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**Assembly
California Legislature
Committee on Rules**

**KEN COOLEY
CHAIR**

VICE CHAIR
CUNNINGHAM, JORDAN

MEMBERS
CARRILLO, WENDY
CERVANTES, SABRINA
GALLAGHER, JAMES
GRAYSON, TIMOTHY S.
KAMLAGER-DOVE, SYDNEY
MAYES, CHAD
NAZARIAN, ADRIAN
SALAS, JR. RUDY
WALDRON, MARIE

FONG, VINCE (R-ALT)
LEVINE, MARC (D-ALT)

Thursday, August 9, 2018
10 minutes prior to Session
State Capitol, Room 3162

CONSENT AGENDA

BILL REFERRALS

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RESOLUTIONS

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MARC LEVINE (D-ALT.)
VINCE FONG (R-ALT.)

Memo

To: Rules Committee Members
From: Michael Erke, Bill Referral Consultant
Date: 8/8/18
Re: Consent Bill Referrals

Since you received your preliminary list of bill referrals, there have been no changes.

REFERRAL OF BILLS TO COMMITTEE

08/09/2018

Pursuant to the Assembly Rules, the following bills were referred to committee:

Assembly Bill No.	Committee:
<u>ACR 269</u>	RLS.
<u>HR 120</u>	RLS.

AMENDED IN ASSEMBLY AUGUST 6, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

Assembly Concurrent Resolution

No. 253

Introduced by Assembly Member Kiley

June 12, 2018

Assembly Concurrent Resolution No. 253—Relative to the Ukrainian ~~Famine-Genocide~~ *Famine* of 1932–1933.

LEGISLATIVE COUNSEL’S DIGEST

ACR 253, as amended, Kiley. Ukrainian ~~Famine-Genocide~~ *Famine* of 1932–1933.

This measure would remember and honor the millions of victims of the man-made Ukrainian ~~Famine-Genocide~~ *Famine* of 1932–1933, known as “Holodomor,” and their descendants who are living throughout California. The measure would also designate November 24, 2018, as Holodomor Remembrance Day.

Fiscal committee: no.

1 WHEREAS, The Ukrainian ~~Famine-Genocide~~ *Famine* of
2 1932–1933, known as “Holodomor,” was a man-made famine that
3 caused the deaths of at least five million innocent men, women,
4 and children in Ukraine, resulting in an annihilation of an estimated
5 25 percent of the rural population of that country, one of the most
6 productive agricultural areas of the Soviet Union; and

7 WHEREAS, This man-made famine also resulted in the deaths
8 of an estimated one to two million people in regions outside
9 Ukraine, mostly in the largely ethnic Ukrainian North Caucasus
10 territory; and

98

1 ~~WHEREAS, The Holodomor was a genocide committed by~~
2 ~~Joseph Stalin and the Soviet regime against the people of Ukraine;~~
3 ~~and~~

4 ~~WHEREAS, These millions Millions of people were starved to~~
5 ~~death by forced agricultural collectivization and grain seizures by~~
6 ~~the Soviet Union; and~~

7 ~~WHEREAS, Western observers and scholars who accurately~~
8 ~~reported on the existence of the famine as it was occurring were~~
9 ~~subjected to disparagement and criticism for their reporting; and~~

10 ~~WHEREAS, The Soviet Union and many scholars in the west~~
11 ~~denied the existence of the famine until the collapse of the Soviet~~
12 ~~Union in 1991 when Soviet Union archives became accessible,~~
13 ~~thereby making the documentation of the premeditated nature of~~
14 ~~the famine and its harsh enforcement possible; and~~

15 ~~WHEREAS, The final report of the United States Commission~~
16 ~~on the Ukraine Famine, established on December 13, 1985,~~
17 ~~concluded that the victims were “starved to death in a man-made~~
18 ~~famine” and that “Joseph Stalin and those around him committed~~
19 ~~genocide against Ukrainians in 1932–1933”; and~~

20 ~~WHEREAS, The United States Congress authorized the~~
21 ~~government of Ukraine on October 13, 2006, to establish a~~
22 ~~memorial on federal land in the District of Columbia to “honor~~
23 ~~the victims of the Ukrainian famine-genocide *Famine-Genocide*~~
24 ~~of 1932–1933”; and~~

25 ~~WHEREAS, Although the famine was one of the greatest losses~~
26 ~~of human life in the 20th century, its occurrence remains~~
27 ~~insufficiently known in the United States and throughout the world;~~
28 ~~and~~

29 ~~WHEREAS, The official recognition of the famine by the~~
30 ~~government of Ukraine and the Verkhovna Rada of Ukraine on~~
31 ~~November 28, 2006, represents a significant step in the~~
32 ~~reestablishment of Ukraine’s national identity and the advancement~~
33 ~~of efforts to establish a democratic and free Ukraine that is fully~~
34 ~~integrated into the Western community of nations; and~~

35 ~~WHEREAS, Whether Ukrainian immigrants were fleeing~~
36 ~~political oppression or religious persecution to pursue better lives~~
37 ~~for themselves and their families, the desire to live in peace and~~
38 ~~enjoy liberty was so valued that it drew generations of Ukrainian~~
39 ~~immigrants to the United States and California in an effort to~~
40 ~~rebuild their lives; and~~

1 WHEREAS, California is now home to the third largest
2 Ukrainian American population in the United States, and
3 Ukrainians living in California have enriched our state through
4 their leadership and contributions in agriculture, business,
5 academia, government, and the arts; and

6 WHEREAS, In August 2015, a memorial to the millions who
7 perished in the Ukrainian ~~Famine-Genocide~~ *Famine* of 1932–1933
8 was erected in the United States capital, and the dedication
9 ceremony took place on November 7, 2015; now, therefore, be it

10 *Resolved by the Assembly of the State of California, the Senate*
11 *thereof concurring*, That the millions of victims of the man-made
12 Ukrainian ~~Famine-Genocide~~ *Famine* of 1932–1933 and their
13 descendants living throughout California should be solemnly
14 remembered and honored; and be it further

15 *Resolved*, That the Legislature designates November 24, 2018,
16 as Holodomor Remembrance Day in California and encourages
17 individual citizens, educators, businesses, groups, organizations,
18 and public institutions to observe Holodomor Remembrance Day
19 with appropriate activities designed to honor the victims and
20 educate Californians about this tragedy; and be it further

21 *Resolved*, That the Chief Clerk of the Assembly transmit copies
22 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 253 (Kiley) – As Amended August 6, 2018

SUBJECT: Ukrainian Famine of 1932–1933.

SUMMARY: Designates November 24, 2018, as Holodomor Remembrance Day and honors the millions of victims of the man-made Ukrainian Famine of 1932-1933, known as "Holodomor," and their descendants who are living throughout California. Specifically, **this resolution** makes the following legislative findings:

- 1) The Ukrainian Famine of 1932-1933, known as "Holodomor," was a man-made famine that caused the deaths of at least five million innocent men, women, and children in Ukraine, resulting in an annihilation of an estimated 25 percent of the rural population of that country, one of the most productive agricultural areas of the Soviet Union.
- 2) This man-made famine also resulted in the deaths of an estimated one to two million people in regions outside Ukraine, mostly in the largely ethnic Ukrainian North Caucasus territory.
- 3) Millions of people were starved to death by forced agricultural collectivization and grain seizures by the Soviet Union.
- 4) The Soviet Union and many scholars in the West denied the existence of the famine until the collapse of the Soviet Union in 1991 when Soviet Union archives became accessible, thereby making the documentation of the premeditated nature of the famine and its harsh enforcement possible.
- 5) The official recognition of the famine by the government of Ukraine and the Verkhovna Rada of Ukraine on November 28, 2006, represents a significant step in the reestablishment of Ukraine's national identity and the advancement of efforts to establish a democratic and free Ukraine that is fully integrated into the Western community of nations.
- 6) California is now home to the third largest Ukrainian-American population in the United States, and Ukrainians living in California have enriched our state through their leadership and contributions in agriculture, business, academia, government, and the arts.
- 7) In August 2015, a memorial to the millions who perished in the Ukrainian Famine of 1932-1933 was erected in the United States capitol, and the dedication ceremony took place on November 7, 2015.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Assembly Concurrent Resolution

No. 255

**Introduced by Assembly Members Harper and Mathis
(Coauthors: Assembly Members Chen, Lackey, Levine, and
Nazarian)**

June 14, 2018

Assembly Concurrent Resolution No. 255—Relative to Suicide Prevention Week in California.

LEGISLATIVE COUNSEL’S DIGEST

ACR 255, as introduced, Harper. Suicide Prevention Week in California.

This measure would proclaim the week of September 9, 2018, through September 15, 2018, as Suicide Prevention Week in California.

Fiscal committee: no.

- 1 WHEREAS, California recognizes suicide as a public health
2 problem and suicide prevention as a statewide responsibility; and
3 WHEREAS, Designating the second week of September as
4 “Suicide Prevention Week in California” would overlap with World
5 Suicide Prevention Day, which occurs on September 10, 2018,
6 and is recognized internationally and supported by the World
7 Health Organization; and
8 WHEREAS, Suicide is the 10th leading cause of all deaths in
9 the United States and the 44th leading cause of all deaths in
10 California; and
11 WHEREAS, On average, 105 people commit suicide every day
12 in the United States, which equals approximately one person every
13 14.2 minutes; and

1 WHEREAS, In the United States, rates of suicide are highest
2 among people from 45 to 54 years of age, and rates of suicide
3 among youth who are from 15 to 24 years of age, have increased
4 more than 200 percent in the last 50 years; and

5 WHEREAS, Each day, an estimated 22 veterans in the United
6 States commit suicide, which equals approximately one veteran
7 every 65 minutes; and

8 WHEREAS, It is estimated that there are 4.78 million people
9 in the United States, known as survivors of suicide, who have lost
10 a loved one to suicide; and

11 WHEREAS, A great many suicides are preventable; and

12 WHEREAS, Most suicidal people display warning signals of
13 their intentions; however, others are often unaware of these signals
14 or unsure what to do about them; and

15 WHEREAS, The stigma associated with mental illness and
16 suicide works against suicide prevention by discouraging persons
17 at risk for suicide from seeking lifesaving help and further
18 traumatizes survivors of suicide; and

19 WHEREAS, The State of California established the State
20 Department of Health Care Services-Suicide Prevention Program
21 (SPP), published the California Strategic Plan on Suicide
22 Prevention in 2008, and has supported multiple statewide and local
23 projects launched under the Mental Health Services Act
24 (Proposition 63); and

25 WHEREAS, The State of California recognizes the efforts of
26 organizations such as the American Association of Suicidology
27 that are dedicated to reducing the frequency of suicide attempts
28 and deaths and the pain of survivors of suicide through educational
29 programs, research programs, intervention services, and
30 bereavement services; and

31 WHEREAS, Suicide Prevention Week in California is a time
32 to acknowledge the tragic loss of individuals who have committed
33 suicide and to commemorate the actions of organizations and
34 individuals working to prevent suicide and raise awareness of
35 suicide as a public health issue; now, therefore, be it

36 *Resolved by the Assembly of the State of California, the Senate*
37 *thereof concurring,* That the Legislature hereby proclaims the
38 week of September 9, 2018, through September 15, 2018, as
39 “Suicide Prevention Week in California”; and be it further

- 1 *Resolved*, That the Chief Clerk of the Assembly transmit copies
- 2 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 255 (Harper) – As Introduced June 14, 2018

SUBJECT: Suicide Prevention Week in California.

SUMMARY: Proclaims the week of September 9, 2018, through September 15, 2018, as Suicide Prevention Week in California. Specifically, **this resolution** makes the following legislative findings:

- 1) California recognizes suicide as a public health problem and suicide prevention as a statewide responsibility and designating the second week of September as "Suicide Prevention Week in California" would overlap with World Suicide Prevention Day, which occurs on September 10, 2018, and is recognized internationally and supported by the World Health Organization.
- 2) Suicide is the 10th leading cause of all deaths in the United States and the 44th leading cause of all deaths in California and on average, 105 people commit suicide every day in the United States, which equals approximately one person every 14.2 minutes.
- 3) In the United States, rates of suicide are highest among people from 45 to 54 years of age, and rates of suicide among youth who are from 15 to 24 years of age, have increased more than 200 percent in the last 50 years.
- 4) Each day, an estimated 22 veterans in the United States commit suicide, which equals approximately one veteran every 65 minutes.
- 5) A great many suicides are preventable and most suicidal people display warning signals of their intentions; however, others are often unaware of these signals or unsure what to do about them.
- 6) The State of California established the Department of Health Care Services-Suicide Prevention Program (SPP), published the California Strategic Plan on Suicide Prevention in 2008, and has supported multiple statewide and local projects launched under the mental Health Services Act (Proposition 63).
- 7) The State of California recognizes the efforts of organizations such as the American Association of Suicidology that are dedicated to reducing the frequency of suicide attempts and deaths and the pain of survivors of suicide through educational programs, research programs, intervention services, and bereavement services.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

American Foundation for Suicide Prevention

Association of Regional Center Agencies (ARCA)

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800



August 7, 2018

The Honorable Ken Cooley
California Assembly
State Capitol, Room 3013
Sacramento, CA 94249-0074

Dear Assembly Member Cooley:

On behalf of the American Foundation for Suicide Prevention's (AFSP) seven California Chapters (Greater San Francisco Bay Area, Greater Sacramento Area, Central Valley, Greater Los Angeles and Central Coast, Orange County, Inland Empire and Desert Cities and San Diego) we would like to commend you for your continued support of Mental Health and Suicide Prevention.

Bringing awareness to the topic of Suicide Prevention is one of the fastest ways to facilitate changing one's perception of this leading cause of death and eliminating the stigma that surrounds Mental Health and Suicide.

We want to thank you for putting forth Assembly Concurrence Resolution 255 recognizing September 9-15, 2018 as Suicide Prevention Week.

Sincerely,

Gordon Doughty

Gordon Doughty
National Public Policy Council
Co-Chair, California Public Policy Committee
American Foundation for Suicide Prevention
925-933-3275



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August 7, 2018

Assemblymember Ken Cooley
Chair, Assembly Committee on Rules
State Capitol, Room 3016
Sacramento, CA 95814

RE: ACR 255 (Harper) – SUPPORT

Honorable Assemblymember Cooley:

The Association of Regional Center Agencies (ARCA) represents the network of 21 non-profit regional centers that coordinate services for, and advocate on behalf of, California's over 300,000 people with developmental disabilities.

On behalf of ARCA, I wish to express our support for ACR 255, Assemblymember Harper's resolution recognizing the second week of September as Suicide Prevention Week in California.

In the past few years, the suicide rates for children, teens, and young adults have increased rapidly. Bullying is one of the known causes, and individuals with developmental disabilities are at a heightened risk for such abuse. While debate remains about the full list of cause(s) of this increase in attempted and completed suicides, there is broad agreement that solutions must not wait.

The first way to better advance solutions is to increase awareness of suicide as an issue of public health and mental health – or more broadly, a problem related to health. Reducing stigma, creating a space to discuss survivorship, improving supports for family members, and connecting individuals in crisis to life-saving services are all parts of the broad and layered responses we as a state need to take to address suicide. This resolution is one of those first steps that will help advance this causes.

Even one suicide is one too many. We applaud Asm. Harper's leadership on this, and join in support of this resolution that will help raise awareness of this problem and the many responses we as a state can take. If you have any questions regarding our position, please do not hesitate to contact Daniel Savino in our office at dsavino@arcenet.org or (916) 446-7961.

