiso (UNREG)
Western Center on Law & Poverty, INC.

Opposition

None on file

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