Sincerely,

/s/Amy Westling
Executive Director

Cc: Kara Reano, Scheduler, Office of Assemblymember Harper
Nicole Willis, Committee Secretary, Assembly Committee on Rules

AMENDED IN ASSEMBLY JULY 5, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

Assembly Concurrent Resolution

No. 258

**Introduced by Assembly Member Gloria
(Principal coauthor: Assembly Member Gipson)**

(Principal coauthor: Senator Wiener)

**(Coauthors: Assembly Members Cervantes, Eggman, Low, and
Waldron)**

(Coauthors: Senators Atkins, Galgiani, and Lara)

June 18, 2018

Assembly Concurrent Resolution No. 258—Relative to Pre-Exposure
Prophylaxis and Post-Exposure Prophylaxis Awareness Day.

LEGISLATIVE COUNSEL'S DIGEST

ACR 258, as amended, Gloria. Pre-Exposure Prophylaxis and
Post-Exposure Prophylaxis Awareness Day.

This measure would designate August 16, 2018, as Pre-Exposure
Prophylaxis and Post-Exposure Prophylaxis Awareness Day in
California to enhance public awareness of comprehensive human
immunodeficiency virus prevention strategies.

Fiscal committee: no.

- 1 WHEREAS, The federal Centers for Disease Control and
- 2 Prevention estimates that approximately 1.2 million people in the
- 3 United States, and over 220,000 people in California, are at high
- 4 risk for exposure to human immunodeficiency virus (HIV), and
- 5 could benefit from comprehensive HIV prevention strategies; and
- 6 WHEREAS, Pre-exposure prophylaxis (PrEP) is an antiretroviral
- 7 medication that has been shown to be safe and effective in reducing

98

1 the risk of acquiring HIV among people who are at high risk of
2 acquiring the virus; and

3 WHEREAS, PrEP is estimated to be over 90 percent effective
4 at preventing HIV infection, but only about 12 percent of the 1.2
5 million Americans at high risk for HIV exposure have initiated
6 the PrEP ~~regime~~; *regimen*; and

7 WHEREAS, Individuals who have had possible exposure to
8 HIV can take post-exposure prophylaxis (PEP) within 72 hours as
9 an emergency antiretroviral medication that has been shown to be
10 safe and effective in reducing the risk of acquiring HIV; and

11 WHEREAS, There are approximately ~~120,000~~ *139,000*
12 Californians living with HIV, and annually California has the
13 largest number of new HIV diagnoses in the country, especially
14 in the ~~Counties~~ *counties* of Los Angeles, San Francisco, and San
15 Diego; and

16 WHEREAS, Despite a 2.9 percent decline in the rate of new
17 HIV diagnoses in California between 2011 and 2015, racial and
18 ethnic disparities in HIV incidence and prevalence persist; and

19 WHEREAS, Racial and ethnic disparities also exist in the
20 utilization of PrEP and PEP from lack of awareness of these
21 medications among disadvantaged populations, who are at greatest
22 risk of HIV infection, and from limited access to culturally and
23 linguistically sensitive clinicians with whom patients feel
24 comfortable discussing sexual matters; and

25 WHEREAS, Among medical and health professionals, there is
26 a lack of education and awareness of PrEP and PEP. The federal
27 Centers for Disease Control and Prevention estimates
28 approximately one-third of primary care doctors and nurses have
29 not learned or heard about PrEP and PEP; and

30 WHEREAS, There is a need to increase public awareness of
31 PrEP and PEP, and to strengthen local and statewide awareness
32 of comprehensive HIV prevention strategies in order to mitigate
33 the spread of HIV, especially among Californians most at risk of
34 getting infected with the virus; and

35 WHEREAS, In 2016, the State Department of Public Health
36 released its Integrated HIV Surveillance, Prevention, and Care
37 Plan with an articulated vision of “Getting to Zero,” where their
38 goal is to reduce new HIV infections to zero, AIDS-related deaths
39 to zero, and to eliminate stigma and discrimination against people
40 with HIV in California; and

1 WHEREAS, There is a need to encourage primary care
2 physicians and nurses to provide culturally and linguistically
3 competent care of HIV prevention strategies, such as PrEP and
4 PEP; and

5 WHEREAS, The Legislature wishes to enhance public
6 awareness of PrEP and PEP; now, therefore, be it

7 *Resolved by the Assembly of the State of California, the Senate*
8 *thereof concurring*, That the Legislature hereby recognizes August
9 16, 2018, as Pre-Exposure Prophylaxis and Post-Exposure
10 Prophylaxis Awareness Day in California to enhance public
11 awareness of PrEP and PEP; and be it further

12 *Resolved*, That the Chief Clerk of the Assembly transmit copies
13 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 258 (Gloria) – As Amended July 5, 2018

SUBJECT: Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Awareness Day.

SUMMARY: Designates August 16, 2018, as Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Awareness Day in California to enhance awareness of comprehensive human immunodeficiency virus prevention strategies. Specifically, **this resolution** makes the following legislative findings:

- 1) The federal Centers for Disease Control and Prevention estimates that approximately 1.2 million people in the United States, and over 220,000 people in California, are at high risk for exposure to human immunodeficiency virus (HIV), and could benefit from comprehensive HIV prevention strategies.
- 2) Pre-exposure prophylaxis (PrEP) is an antiretroviral medication that has been shown to be safe and effective in reducing the risk of acquiring HIV among people who are at high risk of acquiring the virus; and PrEP is estimated to be over 90 percent effective at preventing HIV infection, but only about 12 percent of the 1.2 million Americans at high risk for HIV exposure have initiated the PrEP regimen.
- 3) There are approximately 139,000 Californians living with HIV, and annually California has the largest number of new HIV diagnoses in the country, especially in the counties of Los Angeles, San Francisco, and San Diego.
- 4) Despite a 2.9 percent decline in the rate of new HIV diagnoses in California between 2011 and 2015, racial and ethnic disparities in HIV incidence and prevalence persist; and, racial and ethnic disparities also exist in the utilization of PrEP and Post-Exposure Prophylaxis from lack of awareness of these medications among disadvantaged populations, who are at greatest risk of HIV infection, and from limited access to culturally and linguistically sensitive clinicians with whom patients feel comfortable discussing sexual matters.
- 5) There is a need to increase public awareness of PrEP and Post-Exposure Prophylaxis, and to strengthen local and statewide awareness of comprehensive HIV prevention strategies in order to mitigate the spread of HIV, especially among Californians most at risk of getting infected with the virus.
- 6) In 2016, the State Department of Public Health released its Integrated HIV Surveillance, Prevention, and Care Plan with an articulated vision of “Getting to Zero,” where their goal is to reduce new HIV infections to zero, AIDS-related deaths to zero, and to eliminate stigma and discrimination against people with HIV in California.
- 7) There is a need to encourage primary care physicians and nurses to provide culturally and linguistically competent care of HIV prevention strategies, such as PrEP and Post-Exposure Prophylaxis.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Assembly Concurrent Resolution

No. 264

Introduced by Assembly Member Kalra

July 3, 2018

Assembly Concurrent Resolution No. 264—Relative to India’s Independence Day.

LEGISLATIVE COUNSEL’S DIGEST

ACR 264, as introduced, Kalra. India’s Independence Day.

This measure would recognize August 15, 2018, as India’s Independence Day, and urge all Californians to join in celebrating India’s independence.

Fiscal committee: no.

- 1 WHEREAS, As the day began on August 15, 1947, at the stroke
2 of midnight, the first Prime Minister of India, Jawaharlal Nehru,
3 gave his famous Tryst with Destiny speech proclaiming India’s
4 independence; and
5 WHEREAS, The Tryst with Destiny speech captured the essence
6 of the nonviolent Indian freedom struggle against British colonial
7 rule in India; and
8 WHEREAS, India’s Independence Day is one of the most
9 important national holidays in India. The biggest event of the day
10 takes place in Delhi where the Prime Minister hoists the national
11 flag at the Red Fort, delivers a nationally televised speech that
12 highlights the achievements of the government, discusses current
13 issues and future plans for progress, and pays tribute to the leaders
14 of India’s struggle for freedom; and

1 WHEREAS, India's Independence Day is celebrated on August
2 15 of each year to commemorate its independence. It was
3 celebrated by 400 million Indians in 1947 and today is celebrated
4 by over a billion people living in India, and many people living in
5 other parts of the world, including California, which is home to
6 the largest population of Asian Indians in the United States; and

7 WHEREAS, The local community of people in California who
8 hail from India, or with ancestral ties to India, continually
9 demonstrate the greatness and beauty of their homeland, and their
10 contributions are notable and reflect success in many industries
11 and community activism; and

12 WHEREAS, Ever since August 15, 1947, India's nonviolent
13 struggle for freedom, its rejection of terrorism and extremism, and
14 its belief in democracy, tolerance, and the rule of law have been
15 an inspiration and beacon of hope for people around the world;
16 and

17 WHEREAS, India's example has had a profound effect on many
18 countries, including the United States. Leaders of our civil rights
19 movement, including Dr. Martin Luther King, Jr., spoke about the
20 debt they owed to Mahatma Gandhi. Ties between our two peoples
21 have never been stronger. The over three million members of the
22 Indian American community are living examples of the bonds that
23 bind our nations together and their accomplishments have become
24 well-known and admired in both countries; and

25 WHEREAS, India is the world's largest democracy by
26 population with roughly 1.3 billion people, more than 800 million
27 of whom are eligible to vote; now, therefore, be it

28 *Resolved by the Assembly of the State of California, the Senate*
29 *thereof concurring*, That the Legislature hereby recognizes August
30 15, 2018, as India's Independence Day, and urges all Californians
31 to join in celebrating India's independence; and be it further

32 *Resolved*, That the Chief Clerk of the Assembly transmit copies
33 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 264 (Kalra) – As Introduced July 3, 2018

SUBJECT: India's Independence Day.

SUMMARY: Recognizes August 15, 2018, as India's Independence Day and urges all Californians to join in celebrating India's independence. Specifically, **this resolution** makes the following legislative findings:

- 1) As the day began on August 15, 1947, at the stroke of midnight, the first Prime Minister of India, Jawaharlal Nehru, gave his famous Tryst with Destiny speech proclaiming India's independence; and, the Tryst with Destiny speech captured the essence of the nonviolent Indian freedom struggle against British colonial rule in India.
- 2) India's Independence Day is one of the most important national holidays in India. The biggest event of the day takes place in Delhi where the Prime Minister hoists the national flag at the Red Fort, delivers a nationally televised speech that highlights the achievements of the government, discusses current issues and future plans for progress, and pays tribute to the leaders of India's struggle for freedom.
- 3) India's Independence Day is celebrated on August 15 of each year to commemorate its independence. It was celebrated by 400 million Indians in 1947 and today is celebrated by over a billion people living in India, and many people living in other parts of the world, including California, which is home to the largest population of Asian Indians in the United States.
- 4) The local community of people in California who hail from India, or with ancestral ties to India, continually demonstrate the greatness and beauty of their homeland, and their contributions are notable and reflect success in many industries and community activism.
- 5) Since August 15, 1947, India's nonviolent struggle for freedom, its rejection of terrorism and extremism, and its belief in democracy, tolerance, and the rule of law have been an inspiration and beacon of hope for people around the world.
- 6) India's example has had a profound effect on many countries, including the United States. Leaders of our civil rights movement, including Dr. Martin Luther King, Jr., spoke about the debt they owed to Mahatma Gandhi. Ties between our two peoples have never been stronger. The over three million members of the Indian American community are living examples of the bonds that bind our nations together and their accomplishments have become well-known and admired in both countries.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Assembly Concurrent Resolution

No. 266

Introduced by Assembly Member Rubio

July 5, 2018

Assembly Concurrent Resolution No. 266—Relative to Red Ribbon Week.

LEGISLATIVE COUNSEL’S DIGEST

ACR 266, as introduced, Rubio. Red Ribbon Week.

This measure would declare October 23 to 31, 2018, inclusive, as Red Ribbon Week, and would encourage all Californians to help build drug-free communities and to participate in drug prevention activities.

Fiscal committee: no.

1 WHEREAS, Californians for Drug-Free Youth (CADFY), a
2 statewide parent-community organization, the office of the
3 Governor, the office of the Attorney General, the State Department
4 of Education, the California State Parent Teacher Association, and
5 more than 100 other statewide agencies, departments, and
6 organizations have been strong advocates for Red Ribbon Week;
7 and

8 WHEREAS, The National Family Partnership initiated the Red
9 Ribbon Campaign after United States Drug Enforcement
10 Administration Agent Enrique “Kiki” Camarena was killed in
11 Mexico by drug traffickers in 1985; and

12 WHEREAS, Parents, youths, schools, businesses, law
13 enforcement agencies, religious institutions, service organizations,
14 senior citizens, medical and military personnel, sports teams, and
15 others concerned about the effects of drugs on our communities

1 will demonstrate their commitment to drug-free, healthy lifestyles
2 by wearing and displaying red ribbons during this weeklong
3 celebration; and

4 WHEREAS, The theme of this year’s Red Ribbon Week is “Life
5 is your journey, travel drug free”; and

6 WHEREAS, Securing a safe and healthy future for our children
7 is directly threatened by drug abuse, and awareness of this problem
8 will help individuals in fighting drug abuse; and

9 WHEREAS, The objective of Red Ribbon Week 2018 will be
10 to promote this view through drug prevention, education, parental
11 involvement, and communitywide support; and

12 WHEREAS, The Assembly of the State of California has further
13 committed its resources to ensure the success of the Red Ribbon
14 Week celebration; now, therefore, be it

15 *Resolved by the Assembly of the State of California, the Senate*
16 *thereof concurring*, That the Legislature proclaims its support for
17 the Red Ribbon Week celebration by designating the period of
18 October 23 to October 31, 2018, inclusive, as Red Ribbon Week;
19 and be it further

20 *Resolved*, That the Legislature encourages all Californians to
21 help build drug-free communities and to participate in drug
22 prevention activities by making a visible statement that we are
23 firmly committed to healthy, productive, and drug-free lifestyles;
24 and be it further

25 *Resolved*, That the Chief Clerk of the Assembly transmit copies
26 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 266 (Rubio) – As Introduced July 5, 2018

SUBJECT: Red Ribbon Week.

SUMMARY: Declares October 23 to 31, 2018, inclusive, as Red Ribbon Week, and encourages all Californians to help build drug-free communities and to participate in drug prevention activities. Specifically, **this resolution** makes the following legislative findings:

- 1) Californians for Drug-Free Youth (CADFY), a statewide parent-community organization, the office of the Governor, the office of the Attorney General, the State Department of Education, the California State Parent Teacher Association, and over 100 other statewide agencies, departments, and organizations have been strong advocates for Red Ribbon Week.
- 2) The National Family Partnership, initiated the Red Ribbon Campaign after United States Drug Enforcement Administration Agent Enrique "Kiki" Camarena was killed in Mexico by drug traffickers in 1985.
- 3) Parents, youths, schools, businesses, law enforcement agencies, religious institutions, service organizations, senior citizens, medical and military personnel, sports teams, and others concerned about the effects of drugs on our communities will demonstrate their commitment to drug-free, healthy lifestyles by wearing and displaying red ribbons during this weeklong celebration.
- 4) The theme of this year's Red Ribbon Week is "Life is your journey, travel drug free"; and, securing a safe and healthy future for our children is directly threatened by drug abuse, and awareness of this problem will help individuals in fighting drug abuse while promoting education, drug prevention, and parental involvement.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Assembly Concurrent Resolution

No. 269

**Introduced by Assembly Members Choi, Medina, Patterson, and
Quirk-Silva**
(Principal coauthors: Senators Stone and Vidak)

August 6, 2018

Assembly Concurrent Resolution No. 269—Relative to Dosan Ahn Chang Ho Day.

LEGISLATIVE COUNSEL’S DIGEST

ACR 269, as introduced, Choi. Dosan Ahn Chang Ho Day.

This measure would declare November 9, 2018, and each November 9 thereafter, as Dosan Ahn Chang Ho Day.

Fiscal committee: no.

1 WHEREAS, Dosan Ahn Chang Ho is regarded as one of the
2 most significant patriotic figures by Koreans at home and abroad;
3 and

4 WHEREAS, Korean independence leader Dosan Ahn Chang
5 Ho was born on November 9, 1878, in Korea. He is to the Korean
6 and Korean American community as Mahatma Gandhi is seen to
7 the people of India, for he is held in highest esteem; and

8 WHEREAS, As a teenager, Dosan Ahn Chang Ho’s desire for
9 a modern education led him to enroll in an American
10 missionary-run school, the Miller Academy, in Seoul, Korea, where
11 he became a Christian and graduated at 18 years of age in 1897,
12 and to establish the Jeom Jin School, which was the first modern
13 school in the country, in 1899; and

1 WHEREAS, American missionary educated, Dosan Ahn Chang
2 Ho wished to know more about America, especially its educational
3 system. This desire led him to come to America, where he arrived
4 in San Francisco on October 14, 1902; and

5 WHEREAS, Dosan Ahn Chang Ho spent thirteen years of his
6 life in the United States, primarily in California. This experience
7 led him to many observations of American life, including politics,
8 economics, and education; and

9 WHEREAS, Dosan Ahn Chang Ho helped and organized the
10 early Korean immigrants who came to the United States to work
11 on Hawaiian sugar plantations into a self-help community. He
12 established the first organized Korean American settlement, Korean
13 National Association, and a labor agency. Dosan Ahn Chang Ho's
14 organizational leadership helped lead to the success of the Korean
15 American community within California; and

16 WHEREAS, When Korea was annexed and occupied by Japan
17 from 1910 to 1945, Dosan Ahn Chang Ho spearheaded the Korean
18 independence movement. His goal was for Koreans to promote
19 and adopt democracy. His influence and actions helped Koreans
20 understand the importance of a free nation and today democracy
21 is firmly rooted in South Korea; and

22 WHEREAS, Dosan Ahn Chang Ho founded the Young Korean
23 Academy, also known as the Heungsadahn, in San Francisco in
24 1913. It is still a robust organization dedicated to training and
25 educating Koreans to cultivate morals and ethics that help build
26 inner strength, community consciousness, and good citizenship;
27 and

28 WHEREAS, The Korean American immigrant experience was,
29 then, vastly enhanced by Dosan Ahn Chang Ho's leadership, and
30 even today his pioneering and patriotic spirit still lives on in the
31 minds of Korean immigrants; now, therefore, be it

32 *Resolved by the Assembly of the State of California, the Senate*
33 *thereof concurring,* That the Legislature of the State of California
34 adopts and declares November 9, 2018, and each November 9
35 thereafter, as Dosan Ahn Chang Ho Day.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
ACR 269 (Choi) – As Introduced August 6, 2018

SUBJECT: Dosan Ahn Chang Ho Day.

SUMMARY: Declares November 9, 2018, and each November 9 thereafter, as Dosan Ahn Chang Ho Day. Specifically, **this resolution** makes the following legislative findings:

- 1) Korean independence leader Dosan Ahn Chang Ho was born on November 9, 1878, in Korea. He is to the Korean and Korean American community as Mahatma Gandhi is seen to the people of India, for he is held in highest esteem. Dosan Ahn Chang Ho is regarded as one of the most significant patriotic figures by Koreans at home and abroad.
- 2) As a teenager, Dosan Ahn Chang Ho's desire for a modern education led him to enroll in an American missionary-run school, the Miller Academy, in Seoul, Korea, where he became a Christian and graduated at 18 years of age in 1897, and to establish the Jeom Jin School, which was the first modern school in the country.
- 3) American missionary educated, Dosan Ahn Chang Ho wished to know more about America, especially its educational system. This desire led him to come to America, where he arrived in San Francisco on October 14, 1902.
- 4) Dosan Ahn Chang Ho spent thirteen years of his life in the United States, primarily in California. This experience led him to many observations of American life, including politics, economics, and education.
- 5) Dosan Ahn Chang Ho helped and organized the early Korean immigrants who came to the United States to work on Hawaiian sugar plantations into a self-help community. He established the first organized Korean American settlement, Korean National Association, and a labor agency. Dosan Ahn Chang Ho's organizational leadership helped lead to the success of the Korean American community within California.
- 6) Dosan Ahn Chang Ho founded the Young Korean Academy, also known as the Heungsadahn, in San Francisco in 1913. It is still a robust organization dedicated to training and educating Koreans to cultivate morals and ethics that help build inner strength, community consciousness, and good citizenship.
- 7) The Korean American immigrant experience was, then, vastly enhanced by Dosan Ahn Chang Ho's leadership, and even today his pioneering and patriotic spirit still lives on in the minds of Korean immigrants.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

AMENDED IN ASSEMBLY AUGUST 6, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

House Resolution

No. 115

**Introduced by Assembly Members Mathis and Chávez
(Coauthor: Assembly Member Lackey)**

June 18, 2018

House Resolution No. 115—Relative to Curing Stomach Cancer Month.

1 *WHEREAS, Stomach cancer, or gastric cancer, tends to develop*
2 *slowly over many years, with early pre-cancerous changes rarely*
3 *causing symptoms and therefore often going undetected; and*
4 *WHEREAS, The American Cancer Society estimates that about*
5 *26,240 cases of stomach cancer will be diagnosed in 2018, and*
6 *that about 10,800 people will die from this type of cancer; and*
7 *WHEREAS, Stomach cancer mostly affects older people, with*
8 *6 of every 10 people diagnosed with stomach cancer each year*
9 *being over 65 years of age; and*
10 *WHEREAS, Stomach cancer is among cancers with the lowest*
11 *five-year survival rate, with many people dying within the first*
12 *year of diagnosis; and*
13 *WHEREAS, Most stomach cancers are diagnosed at stage IV,*
14 *which only has a 5 percent five-year survival rate; and*
15 *WHEREAS, ~~Debbie Zelman was~~ In 2008, a 40-year-old mother*
16 *of three young children, children who was married to a physician,*
17 *and physician and who was a practicing attorney with her own*
18 *firm, when firm had her life changed change dramatically upon*
19 *learning she had stage IV stomach cancer; and*

98

1 WHEREAS, ~~Debbie~~ *She* was told there were very few effective
2 treatment options for advanced stomach cancer because it is not a
3 common cancer in the United States, and her chance of being alive
4 in five years was only 4 percent; and

5 WHEREAS, ~~Debbie~~ *This active mom and community*
6 *professional, Debbie Zelman*, immediately began to educate herself
7 about this disease and to seek the best available care, closing her
8 law practice and beginning the fight of her life; and

9 WHEREAS, ~~Debbie~~ *founded* *In 2009, she advanced the state*
10 *of knowledge about stomach cancer; sustaining a public*
11 *conversation about the disease by founding Debbie's Dream*
12 *Foundation: Curing Stomach Cancer*, a nonprofit organization
13 dedicated to raising awareness about stomach cancer, advancing
14 funding for research, and providing education and support
15 internationally to patients, families, and caregivers, while pursuing
16 the ultimate goal of making the cure for stomach cancer a reality;
17 and

18 WHEREAS, ~~Stomach cancer is among the cancers with the~~
19 ~~lowest five-year survival rate; and~~

20 WHEREAS, ~~Out of 26,240 new cases diagnosed each year in~~
21 ~~the United States, 10,800 people will die in the first year of~~
22 ~~diagnosis; and~~

23 WHEREAS, ~~Most stomach cancers are diagnosed at stage IV,~~
24 ~~which only has a 5 percent five-year survival rate; and~~

25 WHEREAS, It is estimated that more than 95,000 people in the
26 United States are currently living with stomach cancer; and

27 WHEREAS, Stomach cancer has increased by 70 percent in
28 young adults between 25 and 39 years of age since 1977; and

29 WHEREAS, The overall survival rate for stomach cancer is 31
30 percent and stomach cancer mortality rates have remained relatively
31 unchanged over the past 30 years; and

32 WHEREAS, Stomach cancer continues to be one of the leading
33 causes of cancer-related death; now, therefore, be it

34 *Resolved by the Assembly of the State of California*, That the
35 Assembly ~~honors the founder Debbie Zelman and Debbie's Dream~~
36 ~~Foundation~~ and designates the month of November 2018 as Curing
37 Stomach Cancer Month in the State of ~~California~~; *California and*
38 *honors the visionary founder of Debbie's Dream Foundation, the*
39 *late Debbie Zelman*; and be it further

- 1 *Resolved*, That the Chief Clerk of the Assembly transmit copies
- 2 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
HR 115 (Mathis) – As Amended August 6, 2018

SUBJECT: Curing Stomach Cancer Month.

SUMMARY: Designates the month of November 2018 as Curing Stomach Cancer Month in the State of California. Specifically, **this resolution** makes the following legislative findings:

- 1) Stomach cancer, or gastric cancer, tends to develop slowly over many years, with early pre-cancerous changes rarely causing symptoms and therefore often going undetected; and, the American Cancer Society estimates that about 26,240 cases of stomach cancer will be diagnosed in 2018, and that about 10,800 people will die from this type of cancer.
- 2) Stomach cancer mostly affects older people, with 6 of every 10 people diagnosed with stomach cancer each year being over 65 years of age.
- 3) Stomach cancer is among cancers with the lowest five-year survival rate, with many people dying within the first year of diagnosis; and, most stomach cancers are diagnosed at stage IV, which only has a 5 percent five-year survival rate.
- 4) In 2008, a 40-year-old mother of three young children who was married to a physician and who was a practicing attorney with her own firm had her life change dramatically upon learning she had stage IV stomach cancer. She was told there were very few effective treatment options for advanced stomach cancer because it is not a common cancer in the United States, and her chance of being alive in five years was only 4 percent.
- 5) This active mom and community professional, Debbie Zelman, immediately began to educate herself about this disease and to seek the best available care, closing her law practice and beginning the fight of her life; and, in 2009, she advanced the state of knowledge about stomach cancer, sustaining a public conversation about the disease by founding Debbie's Dream Foundation: Curing Stomach Cancer, a nonprofit organization dedicated to raising awareness about stomach cancer, advancing funding for research, and providing education and support internationally to patients, families, and caregivers, while pursuing the ultimate goal of making the cure for stomach cancer a reality.
- 6) It is estimated that more than 95,000 people in the United States are currently living with stomach cancer. Stomach cancer has increased by 70 percent in young adults between 25 and 39 years of age since 1977.
- 7) Stomach cancer continues to be one of the leading causes of cancer-related death, and the overall survival rate is 31 percent and stomach cancer mortality rates have remained relatively unchanged over the past 30 years.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

Debbie's Dream Foundation: Curing Stomach Cancer

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800



In Memoriam

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**Debbie's Dream
Foundation:**

CURING STOMACH CANCER

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July 24, 2018

The Honorable Ken Cooley
Chair, Assembly Rules Committee
State Capitol, Suite #3016
Sacramento, CA 95814

RE: Support Letter for House Resolution 115

Dear Assemblymember Cooley:

Debbie's Dream Foundation: Curing Stomach Cancer is pleased to support House Resolution 115. HR 115 proclaims November 2018 as "Curing Stomach Cancer Month" and will help raise awareness about stomach cancer, its symptoms, prevention, and early detection. Awareness of stomach cancer, symptoms, and risk factors remains low, despite the fact that it is among the cancers with the lowest five-year survival rate (four percent).

Each year nearly 930,000 people worldwide are diagnosed with stomach cancer, and approximately 700,000 die of the disease. In the United States alone, there are over 95,000 people living with stomach cancer. Approximately 28,000 Americans are diagnosed with the disease each year and nearly 11,000 will die within a year of their diagnosis. Among adults between 25 and 39 years of age, the number of cases has grown nearly 70 percent since 1977. Moreover, the overall five-year survival rate for people with stomach cancer in the United States is approximately 28 percent, and the five-year survival rate for Stage IV stomach cancer is still among the lowest of cancers at four percent.

It is critically important for the House to recognize stomach cancer as one of the leading causes of cancer-related death and reaffirm the Legislature's commitment to awareness and the need to find a cure for stomach cancer.

For these reasons, Debbie's Dream Foundation: Curing Stomach Cancer is pleased to support HR 115.

Sincerely,

Kathleen Clarke-Zumpone
San Diego Chapter Founder

House Resolution

No. 119

Introduced by Assembly Member Kalra

July 3, 2018

House Resolution No. 119—Relative to Diwali.

1 WHEREAS, Diwali, a festival of great significance to Indian
2 Americans and South Asian Americans, is celebrated annually by
3 Hindus, Sikhs, Buddhists, and Jains throughout the United States,
4 and across the globe; and

5 WHEREAS, There are approximately 3,230,000 Hindus in the
6 United States, nearly 2,000,000 of which are of Indian and South
7 Asian origin; and

8 WHEREAS, The word “Diwali” is a shortened version of the
9 Sanskrit term “Deepavali,” which means “a row of lamps”; and

10 WHEREAS, Diwali, one of the world’s oldest religious holidays,
11 brings together families, friends, and communities here in
12 California, the United States, and around the globe in goodwill,
13 peace, and a shared sense of renewal; and

14 WHEREAS, Diwali is a festival of lights during which
15 celebrants light small oil lamps, place them around the home, and
16 pray for health, knowledge, and peace; and

17 WHEREAS, Hindu celebrants of Diwali believe that the rows
18 of lamps symbolize the light of knowledge and truth within the
19 individual that signifies the destruction of all negative
20 qualities—violence, anger, jealousy, ignorance, greed, fear, or
21 suffering; in other words, Diwali celebrates the victory of good
22 over evil; and

23 WHEREAS, Diwali falls on Wednesday, November 7 this year
24 in accordance with the lunar calendar and is celebrated by Hindus

1 as a day of thanksgiving for the homecoming of Lord Rama and
2 the beginning of the new year for many Hindus; and

3 WHEREAS, For Sikhs, Diwali is feted as the day that the sixth
4 founding Sikh Guru, or revered teacher, Guru Hargobind, was
5 released from captivity by the Mughal Emperor Jahangir; and

6 WHEREAS, For Jains, Diwali marks the anniversary of the
7 attainment of moksha, or liberation, by Mahavira, the last of the
8 Tirthankaras (the great teachers of Jain dharma), at the end of his
9 life in 527 B.C.; and

10 WHEREAS, For Buddhists, especially Newar Buddhists, Diwali
11 is commemorated as Ashok Vijayadashami, the day the great
12 Emperor Ashoka embraced Buddhism as his faith; now, therefore,
13 be it

14 *Resolved by the Assembly of the State of California*, That the
15 Assembly recognizes this year’s Diwali festival on Wednesday,
16 November 7, 2018, and encourages Californians to take part in
17 this joyous day of celebration; and be it further

18 *Resolved*, That the Assembly recognizes the religious and
19 historical significance of the festival of Diwali and in observance
20 of Diwali, the festival of lights, expresses its deepest respect for
21 Indian Americans and the Indian diaspora throughout the world
22 on this significant occasion; and be it further

23 *Resolved*, That the Chief Clerk of the Assembly transmit copies
24 of this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
HR 119 (Kalra) – As Introduced July 3, 2018

SUBJECT: Diwali.

SUMMARY: Recognizes this year’s Diwali festival on Wednesday, November 7, 2018, and encourages Californians to take part in the joyous day of celebration. Specifically, **this resolution** makes the following legislative findings:

- 1) Diwali falls on Wednesday, November 7 this year in accordance with the lunar calendar.
- 2) Diwali, a festival of great significance to Indian Americans and South Asian Americans, is celebrated annually by Hindus, Sikhs, Buddhists, and Jains throughout the United States, and across the globe. The word “Diwali” is a shortened version of the Sanskrit term “Deepavali,” which means “a row of lamps”.
- 3) There are approximately 3,230,000 Hindus in the United States, nearly 2,000,000 of which are of Indian and South Asian origin.
- 4) Diwali, one of the world’s oldest religious holidays, brings together families, friends, and communities here in California, the United States, and around the globe in goodwill, peace, and a shared sense of renewal.
- 5) Diwali is a festival of lights during which celebrants light small oil lamps, place them around the home, and pray for health, knowledge, and peace.
- 6) Hindu celebrants of Diwali believe that the rows of lamps symbolize the light of knowledge and truth within the individual that signifies the destruction of all negative qualities—violence, anger, jealousy, ignorance, greed, fear, or suffering; in other words, Diwali celebrates the victory of good over evil.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

House Resolution

No. 120

Introduced by Assembly Members Choi and Quirk-Silva

August 6, 2018

House Resolution No. 120—Relative to Korean Independence Day.

1 WHEREAS, August 15, 2018, marks the 73rd anniversary of
2 the Independence of the Republic of Korea; and

3 WHEREAS, Korean Independence Day or Gwangbokjeol,
4 commemorates the liberation of Korea from Japanese colonization
5 on August 15, 1945; and

6 WHEREAS, The thousands of brave Korean service members
7 and civilians who lost their lives or were imprisoned fighting for
8 independence are a testament to the Republic of Korea’s enduring
9 strength and resiliency; and

10 WHEREAS, On Korean Independence Day, Koreans throughout
11 the world unite to commemorate this day through parades, concerts,
12 and celebrations that showcase Korea’s rich cultural heritage; and

13 WHEREAS, California is home to more than 455,000 Korean
14 Americans who celebrate this important holiday; and

15 WHEREAS, The Korean American community has enriched
16 the cultural, social, and economic landscape of California; and

17 WHEREAS, Korean Independence Day is an opportunity to
18 celebrate the great contributions of Korean Americans to the United
19 States; and

20 WHEREAS, The Republic of Korea and the United States are
21 historic allies that share common values and objectives through
22 economic interdependence and security; now, therefore, be it

1 *Resolved by the Assembly of the State of California, That August*
2 15, 2018, is hereby commemorated as Korean Independence Day;
3 and be it further
4 *Resolved, That the Chief Clerk transmit copies of this resolution*
5 to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
HR 120 (Choi) – As Introduced August 6, 2018

SUBJECT: Korean Independence Day.

SUMMARY: Commemorates August 15, 2018, as Korean Independence Day. Specifically, **this resolution** makes the following legislative findings:

- 1) August 15, 2018, marks the 73rd anniversary of the Independence of the Republic of Korea.
- 2) Korean Independence Day or Gwangbokjeol, commemorates the liberation of Korea from Japanese colonization on August 15, 1945. The thousands of brave Korean service members and civilians who lost their lives or were imprisoned fighting for independence are a testament to the Republic of Korea's enduring strength and resiliency.
- 3) On Korean Independence Day, Koreans throughout the world unite to commemorate this day through parades, concerts, and celebrations that showcase Korea's rich cultural heritage.
- 4) California is home to more than 455,000 Korean Americans who celebrate this important holiday.
- 5) Korean Independence Day is an opportunity to celebrate the great contributions of Korean Americans to the United States.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Introduced by Senator Monning

April 30, 2018

Senate Concurrent Resolution No. 139—Relative to No Straw November.

LEGISLATIVE COUNSEL’S DIGEST

SCR 139, as introduced, Monning. No Straw November.

This measure would proclaim the month of November as No Straw November.

Fiscal committee: no.

- 1 WHEREAS, California values the health of its ocean and coast;
- 2 and
- 3 WHEREAS, California is a global leader in taking action to
- 4 protect the health of the ocean and coast; and
- 5 WHEREAS, Plastic pollution poses a significant threat to the
- 6 health of California’s ocean resources and coastal environment,
- 7 and to the public’s enjoyment of that environment; and
- 8 WHEREAS, Plastic straws pose a health risk to ocean wildlife
- 9 when accidentally ingested; and
- 10 WHEREAS, Plastic straws are frequently littered or dropped
- 11 by individuals, escape from waste management systems, and can
- 12 get deposited onto the beach and washed into storm drains, streams,
- 13 rivers, and eventually the ocean; and
- 14 WHEREAS, Reducing consumption of plastic straws can help
- 15 decrease plastic pollution in the ocean and California’s coastal
- 16 environment; and
- 17 WHEREAS, Recognizing the negative environmental impact
- 18 of plastic straws, many restaurants and other establishments in

1 California and around the United States have voluntarily stopped
2 providing plastic straws; and

3 WHEREAS, Customers should be encouraged to make informed
4 choices when considering ways to reduce their impacts on the
5 environment; and

6 WHEREAS, The California State Senate recognizes the efforts
7 of Girl Scout Shelby O’Neil, the founder of Jr Ocean Guardians,
8 to raise awareness about the problem of ocean plastic, and to reduce
9 pollution from plastic straws by starting the “No Straw November”
10 initiative; and

11 WHEREAS, In the “No Straw November” initiative, participants
12 pledge to refuse straws for the month of November; and

13 WHEREAS, Shelby O’Neil attributes her love of the ocean and
14 founding of Jr Ocean Guardians to her service as a Teen
15 Conservation Leader at Monterey Bay Aquarium; now, therefore,
16 be it,

17 *Resolved by the Senate of the State of California, the Assembly*
18 *thereof concurring,* That the month of November shall be
19 recognized as No Straw November; and be it further

20 *Resolved,* That the Secretary of the Senate transmit copies of
21 this resolution to the Governor of California and to the author for
22 appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
SCR 139 (Monning) – As Introduced April 30, 2018

SENATE VOTE: 28-6

SUBJECT: No Straw November.

SUMMARY: Proclaims the month of November as No Straw November. Specifically, **this resolution** makes the following legislative findings:

- 1) California is a global leader in taking action to protect the health of the ocean and coast. Plastic pollution poses a significant threat to the health of California’s ocean resources and coastal environment, and to the public’s enjoyment of that environment.
- 2) Plastic straws are frequently littered or dropped by individuals, escape from waste management systems, and can get deposited onto the beach and washed into storm drains, streams, rivers, and eventually the ocean posing a health risk to ocean wildlife when accidentally ingested.
- 3) Reducing consumption of plastic straws can help decrease plastic pollution in the ocean and California’s coastal environment.
- 4) Recognizing the negative environmental impact of plastic straws, many restaurants and other establishments in California and around the United States have voluntarily stopped providing plastic straws.
- 5) In the “No Straw November” initiative, participants pledge to refuse straws for the month of November.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

Introduced by Senator Pan

June 6, 2018

Senate Concurrent Resolution No. 151—Relative to firearm safety.

LEGISLATIVE COUNSEL’S DIGEST

SCR 151, as introduced, Pan. Firearms: ASK (Asking Saves Kids) Campaign.

This measure would proclaim June 21, 2018, as Asking Saves Kids Day.

Fiscal committee: no.

1 WHEREAS, According to estimates from the federal Centers
2 for Disease Control and Prevention, in 2016, eight children and
3 teens per day on average were injured or killed from the
4 unintentional discharge of a firearm; and

5 WHEREAS, There are 1.7 million children in the United States
6 who live in homes with loaded and unlocked guns; and

7 WHEREAS, In states that collect data through the National
8 Violent Death Reporting System, on average, 80 percent of
9 unintentional firearm deaths of children under 15 years of age
10 occurred in a home; and

11 WHEREAS, The ASK (Asking Saves Kids) Campaign
12 encourages parents to add a question to a conversation before their
13 child visits other homes, “Is there a gun in your house?” and
14 following affirmative answers with, “Is it locked and unloaded?”;
15 and

16 WHEREAS, Asking these simple questions about gun safety
17 before sending your child to visit or play at another home could
18 help save your child’s life; and

1 WHEREAS, Asking these questions will raise awareness of the
2 need for safe storage of guns in the home as a proven and effective
3 preventative safety measure; and

4 WHEREAS, Asking these questions will prevent incidents of
5 family fire in which an improperly stored or misused gun results
6 in injury or death; and

7 WHEREAS, The ASK Campaign was first established with the
8 American Academy of Pediatrics (AAP) in 2000, and is currently
9 administered by the Brady Center to Prevent Gun Violence; and

10 WHEREAS, The president of the AAP has said, “Keeping
11 children and teens safe from preventable injuries is one of the most
12 important things we do as pediatricians.”; and

13 WHEREAS, A November 2017 United States Government
14 Accountability Office report, “Personal Firearms: Programs that
15 Promote Safe Storage and Research on Their Effectiveness,”
16 identified 16 public or nonprofit programs that promote safe gun
17 storage, including the ASK Campaign, and reported that the ASK
18 Campaign was the only national program to be evaluated and
19 validated as effective; and

20 WHEREAS, The Brady Center to Prevent Gun Violence, its
21 more than 100 chapters in a majority of states throughout the
22 nation, and its many local, state, and national partners come
23 together to highlight the ASK Campaign each year in communities
24 across the country; and

25 WHEREAS, June 21, the first day of summer, the season in
26 which kids typically spend more time at a friend’s or family
27 member’s home, has traditionally been designated as National
28 ASK Day; and

29 WHEREAS, June 21, 2018, is designated by national
30 organizations and local and state governments as the 15th annual
31 National ASK Day; now, therefore, be it

32 *Resolved by the Senate of the State of California, the Assembly*
33 *thereof concurring*, That the Legislature hereby proclaims June
34 21, 2018, to be “ASK Day,” encourages parents to begin asking
35 the life-saving questions, and supports the goals and ideals of ASK
36 Day; and

37 *Resolved*, That the Legislature encourages public health,
38 medical, and other professionals to discuss gun ownership, gun
39 safety, and safe storage in the home with their patients and parents
40 and guardians of minors; and

- 1 *Resolved*, That the Secretary of the Senate transmit copies of
- 2 this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
SCR 151 (Pan) – As Introduced June 6, 2018

SENATE VOTE: 33-2

SUBJECT: Firearms: ASK (Asking Saves Kids) Campaign.

SUMMARY: Proclaims June 21, 2018, as Asking Saves Kids Day. Specifically, **this resolution** makes the following legislative findings:

- 1) In 2016, eight children and teens per day on average were injured or killed from the unintentional discharge of a firearm; 1.7 million children in the U.S. live in homes with loaded and unlocked guns; and, on average, 80% of unintentional firearm deaths of children under 15 years of age occurred in a home.
- 2) The ASK (Asking Saves Kids) Campaign encourages parents to add a question to a conversation before their child visits other homes, “Is there a gun in your house?” and following affirmative answers with, “Is it locked and unloaded?”.
- 3) Asking these simple questions about gun safety before sending your child to visit or play at another home could help save your child’s life, will raise awareness of the need for safe storage of guns in the home as a proven and effective preventative safety measure, and will prevent incidents of family fire in which an improperly stored or misused gun results in injury or death.
- 4) A November 2017 U.S. Government Accountability Office report, “Personal Firearms: Programs that Promote Safe Storage and Research on Their Effectiveness,” identified 16 public or nonprofit programs that promote safe gun storage, including the ASK Campaign, and reported that the ASK Campaign was the only national program to be evaluated and validated as effective.
- 5) June 21, 2018, is designated by national organizations and local and state governments as the 15th annual National ASK Day. June 21, the first day of summer, the season in which kids typically spend more time at a friend’s or family member’s home, has traditionally been designated as National ASK Day.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

**Introduced by Senator Mitchell
(Coauthor: Senator Hertzberg)**

June 20, 2018

Senate Concurrent Resolution No. 155—Relative to Bebe Moore Campbell National Minority Mental Health Awareness Month.

LEGISLATIVE COUNSEL’S DIGEST

SCR 155, as introduced, Mitchell. Bebe Moore Campbell National Minority Mental Health Awareness Month.

This measure would recognize the month of July 2018 as Bebe Moore Campbell National Minority Mental Health Awareness Month in California.

Fiscal committee: no.

1 WHEREAS, Mental illness is one of the leading causes of
2 disabilities in the United States, affecting one out of every four
3 families and impacting both persons with the illness and those
4 persons who care for and love the persons afflicted; and
5 WHEREAS, Untreated serious mental illness costs Americans
6 approximately \$193.2 billion in lost earnings per year; and
7 WHEREAS, The National Institute of Mental Health has
8 reported that many people suffer from more than one mental
9 disorder at a given time and 45 percent of those with any mental
10 disorder meet criteria for two or more disorders, including diabetes,
11 cardiovascular disease, HIV/AIDS, and cancer, and the severity
12 of the mental disorder strongly relates to comorbidity; and
13 WHEREAS, One in five adults (44.7 million or 18.3 percent)
14 experiences mental illness in a given year. One in 25 adults (10.4
15 million or 4.2 percent) experiences a serious mental illness that

1 substantially interferes with one or more major life activities. One
2 in five youth 13 to 18 years of age, inclusive, (22.2 percent)
3 experiences a severe mental disorder at some point during their
4 life; and

5 WHEREAS, According to the 1999 Surgeon General’s Report
6 on Mental Illness, adult Caucasians who suffer from depression
7 or an anxiety disorder are more likely to receive treatment than
8 adult African Americans with the same disorders, even though the
9 disorders occur in both groups at about the same rate, when taking
10 into account socioeconomic factors; and

11 WHEREAS, Although mental illness impacts all people, African
12 Americans receive less care and poorer quality of care and often
13 lack access to culturally competent care, thereby resulting in mental
14 health care disparities; and

15 WHEREAS, According to the California Reducing Disparities
16 Project report, “Pathways into the Black Population for Eliminating
17 Mental Health Disparities,” the African American population
18 reveals alarming statistics related to mental health, including high
19 rates of serious psychological distress, depression, suicide attempts,
20 dual diagnoses, and many other mental health concerns, and that
21 co-occurring conditions with physical health problems, including
22 high rates of heart disease, cancer, stroke, infant mortality,
23 violence, substance abuse, and intergenerational unresolved trauma,
24 provide a complex set of issues that places the population in a
25 crisis state; and

26 WHEREAS, According to the same California Reducing
27 Disparities Project report, in relationship to the African American
28 population, the mental health system has offered inaccurate
29 diagnoses, disproportionate findings of severe illness, greater usage
30 of involuntary commitments, and a woeful inadequacy of service
31 integration. The complexity of these factors has created an intense
32 stigma in the African American community that disparages mental
33 illness as “crazy,” a condition and a status that are viewed as
34 personally caused and difficult to resolve; and

35 WHEREAS, The African American population has rejected the
36 label “crazy” and continues to work within its communities using
37 strategies and interventions that it knows work to help its people
38 overcome physical, social, emotional, and psychological limitations
39 and challenges; and

1 WHEREAS, According to the California Reducing Disparities
2 Project report, “Community-Defined Solutions for Latino Mental
3 Health Care Disparities,” participants see negative perceptions
4 about mental health care as a significant factor contributing to
5 limited or nonexistent access to care, and the most common
6 concerns are stigma, culture, masculinity, exposure to violence,
7 and lack of information and awareness, among many others; and

8 WHEREAS, According to the same California Reducing
9 Disparities Project report, a substantial proportion of the Latino
10 participants believe that limited access and underutilization of
11 mental health services in the Latino community are primarily due
12 to gaps in culturally and linguistically appropriate services, in
13 conjunction with a shortage of bilingual and bicultural mental
14 health workers, an absence of educational programs for Latino
15 youth, and a system of care that is too rigid; and

16 WHEREAS, According to the California Reducing Disparities
17 Project report, “Native Vision: A Focus on Improving Behavioral
18 Health Wellness for California Native Americans,” most American
19 Indians and Alaska Natives living in California are expected to
20 learn to cope in both Western and Native American worlds on a
21 daily basis. Native Americans within California have shared
22 concerns about loss of culture, alcohol and drug abuse, and
23 depression and suicide as contributing factors to mental health
24 disparities, and the disconnection of culture and traditional values
25 has fragmented Native American communities, families, and
26 individuals; and

27 WHEREAS, According to the same California Reducing
28 Disparities Project report, being misdiagnosed and given severe
29 mental health diagnoses can be stigmatizing and can affect the
30 person’s self-esteem, which, in turn, can discourage the person
31 from seeking help through Native American practices and cultural
32 identity through community involvement; and

33 WHEREAS, According to the same California Reducing
34 Disparities Project report, lack of cultural identity can impede the
35 mental health healing process. Western mental health service
36 delivery focuses on the individual, rather than taking into
37 consideration the Native American community as a whole, and a
38 holistic approach is needed for individual, family, and community
39 wellness; and

1 WHEREAS, According to the California Reducing Disparities
2 Project report, “In Our Own Words,” which details disparities in
3 the Asian American and Pacific Islander (API) population, API
4 community members report high rates of mental health conditions
5 but have difficulty accessing services due to cultural and linguistic
6 barriers. Language, in particular, presents a substantial challenge
7 as many API community members have limited English
8 proficiency, and interpreters, when available, often lack the
9 expertise in mental health terminology and cultural knowledge to
10 effectively communicate with the patient; and

11 WHEREAS, According to the same California Reducing
12 Disparities Project report, stigma and misconceptions about mental
13 health concerns are also significant barriers to API persons seeking
14 mental health services, especially because many API languages
15 lack a vocabulary for mental health concerns that is not derogatory,
16 mental health care that is truly culturally competent for API persons
17 is often unavailable, and standard Western methods of assessing
18 and treating mental health clients may not be appropriate; and

19 WHEREAS, According to the California Reducing Disparities
20 Project report, “First, Do No Harm: Reducing Disparities for
21 Lesbian, Gay, Bisexual, Transgender, Queer and Questioning
22 (LGBTQ) Populations in California,” coming out as LGBTQ for
23 members of African American, Latino, Native American, and API
24 populations may require them to choose between the safety of their
25 families and cultural environment and their LGBTQ identities.
26 Their unique needs and status are often rendered invisible, in any
27 community with which they choose to associate, and too often
28 they find themselves having to choose; and

29 WHEREAS, According to the same California Reducing
30 Disparities Project report, LGBTQ participants from these
31 populations indicated dissatisfaction with how mental health care
32 providers had met their needs regarding their intersecting identities
33 and their racial or ethnic concerns. They also reported being
34 rejected by mental health care providers due to their sexual
35 orientation; and

36 WHEREAS, According to the same California Reducing
37 Disparities Project report, Latino, Native American, and API
38 participants reported higher rates of seriously considering suicide
39 compared to Caucasian participants. When compared to other
40 groups, African American participants reported almost twice as

1 many suicide attempts that needed treatment by a doctor or nurse;
2 and

3 WHEREAS, Nearly two-thirds of all people with a diagnosable
4 mental illness do not receive mental health treatment due to stigma,
5 cost, lack of community-based resources, inadequate diagnosis,
6 or no diagnosis; and

7 WHEREAS, Communities of color are in need of culturally
8 competent mental health resources and the training of all health
9 care providers to serve multiethnic patients; and

10 WHEREAS, Mental health providers and advocates must be
11 encouraged to incorporate and integrate minority mental health
12 education and outreach within their respective programs, including
13 the use of peer support; and

14 WHEREAS, An estimated 70 percent of all youth in the juvenile
15 justice system have at least one mental health condition, and at
16 least 20 percent live with severe mental illness that is usually
17 undiagnosed, misdiagnosed, untreated, or ineffectively treated,
18 thus leaving those incarcerated in vulnerable conditions; and

19 WHEREAS, Minority mental health patients are often among
20 the so-called “working poor” who face additional challenges
21 because they are underinsured or uninsured, which often leads to
22 late diagnosis or no diagnosis of mental illness; and

23 WHEREAS, The faith, customs, values, and traditions of a
24 variety of ethnic groups should be taken into consideration when
25 attempting to treat and diagnose mental illnesses; and

26 WHEREAS, African Americans and Hispanic Americans used
27 mental health services at about one-half the rate of Caucasians in
28 the past year, and Asian Americans used mental health services at
29 about one-third the rate of Caucasians; and

30 WHEREAS, African Americans are misdiagnosed at a higher
31 rate than persons of other ethnic groups within the mental health
32 delivery system, and greater effort must be made to accurately
33 assess the mental health of African Americans; and

34 WHEREAS, There is a need to improve public awareness of
35 mental illness and to strengthen local and national awareness of
36 brain diseases in order to assist with advocacy for persons of color
37 with mental illness, so that they may receive adequate and
38 appropriate treatment that will result in their becoming fully
39 functioning members of society; and

1 WHEREAS, Community mobilization of resources is needed
2 to advocate, educate, and train mental health care providers to help
3 remove barriers to the treatment of mental disorders; and
4 WHEREAS, Access to mental health treatment and services is
5 of paramount importance; and
6 WHEREAS, There is a need to encourage primary care and
7 emergency physicians to offer screenings, to partner with mental
8 health care providers, to offer culturally appropriate services, to
9 seek the appropriate referrals to specialists, and to encourage timely
10 and accurate diagnoses of mental disorders; and
11 WHEREAS, There is a need to support services that are
12 developed and provided by individuals and family members living
13 with mental illness from diverse communities in order to overcome
14 barriers to access and to decrease stigma; and
15 WHEREAS, The Legislature wishes to enhance public
16 awareness of mental illness, especially within minority
17 communities; and
18 WHEREAS, The late Bebe Moore Campbell, a mother,
19 grandmother, wife, friend, advocate, celebrated writer and
20 journalist, radio commentator, community activist, cofounder of
21 the National Alliance on Mental Illness Urban Los Angeles,
22 University of Pittsburgh trustee and educator, and recipient of
23 numerous awards and honors, was recognized for her tireless
24 advocacy and fight to bring awareness and attention to mental
25 illness among minorities with the release of her New York Times
26 best-selling novel, “72 Hour Hold,” and her children’s book,
27 “Sometimes My Mommy Gets Angry,” both of which bring
28 awareness to the plight of those with brain disorders; and
29 WHEREAS, Bebe Moore Campbell, through her dedication and
30 commitment, sought to move communities to support mental
31 wellness through effective treatment options, to provide open
32 access to mental health treatment and services, and to improve
33 community outreach and support for the many loved ones who are
34 unable to speak for themselves; and
35 WHEREAS, In 2008, the United States House of Representatives
36 proclaimed the month of July as Bebe Moore Campbell National
37 Minority Mental Health Awareness Month; and
38 WHEREAS, July is an appropriate month to recognize as Bebe
39 Moore Campbell National Minority Mental Health Awareness
40 Month; now, therefore, be it

1 *Resolved by the Senate of the State of California, the Assembly*
2 *thereof concurring,* That the Legislature hereby recognizes the
3 month of July 2018 as Bebe Moore Campbell National Minority
4 Mental Health Awareness Month in California to enhance public
5 awareness of mental illness among minorities; and be it further
6 *Resolved,* That the Secretary of the Senate transmit copies of
7 this resolution to the author for appropriate distribution.

O

Date of Hearing: August 9, 2018

ASSEMBLY COMMITTEE ON RULES
Ken Cooley, Chair
SCR 155 (Mitchell) – As Introduced June 20, 2018

SENATE VOTE: 37-0

SUBJECT: Bebe Moore Campbell National Minority Mental Health Awareness Month.

SUMMARY: Recognizes the month of July 2018 as Bebe Moore Campbell National Minority Mental Health Awareness Month in California. Specifically, **this resolution** makes the following legislative findings:

- 1) Mental illness is one of the leading causes of disabilities in the United States, affecting one out of every four families and impacting both persons with the illness and those persons who care for and love the persons afflicted.
- 2) Communities of color are in need of culturally competent mental health resources and the training of all health care providers to serve multiethnic patients.
- 3) Minority mental health patients are often among the so-called “working poor” who face additional challenges because they are underinsured or uninsured, which often leads to late diagnosis or no diagnosis of mental illness.
- 4) The faith, customs, values, and traditions of a variety of ethnic groups should be taken into consideration when attempting to treat and diagnose mental illnesses.
- 5) African Americans and Hispanic Americans used mental health services at about one-half the rate of Caucasians in the past year, and Asian Americans used mental health services at about one-third the rate of Caucasians.
- 6) African Americans are misdiagnosed at a higher rate than persons of other ethnic groups within the mental health delivery system, and greater effort must be made to accurately assess the mental health of African Americans.
- 7) There is a need to improve public awareness of mental illness and to strengthen local and national awareness of brain diseases in order to assist with advocacy for persons of color with mental illness, so that they may receive adequate and appropriate treatment that will result in their becoming fully functioning members of society.
- 8) Community mobilization of resources is needed to advocate, educate, and train mental health care providers to help remove barriers to the treatment of mental disorders.
- 9) There is a need to encourage primary care and emergency physicians to offer screenings, to partner with mental health care providers, to offer culturally appropriate services, to seek the appropriate referrals to specialists, and to encourage timely and accurate diagnoses of mental disorders.

- 10) There is a need to support services that are developed and provided by individuals and family members living with mental illness from diverse communities in order to overcome barriers to access and to decrease stigma.
- 11) The late Bebe Moore Campbell, a mother, grandmother, wife, friend, advocate, celebrated writer and journalist, radio commentator, community activist, cofounder of the National Alliance on Mental Illness Urban Los Angeles, University of Pittsburgh trustee and educator, and recipient of numerous awards and honors, was recognized for her tireless advocacy and fight to bring awareness and attention to mental illness among minorities with the release of her New York Times best-selling novel, “72 Hour Hold,” and her children’s book, “Sometimes My Mommy Gets Angry,” both of which bring awareness to the plight of those with brain disorders.
- 12) Bebe Moore Campbell, through her dedication and commitment, sought to move communities to support mental wellness through effective treatment options, to provide open access to mental health treatment and services, and to improve community outreach and support for the many loved ones who are unable to speak for themselves.

FISCAL EFFECT: None

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Nicole Willis / RLS. / (916) 319-2800

AMENDED IN ASSEMBLY JULY 3, 2018
AMENDED IN ASSEMBLY JUNE 13, 2018
AMENDED IN ASSEMBLY MAY 25, 2018
AMENDED IN SENATE APRIL 25, 2018
AMENDED IN SENATE APRIL 9, 2018
AMENDED IN SENATE MARCH 14, 2018

SENATE BILL

No. 829

Introduced by Senator Wiener
(Principal coauthor: Assembly Member Wood)
(Coauthors: Senators ~~Stone~~ Skinner, Stone, and Wilk)
(Coauthor: Assembly Member Cooley)

January 3, 2018

An act to amend Sections 26001, 26012, 26050, 26070, 26070.1, 26090, 26100, 26104, 26110, 26120, and 26200 of the Business and Professions Code, and to amend Sections 34010, 34011, and 34012 of, and to add *and repeal* Section ~~6359.5 to~~, 6414 of, the Revenue and Taxation Code, relating to cannabis.

LEGISLATIVE COUNSEL'S DIGEST

SB 829, as amended, Wiener. Cannabis: compassion care license.

(1) The Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. The Medicinal and Adult-Use Cannabis Regulation and Safety Act

(MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities.

This bill would establish a compassion care license under the act issued to an M-licensee who, for no consideration, donates medicinal cannabis, or medicinal cannabis products, to qualified medicinal cannabis patients who possess a physician's recommendation. The bill would require the Bureau of Cannabis Control to issue and regulate the compassion care licenses.

~~(2) Existing sales and use tax laws impose a tax on retailers measured by the gross receipts from the sale of tangible personal property sold at retail in this state, or on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state. Those laws provide various exemptions from those taxes.~~

~~This bill, on and after January 1, 2019, would exempt from those taxes the gross receipts from the sale in this state of, and the storage, use, or other consumption in this state of, medicinal cannabis or medicinal cannabis products that will be donated, for no consideration, to a compassion care licensee.~~

(2) Existing sales and use tax laws impose use taxes on the storage, use, or other consumption in this state of tangible personal property purchased from a retailer for storage, use, or other consumption in this state, presumes tangible personal property purchased outside the state that is stored, used, or consumed in this state is purchased for use in this state, and excludes from use taxes, specified tangible personal property purchased and used for specified purposes.

This bill, on or after January 1, 2019, and until January 1, 2024, would exempt from use taxes the storage, use, or other consumption in this state of medicinal cannabis or medicinal cannabis products that is purchased and subsequently donated, for no consideration, to a compassion care licensee.

~~(3) The~~

The Bradley-Burns Uniform Local Sales and Use Tax Law authorizes counties and cities to impose local sales and use taxes in conformity with the Sales and Use Tax Law, and existing laws authorize districts, as specified, to impose transactions and use taxes in accordance with the Transactions and Use Tax Law, which generally conforms to the Sales and Use Tax Law. Amendments to the Sales and Use Tax Law are automatically incorporated into the local tax laws.

Existing law requires the state to reimburse counties and cities for revenue losses caused by the enactment of sales and use tax exemptions.

This bill would provide that, notwithstanding Section 2230 of the Revenue and Taxation Code, no appropriation is made and the state shall not reimburse any local agencies for sales and use tax revenues lost by them pursuant to this bill.

(4)

(3) AUMA imposes an excise tax on the purchase of cannabis and cannabis products, as defined, at the rate of 15% of the average market price of any retail sale by a cannabis retailer.

The bill would require that these provisions not be construed to impose an excise tax upon medicinal cannabis, or medicinal cannabis products, donated for no consideration to a compassion care licensee, as defined.

(5)

(4) AUMA imposes a cultivation tax on all harvested cannabis that enters the commercial market upon all cultivators. Existing law defines entering the commercial market to mean cannabis or cannabis products, except for immature cannabis plants and seeds, that complete and comply with specified quality assurance review and testing.

This bill would ~~redefine~~ *provide that the definition of entering the commercial market to mean does not include medicinal cannabis or medicinal cannabis products intended for sale, in any manner or by any means whatsoever, for consideration. The bill donated, for no consideration, to a compassion care licensee or to a cannabis retailer for subsequent donation to a compassion care licensee, and would require that the cultivation tax not be construed to be imposed upon medicinal cannabis, or medicinal cannabis products, donated for no consideration by a cultivator to a compassion care licensee or to a cannabis retailer for subsequent donation to a compassion care licensee. that medicinal cannabis, or medicinal cannabis products, as specified.*

(6)

(5) The Control, Regulate and Tax Adult Use of Marijuana Act, an initiative measure, authorizes the Legislature to amend the act to further the purposes and intent of the act with a $\frac{2}{3}$ vote of the membership of both houses of the Legislature, except as provided.

This bill would declare that its provisions further specified purposes and intent of the Control, Regulate and Tax Adult Use of Marijuana Act.

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

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

1 SECTION 1. Section 26001 of the Business and Professions
2 Code is amended to read:

3 26001. For purposes of this division, the following definitions
4 shall apply:

5 (a) “A-license” means a state license issued under this division
6 for cannabis or cannabis products that are intended for adults who
7 are 21 years of age and older and who do not possess a physician’s
8 recommendation.

9 (b) “A-licensee” means any person holding a license under this
10 division for cannabis or cannabis products that are intended for
11 adults who are 21 years of age and older and who do not possess
12 a physician’s recommendation.

13 (c) “Applicant” means an owner applying for a state license
14 pursuant to this division.

15 (d) “Batch” means a specific quantity of homogeneous cannabis
16 or cannabis product that is one of the following types:

17 (1) Harvest batch. “Harvest batch” means a specifically
18 identified quantity of dried flower or trim, leaves, and other
19 cannabis plant matter that is uniform in strain, harvested at the
20 same time, and, if applicable, cultivated using the same pesticides
21 and other agricultural chemicals, and harvested at the same time.

22 (2) Manufactured cannabis batch. “Manufactured cannabis
23 batch” means either of the following:

24 (A) An amount of cannabis concentrate or extract that is
25 produced in one production cycle using the same extraction
26 methods and standard operating procedures.

27 (B) An amount of a type of manufactured cannabis produced
28 in one production cycle using the same formulation and standard
29 operating procedures.

30 (e) “Bureau” means the Bureau of Cannabis Control within the
31 Department of Consumer Affairs, formerly named the Bureau of
32 Marijuana Control, the Bureau of Medical Cannabis Regulation,
33 and the Bureau of Medical Marijuana Regulation.

34 (f) “Cannabis” means all parts of the plant *Cannabis sativa*
35 *Linnaeus*, *Cannabis indica*, or *Cannabis ruderalis*, whether growing
36 or not; the seeds thereof; the resin, whether crude or purified,
37 extracted from any part of the plant; and every compound,
38 manufacture, salt, derivative, mixture, or preparation of the plant,

1 its seeds, or resin. “Cannabis” also means the separated resin,
2 whether crude or purified, obtained from cannabis. “Cannabis”
3 does not include the mature stalks of the plant, fiber produced from
4 the stalks, oil or cake made from the seeds of the plant, any other
5 compound, manufacture, salt, derivative, mixture, or preparation
6 of the mature stalks (except the resin extracted therefrom), fiber,
7 oil, or cake, or the sterilized seed of the plant which is incapable
8 of germination. For the purpose of this division, “cannabis” does
9 not mean “industrial hemp” as defined by Section 11018.5 of the
10 Health and Safety Code.

11 (g) “Cannabis accessories” has the same meaning as in Section
12 11018.2 of the Health and Safety Code.

13 (h) “Cannabis concentrate” means cannabis that has undergone
14 a process to concentrate one or more active cannabinoids, thereby
15 increasing the product’s potency. Resin from granular trichomes
16 from a cannabis plant is a concentrate for purposes of this division.
17 A cannabis concentrate is not considered food, as defined by
18 Section 109935 of the Health and Safety Code, or a drug, as defined
19 by Section 109925 of the Health and Safety Code.

20 (i) “Cannabis products” has the same meaning as in Section
21 11018.1 of the Health and Safety Code.

22 (j) “Child resistant” means designed or constructed to be
23 significantly difficult for children under five years of age to open,
24 and not difficult for normal adults to use properly.

25 (k) “Commercial cannabis activity” includes the cultivation,
26 possession, manufacture, distribution, processing, storing,
27 laboratory testing, packaging, labeling, transportation, delivery or
28 sale of cannabis and cannabis products as provided for in this
29 division. Commercial cannabis activity does not include a
30 transaction for no consideration.

31 (l) “Compassion care license” means a state license issued under
32 this division to an M-licensee for the donation, for no consideration,
33 of medicinal cannabis, or medicinal cannabis products, to
34 compassion care patients for their personal use.

35 (m) “Compassion care licensee” means any person holding a
36 license under this division for the donation, for no consideration,
37 of medicinal cannabis, or medicinal cannabis products, to
38 compassion care patients.

39 (n) “Compassion care patient” means a qualified medicinal
40 cannabis patient, as defined by the Compassionate Use Act of 1996

- 1 (Proposition 215), commencing with Section 11362.5 of the Health
2 and Safety Code, who possesses a physician’s recommendation.
- 3 (o) “Cultivation” means any activity involving the planting,
4 growing, harvesting, drying, curing, grading, or trimming of
5 cannabis.
- 6 (p) “Cultivation site” means a location where cannabis is
7 planted, grown, harvested, dried, cured, graded, or trimmed, or a
8 location where any combination of those activities occurs.
- 9 (q) “Customer” means a natural person 21 years of age or older
10 or a natural person 18 years of age or older who possesses a
11 physician’s recommendation, or a primary caregiver.
- 12 (r) “Day care center” has the same meaning as in Section
13 1596.76 of the Health and Safety Code.
- 14 (s) “Delivery” means the commercial transfer of cannabis or
15 cannabis products to a customer. “Delivery” also includes the use
16 by a retailer of any technology platform.
- 17 (t) “Director” means the Director of Consumer Affairs.
- 18 (u) “Distribution” means the procurement, sale, and transport
19 of cannabis and cannabis products between licensees.
- 20 (v) “Dried flower” means all dead cannabis that has been
21 harvested, dried, cured, or otherwise processed, excluding leaves
22 and stems.
- 23 (w) “Edible cannabis product” means cannabis product that is
24 intended to be used, in whole or in part, for human consumption,
25 including, but not limited to, chewing gum, but excluding products
26 set forth in Division 15 (commencing with Section 32501) of the
27 Food and Agricultural Code. An edible cannabis product is not
28 considered food, as defined by Section 109935 of the Health and
29 Safety Code, or a drug, as defined by Section 109925 of the Health
30 and Safety Code.
- 31 (x) “Fund” means the Cannabis Control Fund established
32 pursuant to Section 26210.
- 33 (y) “Kind” means applicable type or designation regarding a
34 particular cannabis variant or cannabis product type, including,
35 but not limited to, strain name or other grower trademark, or
36 growing area designation.
- 37 (z) “Labeling” means any label or other written, printed, or
38 graphic matter upon a cannabis product, upon its container or
39 wrapper, or that accompanies any cannabis product.

1 (aa) “Labor peace agreement” means an agreement between a
2 licensee and any bona fide labor organization that, at a minimum,
3 protects the state’s proprietary interests by prohibiting labor
4 organizations and members from engaging in picketing, work
5 stoppages, boycotts, and any other economic interference with the
6 applicant’s business. This agreement means that the applicant has
7 agreed not to disrupt efforts by the bona fide labor organization
8 to communicate with, and attempt to organize and represent, the
9 applicant’s employees. The agreement shall provide a bona fide
10 labor organization access at reasonable times to areas in which the
11 applicant’s employees work, for the purpose of meeting with
12 employees to discuss their right to representation, employment
13 rights under state law, and terms and conditions of employment.
14 This type of agreement shall not mandate a particular method of
15 election or certification of the bona fide labor organization.

16 (ab) “License” means a state license issued under this division,
17 and includes both an A-license and an M-license, as well as a
18 testing laboratory license.

19 (ac) “Licensee” means any person holding a license under this
20 division, regardless of whether the license held is an A-license or
21 an M-license, and includes the holder of a testing laboratory
22 license.

23 (ad) “Licensing authority” means the state agency responsible
24 for the issuance, renewal, or reinstatement of the license, or the
25 state agency authorized to take disciplinary action against the
26 licensee.

27 (ae) “Live plants” means living cannabis flowers and plants,
28 including seeds, immature plants, and vegetative stage plants.

29 (af) “Local jurisdiction” means a city, county, or city and county.

30 (ag) “Lot” means a batch or a specifically identified portion of
31 a batch.

32 (ah) “M-license” means a state license issued under this division
33 for commercial cannabis activity involving medicinal cannabis.

34 (ai) “M-licensee” means any person holding a license under this
35 division for commercial cannabis activity involving medicinal
36 cannabis.

37 (aj) “Manufacture” means to compound, blend, extract, infuse,
38 or otherwise make or prepare a cannabis product.

39 (ak) “Manufacturer” means a licensee that conducts the
40 production, preparation, propagation, or compounding of cannabis

1 or cannabis products either directly or indirectly or by extraction
2 methods, or independently by means of chemical synthesis, or by
3 a combination of extraction and chemical synthesis at a fixed
4 location that packages or repackages cannabis or cannabis products
5 or labels or relabels its container.

6 (al) “Medicinal cannabis” or “medicinal cannabis product”
7 means cannabis or a cannabis product, respectively, intended to
8 be sold for use pursuant to the Compassionate Use Act of 1996
9 (Proposition 215), found-at *in* Section 11362.5 of the Health and
10 Safety Code, by a medicinal cannabis patient in California who
11 possesses a physician’s recommendation, or intended to be donated
12 to, and used by, a compassion care patient.

13 (am) “Nursery” means a licensee that produces only clones,
14 immature plants, seeds, and other agricultural products used
15 specifically for the propagation and cultivation of cannabis.

16 (an) “Operation” means any act for which licensure is required
17 under the provisions of this division, or any commercial transfer
18 of cannabis or cannabis products.

19 (ao) “Owner” means any of the following:

20 (1) A person with an aggregate ownership interest of 20 percent
21 or more in the person applying for a license or a licensee, unless
22 the interest is solely a security, lien, or encumbrance.

23 (2) The chief executive officer of a nonprofit or other entity.

24 (3) A member of the board of directors of a nonprofit.

25 (4) An individual who will be participating in the direction,
26 control, or management of the person applying for a license.

27 (ap) “Package” means any container or receptacle used for
28 holding cannabis or cannabis products.

29 (aq) “Person” includes any individual, firm, partnership, joint
30 venture, association, corporation, limited liability company, estate,
31 trust, business trust, receiver, syndicate, or any other group or
32 combination acting as a unit, and the plural as well as the singular.

33 (ar) “Physician’s recommendation” means a recommendation
34 by a physician and surgeon that a patient use cannabis provided
35 in accordance with the Compassionate Use Act of 1996
36 (Proposition 215), found-at *in* Section 11362.5 of the Health and
37 Safety Code.

38 (as) “Premises” means the designated structure or structures
39 and land specified in the application that is owned, leased, or
40 otherwise held under the control of the applicant or licensee where

1 the commercial cannabis activity will be or is conducted. The
2 premises shall be a contiguous area and shall only be occupied by
3 one licensee.

4 (at) “Primary caregiver” has the same meaning as in Section
5 11362.7 of the Health and Safety Code.

6 (au) “Purchaser” means the customer who is engaged in a
7 transaction with a licensee for purposes of obtaining cannabis or
8 cannabis products.

9 (av) “Sell,” “sale,” and “to sell” include any transaction
10 whereby, for any consideration, title to cannabis or cannabis
11 products is transferred from one person to another, and includes
12 the delivery of cannabis or cannabis products pursuant to an order
13 placed for the purchase of the same and soliciting or receiving an
14 order for the same, but does not include the return of cannabis or
15 cannabis products by a licensee to the licensee from whom the
16 cannabis or cannabis product was purchased.

17 (aw) “Testing laboratory” means a laboratory, facility, or entity
18 in the state that offers or performs tests of cannabis or cannabis
19 products and that is both of the following:

20 (1) Accredited by an accrediting body that is independent from
21 all other persons involved in commercial cannabis activity in the
22 state.

23 (2) Licensed by the bureau.

24 (ax) “Unique identifier” means an alphanumeric code or
25 designation used for reference to a specific plant on a licensed
26 premises and any cannabis or cannabis product derived or
27 manufactured from that plant.

28 (ay) “Youth center” has the same meaning as in Section 11353.1
29 of the Health and Safety Code.

30 SEC. 2. Section 26012 of the Business and Professions Code
31 is amended to read:

32 26012. (a) It being a matter of statewide concern, except as
33 otherwise authorized in this division:

34 (1) The bureau shall have the sole authority to create, issue,
35 deny, renew, discipline, suspend, or revoke licenses for
36 microbusinesses, transportation, storage unrelated to manufacturing
37 activities, distribution, testing, and sale or donation of cannabis
38 and cannabis products within the state.

39 (2) The Department of Food and Agriculture shall administer
40 the provisions of this division related to and associated with the

1 cultivation of cannabis. The Department of Food and Agriculture
2 shall have the authority to create, issue, deny, and suspend or
3 revoke cultivation licenses for violations of this division.

4 (3) The State Department of Public Health shall administer the
5 provisions of this division related to and associated with the
6 manufacturing of cannabis products. The State Department of
7 Public Health shall have the authority to create, issue, deny, and
8 suspend or revoke manufacturing licenses for violations of this
9 division.

10 (b) The licensing authorities shall have the authority to collect
11 fees in connection with activities they regulate concerning
12 cannabis. The licensing authorities may create licenses in addition
13 to those identified in this division that the licensing authorities
14 deem necessary to effectuate their duties under this division.

15 (c) For the performance of its duties, each licensing authority
16 has the power conferred by Sections 11180 to 11191, inclusive,
17 of the Government Code.

18 (d) Licensing authorities shall begin issuing licenses under this
19 division by January 1, 2018.

20 SEC. 3. Section 26050 of the Business and Professions Code
21 is amended to read:

22 26050. (a) The license classification pursuant to this division
23 shall, at a minimum, be as follows:

- 24 (1) Type 1—Cultivation; Specialty outdoor; Small.
- 25 (2) Type 1A—Cultivation; Specialty indoor; Small.
- 26 (3) Type 1B—Cultivation; Specialty mixed-light; Small.
- 27 (4) Type 1C—Cultivation; Specialty cottage; Small.
- 28 (5) Type 2—Cultivation; Outdoor; Small.
- 29 (6) Type 2A—Cultivation; Indoor; Small.
- 30 (7) Type 2B—Cultivation; Mixed-light; Small.
- 31 (8) Type 3—Cultivation; Outdoor; Medium.
- 32 (9) Type 3A—Cultivation; Indoor; Medium.
- 33 (10) Type 3B—Cultivation; Mixed-light; Medium.
- 34 (11) Type 4—Cultivation; Nursery.
- 35 (12) Type 5—Cultivation; Outdoor; Large.
- 36 (13) Type 5A—Cultivation; Indoor; Large.
- 37 (14) Type 5B—Cultivation; Mixed-light; Large.
- 38 (15) Type 6—Manufacturer 1.
- 39 (16) Type 7—Manufacturer 2.
- 40 (17) Type 8—Testing laboratory.

1 (18) Type 10—Retailer.

2 (19) Type 11—Distributor.

3 (20) Type 12—Microbusiness.

4 (21) Type 13—Compassion Care.

5 (b) With the exception of testing laboratory licenses, which may
6 be used to test cannabis and cannabis products regardless of
7 whether they are intended for use by individuals who ~~possesses~~
8 *possess* a physician’s recommendation, all licenses issued under
9 this division shall bear a clear designation indicating whether the
10 license is for commercial adult-use cannabis activity as distinct
11 from commercial medicinal cannabis activity by prominently
12 affixing an “A” or “M,” respectively. Examples of such a
13 designation include, but are not limited to, “A-Type 1” or “M-Type
14 1.” Except as specifically specified in this division, the
15 requirements for A-licenses and M-licenses shall be the same. For
16 testing laboratories, the bureau shall create a license that indicates
17 a testing laboratory may test both adult-use and medicinal cannabis.

18 (c) A license issued pursuant to this division shall be valid for
19 12 months from the date of issuance. The license may be renewed
20 annually.

21 (d) Each licensing authority shall establish procedures for the
22 issuance and renewal of licenses.

23 (e) Notwithstanding subdivision (b), a compassion care license
24 shall only be issued to an M-licensee.

25 SEC. 4. Section 26070 of the Business and Professions Code
26 is amended to read:

27 26070. Retailers and Distributors.

28 (a) State licenses to be issued by the bureau related to the sale
29 and distribution of cannabis and cannabis products are as follows:

30 (1) “Retailer,” for the retail sale and delivery of cannabis or
31 cannabis products to customers. A retailer shall have a licensed
32 premises which is a physical location from which commercial
33 cannabis activities are conducted. A retailer’s premises may be
34 closed to the public. A retailer may conduct sales exclusively by
35 delivery.

36 (2) “Distributor,” for the distribution of cannabis and cannabis
37 products. A distributor licensee shall be bonded and insured at a
38 minimum level established by the licensing authority.

39 (3) (A) “Microbusiness,” for the cultivation of cannabis on an
40 area less than 10,000 square feet and to act as a licensed distributor,

1 Level 1 manufacturer, and retailer under this division, provided
2 such licensee can demonstrate compliance with all requirements
3 imposed by this division on licensed cultivators, distributors, Level
4 1 manufacturers, and retailers to the extent the licensee engages
5 in such activities. Microbusiness licenses that authorize cultivation
6 of cannabis shall include the license conditions described in
7 subdivision (b) of Section 26060.1.

8 ~~(4) “Compassion care licensee,” for the donation, for no~~
9 ~~consideration, of medicinal cannabis, or medicinal cannabis~~
10 ~~products, to compassion care patients.~~

11 (B) In coordination with each other, the licensing authorities
12 shall establish a process by which an applicant for a microbusiness
13 license can demonstrate compliance with all the requirements
14 under this division for the activities that will be conducted under
15 the license.

16 (C) The bureau may enter into interagency agreements with
17 licensing authorities to implement and enforce the provisions of
18 this division related to microbusinesses. The costs of activities
19 carried out by the licensing authorities as requested by the bureau
20 pursuant to the interagency agreement shall be calculated into the
21 application and licensing fees collected pursuant to this division,
22 and shall provide for reimbursement to state agencies for associated
23 costs as provided for in the interagency agreement.

24 ~~(4) “Compassion care licensee,” for the donation, for no~~
25 ~~consideration, of medicinal cannabis, or medicinal cannabis~~
26 ~~products, to compassion care patients.~~

27 (b) The bureau shall establish minimum security and
28 transportation safety requirements for the commercial distribution
29 and delivery of cannabis and cannabis products. Except as provided
30 in subdivision (d) of Section 26110, the transportation of cannabis
31 and cannabis products shall only be conducted by persons holding
32 a distributor license under this division or employees of those
33 persons. Transportation safety standards established by the bureau
34 shall include, but not be limited to, minimum standards governing
35 the types of vehicles in which cannabis and cannabis products may
36 be distributed and delivered and minimum qualifications for
37 persons eligible to operate such vehicles.

38 (c) The driver of a vehicle transporting or transferring cannabis
39 or cannabis products shall be directly employed by a licensee
40 authorized to transport or transfer cannabis or cannabis products.

1 (d) Notwithstanding any other law, all vehicles transporting
2 cannabis and cannabis products for hire shall be required to have
3 a valid motor carrier permit pursuant to Chapter 2 (commencing
4 with Section 34620) of Division 14.85 of the Vehicle Code. The
5 Department of the California Highway Patrol shall have authority
6 over the safe operation of these vehicles, including, but not limited
7 to, requiring licensees engaged in the transportation of cannabis
8 or cannabis products to participate in the Basic Inspection of
9 Terminals (BIT) program pursuant to Section 34501.12 of the
10 Vehicle Code.

11 (e) Prior to transporting cannabis or cannabis products, a
12 licensed distributor shall do both of the following:

13 (1) Complete an electronic shipping manifest as prescribed by
14 the licensing authority. The shipping manifest shall include the
15 unique identifier, pursuant to Section 26069, issued by the
16 Department of Food and Agriculture for the original cannabis
17 product.

18 (2) Securely transmit the manifest to the bureau and the licensee
19 that will receive the cannabis product. The bureau shall inform the
20 Department of Food and Agriculture of information pertaining to
21 commercial cannabis activity for the purpose of the track and trace
22 program identified in Section 26067.

23 (f) During transportation, the licensed distributor shall maintain
24 a physical copy of the shipping manifest and make it available
25 upon request to agents of the Department of Consumer Affairs and
26 law enforcement officers.

27 (g) The licensee receiving the shipment shall maintain each
28 electronic shipping manifest and shall make it available upon
29 request to the Department of Consumer Affairs and any law
30 enforcement officers.

31 (h) Upon receipt of the transported shipment, the licensee
32 receiving the shipment shall submit to the licensing authority a
33 record verifying receipt of the shipment and the details of the
34 shipment.

35 (i) Transporting, or arranging for or facilitating the transport
36 of, cannabis or cannabis products in violation of this chapter is
37 grounds for disciplinary action against the ~~licensee~~ licensee.

38 (j) Licensed retailers and microbusinesses, and licensed
39 nonprofits under Section 26070.5, shall implement security
40 measures reasonably designed to prevent unauthorized entrance

1 into areas containing cannabis or cannabis products and theft of
2 cannabis or cannabis products from the premises. These security
3 measures shall include, but not be limited to, all of the following:

4 (1) Prohibiting individuals from remaining on the licensee's
5 premises if they are not engaging in activity expressly related to
6 the operations of the retailer.

7 (2) Establishing limited access areas accessible only to
8 authorized personnel.

9 (3) Other than limited amounts of cannabis used for display
10 purposes, samples, or immediate sale, storing all finished cannabis
11 and cannabis products in a secured and locked room, safe, or vault,
12 and in a manner reasonably designed to prevent diversion, theft,
13 and loss.

14 (k) A retailer shall notify the licensing authority and the
15 appropriate law enforcement authorities within 24 hours after
16 discovering any of the following:

17 (1) Significant discrepancies identified during inventory. The
18 level of significance shall be determined by the bureau.

19 (2) Diversion, theft, loss, or any criminal activity pertaining to
20 the operation of the retailer.

21 (3) Diversion, theft, loss, or any criminal activity by any agent
22 or employee of the retailer pertaining to the operation of the
23 retailer.

24 (4) The loss or unauthorized alteration of records related to
25 cannabis or cannabis products, registered qualifying patients,
26 primary caregivers, or retailer employees or agents.

27 (5) Any other breach of security.

28 (l) Beginning January 1, 2018, a licensee may sell cannabis or
29 cannabis products that have not been tested for a limited and finite
30 time as determined by the bureau. The cannabis or cannabis
31 products must have a label affixed to each package containing the
32 cannabis or cannabis products that clearly states "This product has
33 not been tested as required by the Medicinal and Adult-Use
34 Cannabis Regulation and Safety Act" and must comply with any
35 other requirement as determined by the bureau.

36 SEC. 5. Section 26070.1 of the Business and Professions Code
37 is amended to read:

38 26070.1. (a) Cannabis or cannabis products purchased by a
39 customer shall not leave a licensed retail premises unless they are
40 placed in an opaque package.

1 (b) Medicinal cannabis or medicinal cannabis products donated
2 to a compassion care patient shall not leave a licensed compassion
3 care premises unless they are placed in an opaque package.

4 SEC. 6. Section 26090 of the Business and Professions Code
5 is amended to read:

6 26090. (a) Deliveries, as defined in this division, may only be
7 made by a licensed retailer, microbusiness, or compassion care
8 licensee, or a licensed nonprofit under Section 26070.5.

9 (b) All employees of a retailer, microbusiness, compassion care
10 licensee, or nonprofit delivering cannabis or cannabis products
11 shall carry a copy of the licensee’s current license and a
12 government-issued identification with a photo of the employee,
13 such as a driver’s license. The employee shall present that license
14 and identification upon request to state and local law enforcement,
15 employees of regulatory authorities, and other state and local
16 agencies enforcing this division.

17 (c) During delivery, the licensee shall maintain a copy of the
18 delivery request and shall make it available upon request of the
19 licensing authority and law enforcement officers. The delivery
20 request documentation shall comply with state and federal law
21 regarding the protection of confidential medical information.

22 (d) A customer requesting delivery shall maintain a physical or
23 electronic copy of the delivery request and shall make it available
24 upon request by the licensing authority and law enforcement
25 officers.

26 (e) A local jurisdiction shall not prevent delivery of cannabis
27 or cannabis products on public roads by a licensee acting in
28 compliance with this division and local law as adopted under
29 Section 26200.

30 SEC. 7. Section 26100 of the Business and Professions Code
31 is amended to read:

32 26100. (a) Except as otherwise provided by law, cannabis or
33 cannabis products shall not be sold or donated pursuant to a license
34 provided for under this division unless a representative sample of
35 the cannabis or cannabis products has been tested by a licensed
36 testing laboratory.

37 (b) The bureau shall develop criteria to determine which batches
38 shall be tested. All testing of the samples shall be performed on
39 the final form in which the cannabis or cannabis product will be
40 consumed or used.

- 1 (c) Testing of batches to meet the requirements of this division
2 shall only be conducted by a licensed testing laboratory.
- 3 (d) For each batch tested, the testing laboratory shall issue a
4 certificate of analysis for selected lots at a frequency determined
5 by the bureau with supporting data, to report both of the following:
6 (1) Whether the chemical profile of the sample conforms to the
7 labeled content of compounds, including, but not limited to, all of
8 the following, unless limited through regulation by the bureau:
9 (A) Tetrahydrocannabinol (THC).
10 (B) Tetrahydrocannabinolic Acid (THCA).
11 (C) Cannabidiol (CBD).
12 (D) Cannabidiolic Acid (CBDA).
13 (E) The terpenes required by the bureau in regulation.
14 (F) Cannabigerol (CBG).
15 (G) Cannabinol (CBN).
16 (H) Any other compounds or contaminants required by the
17 bureau.
- 18 (2) That the presence of contaminants does not exceed the levels
19 established by the bureau. In establishing the levels, the bureau
20 shall consider the American Herbal Pharmacopoeia monograph,
21 guidelines set by the Department of Pesticide Regulation pursuant
22 to subdivision (d) of Section 26060, and any other relevant sources.
23 For purposes of this paragraph, “contaminants” includes, but is
24 not limited to, all of the following:
25 (A) Residual solvent or processing chemicals.
26 (B) Foreign material, including, but not limited to, hair, insects,
27 or similar or related adulterant.
28 (C) Microbiological impurities as identified by the bureau in
29 regulation.
- 30 (e) Standards for residual levels of volatile organic compounds
31 shall be established by the bureau.
- 32 (f) The testing laboratory shall conduct all testing required by
33 this section in a manner consistent with general requirements for
34 the competence of testing and calibrations activities, including
35 sampling and using verified methods.
- 36 (g) All testing laboratories performing tests pursuant to this
37 section shall obtain and maintain ISO/IEC 17025 accreditation as
38 required by the bureau in regulation.

1 (h) If a test result falls outside the specifications authorized by
2 law or regulation, the testing laboratory shall follow a standard
3 operating procedure to confirm or refute the original result.

4 (i) A testing laboratory shall destroy the remains of the sample
5 of medical cannabis or medical cannabis product upon completion
6 of the analysis, as determined by the bureau through regulations.

7 (j) Any presale inspection, testing transfer, or transportation of
8 cannabis products pursuant to this section shall conform to a
9 specified chain of custody protocol and any other requirements
10 imposed under this division.

11 (k) This division does not prohibit a licensee from performing
12 testing on the licensee’s premises for the purposes of quality
13 assurance of the product in conjunction with reasonable business
14 operations. This division also does not prohibit a licensee from
15 performing testing on the licensee’s premises of cannabis or
16 cannabis products obtained from another licensee. Onsite testing
17 by the licensee shall not be certified by the bureau and does not
18 exempt the licensee from the requirements of quality assurance
19 testing at a testing laboratory pursuant to this section.

20 SEC. 8. Section 26104 of the Business and Professions Code
21 is amended to read:

22 26104. (a) A licensed testing laboratory shall, in performing
23 activities concerning cannabis and cannabis products, comply with
24 the requirements and restrictions set forth in applicable law and
25 regulations.

26 (b) The bureau shall develop procedures to do all of the
27 following:

28 (1) Ensure that testing of cannabis and cannabis products occurs
29 prior to distribution to retailers, microbusinesses, compassion care
30 licensees, or nonprofits licensed under Section 26070.5.

31 (2) Specify how often licensees shall test cannabis and cannabis
32 products, and that the cost of testing cannabis shall be borne by
33 the licensed cultivators and the cost of testing cannabis products
34 shall be borne by the licensed manufacturer, and that the costs of
35 testing cannabis and cannabis products shall be borne by a
36 nonprofit licensed under Section 26070.5.

37 (3) Require destruction of harvested batches whose testing
38 samples indicate noncompliance with health and safety standards
39 required by the bureau, unless remedial measures can bring the
40 cannabis or cannabis products into compliance with quality

1 assurance standards as specified by law and implemented by the
2 bureau.

3 (4) Ensure that a testing laboratory employee takes the sample
4 of cannabis or cannabis products from the distributor's premises
5 for testing required by this division and that the testing laboratory
6 employee transports the sample to the testing laboratory.

7 (c) Except as provided in this division, a testing laboratory shall
8 not acquire or receive cannabis or cannabis products except from
9 a licensee in accordance with this division, and shall not distribute,
10 sell, or dispense cannabis or cannabis products, from the licensed
11 premises from which the cannabis or cannabis products were
12 acquired or received. All transfer or transportation shall be
13 performed pursuant to a specified chain of custody protocol.

14 (d) A testing laboratory may receive and test samples of cannabis
15 or cannabis products from a qualified patient or primary caregiver
16 only if the qualified patient or primary caregiver presents the
17 qualified patient's valid physician's recommendation for cannabis
18 for medicinal purposes. A testing laboratory shall not certify
19 samples from a qualified patient or primary caregiver for resale
20 or transfer to another party or licensee. All tests performed by a
21 testing laboratory for a qualified patient or primary caregiver shall
22 be recorded with the name of the qualified patient or primary
23 caregiver and the amount of cannabis or cannabis product received.

24 SEC. 9. Section 26110 of the Business and Professions Code
25 is amended to read:

26 26110. (a) Cannabis batches are subject to quality assurance
27 and testing prior to sale at a retailer, microbusiness, or nonprofit
28 licensed under Section 26070.5, or prior to donation by a
29 compassion care licensee, except for immature cannabis plants
30 and seeds, as provided for in this division.

31 (b) A licensee that holds a valid distributor license may act as
32 the distributor for the licensee's cannabis and cannabis products.

33 (c) The distributor shall store, as determined by the bureau, the
34 cannabis batches on the premises of the distributor before testing
35 and continuously until either of the following occurs:

36 (1) The cannabis batch passes the testing requirements pursuant
37 to this division and is transported to a licensed retailer.

38 (2) The cannabis batch fails the testing requirements pursuant
39 to this division and is destroyed or transported to a manufacturer

1 for remediation as allowed by the bureau or the Department of
2 Public Health.

3 (d) The distributor shall arrange for a testing laboratory to obtain
4 a representative sample of each cannabis batch at the distributor's
5 licensed premises. After obtaining the sample, the testing laboratory
6 representative shall maintain custody of the sample and transport
7 it to the testing laboratory.

8 (e) Upon issuance of a certificate of analysis by the testing
9 laboratory that the cannabis batch has passed the testing
10 requirements pursuant to this division, the distributor shall conduct
11 a quality assurance review before distribution to ensure the labeling
12 and packaging of the cannabis and cannabis products conform to
13 the requirements of this division.

14 (f) (1) There shall be a quality assurance compliance monitor
15 who is an employee or contractor of the bureau and who shall not
16 hold a license in any category or own or have an ownership interest
17 in a licensee or the premises of a licensee.

18 (2) The quality assurance compliance monitor shall conduct
19 random quality assurance reviews at a distributor's licensed
20 premises before distribution to ensure the labeling and packaging
21 of the cannabis and cannabis products conform to the requirements
22 of this division.

23 (3) The quality assurance compliance monitor shall have access
24 to all records and test results required of a licensee by law in order
25 to conduct quality assurance analysis and to confirm test results.
26 All records of inspection and verification by the quality assurance
27 compliance monitor shall be provided to the bureau. Failure to
28 comply shall be noted by the quality assurance compliance monitor
29 for further investigation. Violations shall be reported to the bureau.
30 The quality assurance compliance monitor shall also verify the tax
31 payments collected and paid under Sections 34011 and 34012 of
32 the Revenue and ~~Tax~~ *Taxation* Code are accurate. The monitor
33 shall also have access to the inputs and assumptions in the track
34 and trace system and shall be able to verify the accuracy of those
35 and that they are commensurate with the tax payments.

36 (g) After testing, all cannabis and cannabis products fit for sale
37 may be transported only from the distributor's premises to the
38 premises of a licensed retailer, microbusiness, or nonprofit.

39 (h) A licensee is not required to sell cannabis or cannabis
40 products to a distributor and may directly contract for sale with a

1 licensee authorized to sell cannabis and cannabis products to
2 purchasers.

3 (i) A distributor performing services pursuant to this section
4 may collect a fee from the licensee for the services provided. The
5 fee may include, but is not limited to, the costs incurred for
6 laboratory testing. A distributor may also collect applicable state
7 or local taxes and fees.

8 (j) This section does not prohibit a licensee from performing
9 testing on the licensee's premises for the purposes of quality
10 assurance of the product in conjunction with reasonable business
11 operations. The testing conducted on the licensee's premises by
12 the licensee does not meet the testing requirements pursuant to
13 this division.

14 SEC. 10. Section 26120 of the Business and Professions Code
15 is amended to read:

16 26120. (a) Prior to delivery or sale at a retailer or compassion
17 care licensee, cannabis and cannabis products shall be labeled and
18 placed in a resealable, tamper-evident, child-resistant package and
19 shall include a unique identifier for the purposes of identifying
20 and tracking cannabis and cannabis products.

21 (b) Packages and labels shall not be made to be attractive to
22 children.

23 (c) All cannabis and cannabis product labels and inserts shall
24 include the following information prominently displayed in a clear
25 and legible fashion in accordance with the requirements, including
26 font size, prescribed by the bureau or the State Department of
27 Public Health:

28 (1) The following statements, in bold print:

29 (A) For cannabis: **“GOVERNMENT WARNING: THIS
30 PACKAGE CONTAINS CANNABIS, A SCHEDULE I
31 CONTROLLED SUBSTANCE. KEEP OUT OF REACH OF
32 CHILDREN AND ANIMALS. CANNABIS MAY ONLY BE
33 POSSESSED OR CONSUMED BY PERSONS 21 YEARS OF
34 AGE OR OLDER UNLESS THE PERSON IS A QUALIFIED
35 PATIENT. CANNABIS USE WHILE PREGNANT OR
36 BREASTFEEDING MAY BE HARMFUL. CONSUMPTION OF
37 CANNABIS IMPAIRS YOUR ABILITY TO DRIVE AND
38 OPERATE MACHINERY. PLEASE USE EXTREME
39 CAUTION.”**

1 (B) For cannabis products: “GOVERNMENT WARNING:
2 THIS PRODUCT CONTAINS CANNABIS, A SCHEDULE I
3 CONTROLLED SUBSTANCE. KEEP OUT OF REACH OF
4 CHILDREN AND ANIMALS. CANNABIS PRODUCTS MAY
5 ONLY BE POSSESSED OR CONSUMED BY PERSONS 21
6 YEARS OF AGE OR OLDER UNLESS THE PERSON IS A
7 QUALIFIED PATIENT. THE INTOXICATING EFFECTS OF
8 CANNABIS PRODUCTS MAY BE DELAYED UP TO TWO
9 HOURS. CANNABIS USE WHILE PREGNANT OR
10 BREASTFEEDING MAY BE HARMFUL. CONSUMPTION OF
11 CANNABIS PRODUCTS IMPAIRS YOUR ABILITY TO DRIVE
12 AND OPERATE MACHINERY. PLEASE USE EXTREME
13 CAUTION.”

14 (2) For packages containing only dried flower, the net weight
15 of cannabis in the package.

16 (3) Identification of the source and date of cultivation, the type
17 of cannabis or cannabis product and the date of manufacturing and
18 packaging.

19 (4) The appellation of origin, if any.

20 (5) List of pharmacologically active ingredients, including, but
21 not limited to, tetrahydrocannabinol (THC), cannabidiol (CBD),
22 and other cannabinoid content, the THC and other cannabinoid
23 amount in milligrams per serving, servings per package, and the
24 THC and other cannabinoid amount in milligrams for the package
25 total.

26 (6) A warning if nuts or other known allergens are used.

27 (7) Information associated with the unique identifier issued by
28 the Department of Food and Agriculture.

29 (8) For a medicinal cannabis product sold at a retailer or donated
30 by a compassion care licensee, the statement “FOR MEDICAL
31 USE ONLY.”

32 (9) Any other requirement set by the bureau or the State
33 Department of Public Health.

34 (d) Only generic food names may be used to describe the
35 ingredients in edible cannabis products.

36 (e) In the event the Attorney General determines that cannabis
37 is no longer a Schedule I controlled substance under federal law,
38 the label prescribed in subdivision (c) shall no longer require a
39 statement that cannabis is a Schedule I controlled substance.

1 SEC. 11. Section 26200 of the Business and Professions Code
2 is amended to read:

3 26200. (a) (1) This division shall not be interpreted to
4 supersede or limit the authority of a local jurisdiction to adopt and
5 enforce local ordinances to regulate businesses licensed under this
6 division, including, but not limited to, local zoning and land use
7 requirements, business license requirements, and requirements
8 related to reducing exposure to secondhand smoke, or to completely
9 prohibit the establishment or operation of one or more types of
10 businesses licensed under this division within the local jurisdiction.

11 (2) This division shall not be interpreted to supersede or limit
12 existing local authority for law enforcement activity, enforcement
13 of local zoning requirements or local ordinances, or enforcement
14 of local license, permit, or other authorization requirements.

15 (b) This division shall not be interpreted to require a licensing
16 authority to undertake local law enforcement responsibilities,
17 enforce local zoning requirements, or enforce local licensing,
18 permitting, or other authorization requirements.

19 (c) A local jurisdiction shall notify the bureau upon revocation
20 of any local license, permit, or authorization for a licensee to
21 engage in commercial cannabis activity within the local
22 jurisdiction. Within 10 days of notification, the bureau shall inform
23 the relevant licensing authorities. Within 60 days of being so
24 informed by the bureau, the relevant licensing authorities shall
25 begin the process to determine whether a license issued to the
26 licensee should be suspended or revoked pursuant to Chapter 3
27 (commencing with Section 26030).

28 (d) For facilities issued a state license that are located within
29 the incorporated area of a city, the city shall have full power and
30 authority to enforce this division and the regulations promulgated
31 by the bureau or any licensing authority, if delegated by the state.
32 Notwithstanding Sections 101375, 101400, and 101405 of the
33 Health and Safety Code or any contract entered into pursuant
34 thereto, or any other law, the city shall assume complete
35 responsibility for any regulatory function pursuant to this division
36 within the city limits that would otherwise be performed by the
37 county or any county officer or employee, including a county
38 health officer, without liability, cost, or expense to the county.

39 (e) This division does not prohibit the issuance of a state
40 temporary event license to a licensee authorizing onsite cannabis

1 sales to, and consumption by, persons 21 years of age or older at
2 a county fair or district agricultural association event, provided
3 that the activities, at a minimum, comply with the requirements
4 of paragraphs (1) to (3), inclusive, of subdivision (g), that all
5 participants are licensed under this division, and that the activities
6 are otherwise consistent with regulations promulgated and adopted
7 by the bureau governing state temporary event licenses. These
8 temporary event licenses shall only be issued in local jurisdictions
9 that authorize such events.

10 (f) This division, or any regulations promulgated thereunder,
11 shall not be deemed to limit the authority or remedies of a city,
12 county, or city and county under any provision of law, including,
13 but not limited to, Section 7 of Article XI of the California
14 Constitution.

15 (g) Notwithstanding paragraph (1) of subdivision (a) of Section
16 11362.3 of the Health and Safety Code, a local jurisdiction may
17 allow for the smoking, vaporizing, and ingesting of cannabis or
18 cannabis products on the premises of a retailer, microbusiness, or
19 compassion care licensee licensed under this division if all of the
20 following are met:

21 (1) Access to the area where cannabis consumption is allowed
22 is restricted to persons 21 years of age and older.

23 (2) Cannabis consumption is not visible from any public place
24 or nonage-restricted area.

25 (3) Sale or consumption of alcohol or tobacco is not allowed
26 on the premises.

27 ~~SEC. 12. Section 6359.5 is added to the Revenue and Taxation~~
28 ~~Code, to read:~~

29 ~~6359.5. (a) On and after January 1, 2019, there are exempted~~
30 ~~from the taxes imposed by this part the gross receipts from the sale~~
31 ~~in this state of, and the storage, use, or other consumption in this~~
32 ~~state of, medicinal cannabis and medicinal cannabis products that~~
33 ~~will be donated, for no consideration, to a compassion care~~
34 ~~licensee.~~

35 ~~(b) “Medicinal cannabis,” “medicinal cannabis product,” and~~
36 ~~“compassion care licensee” shall have the same meaning as those~~
37 ~~terms are defined in Section 26001 of the Business and Professions~~
38 ~~Code.~~

39 ~~SEC. 12. Section 6414 is added to the Revenue and Taxation~~
40 ~~Code, to read:~~

1 6414. (a) *On and after January 1, 2019, the storage, use, or*
 2 *other consumption in this state of medicinal cannabis or medicinal*
 3 *cannabis products that is purchased and subsequently donated,*
 4 *for no consideration, to a compassion care licensee is exempt from*
 5 *the use tax.*

6 (b) *“Medicinal cannabis,” “medicinal cannabis product,” and*
 7 *“compassion care licensee” shall have the same meaning as those*
 8 *terms are defined in Section 26001 of the Business and Professions*
 9 *Code.*

10 (c) *This section shall remain in effect only until January 1, 2024,*
 11 *and as of that date is repealed.*

12 SEC. 13. Section 34010 of the Revenue and Taxation Code is
 13 amended to read:

14 34010. For purposes of this part:

15 (a) *“Arm’s length transaction” shall mean a sale entered into in*
 16 *good faith and for valuable consideration that reflects the fair*
 17 *market value in the open market between two informed and willing*
 18 *parties, neither under any compulsion to participate in the*
 19 *transaction.*

20 (b) *“Average market price” shall mean:*

21 (1) *In an arm’s length transaction, the average market price*
 22 *means the average retail price determined by the wholesale cost*
 23 *of the cannabis or cannabis products sold or transferred to a*
 24 *cannabis retailer, plus a mark-up, as determined by the department*
 25 *on a biannual basis in six-month intervals.*

26 (2) *In a nonarm’s length transaction, the average market price*
 27 *means the cannabis retailer’s gross receipts from the retail sale of*
 28 *the cannabis or cannabis products.*

29 (c) *“Department” shall mean the California Department of Tax*
 30 *and Fee Administration or its successor agency.*

31 (d) *“Bureau” shall mean the Bureau of Cannabis Control within*
 32 *the Department of Consumer Affairs.*

33 (e) *“Tax Fund” means the California Cannabis Tax Fund created*
 34 *by Section 34018.*

35 (f) *“Cannabis” shall have the same meaning as set forth in*
 36 *Section 11018 of the Health and Safety Code and shall also mean*
 37 *medicinal cannabis.*

38 (g) *“Cannabis products” shall have the same meaning as set*
 39 *forth in Section 11018.1 of the Health and Safety Code and shall*
 40 *also mean medicinal concentrates and medicinal cannabis products.*

- 1 (h) “Cannabis flowers” shall mean the dried flowers of the
2 cannabis plant as defined by the board.
- 3 (i) “Cannabis leaves” shall mean all parts of the cannabis plant
4 other than cannabis flowers that are sold or consumed.
- 5 (j) “Cannabis retailer” shall mean a person required to be
6 licensed as a retailer, microbusiness, or nonprofit pursuant to
7 Division 10 (commencing with Section 26000) of the Business
8 and Professions Code.
- 9 (k) “Compassion care license” shall have the same meaning as
10 set forth in Section 26001 of the Business and Professions Code.
- 11 (l) “Compassion care licensee” shall have the same meaning as
12 set forth in Section 26001 of the Business and Professions Code.
- 13 (m) “Compassion care patient” shall have the same meaning as
14 set forth in Section 26001 of the Business and Professions Code.
- 15 (n) “Cultivator” shall mean all persons required to be licensed
16 to cultivate cannabis pursuant to Division 10 (commencing with
17 Section 26000) of the Business and Professions Code.
- 18 (o) “Distributor” shall mean a person required to be licensed as
19 a distributor pursuant to Division 10 (commencing with Section
20 26000) of the Business and Professions Code.
- 21 (p) “Enters the commercial market” shall mean cannabis or
22 cannabis products, except for immature cannabis plants and seeds,
23 ~~intended for sale and~~ that complete and comply with a quality
24 assurance review and testing, as described in Section 26110 of the
25 Business and Professions Code. *“Enters the commercial market”*
26 *shall not include medicinal cannabis donated by a cultivator to a*
27 *compassion care licensee or to a cannabis retailer for subsequent*
28 *donation to a compassion care licensee.*
- 29 (q) “Gross receipts” shall have the same meaning as set forth
30 in Section 6012.
- 31 (r) “Microbusiness” shall have the same meaning as set forth
32 in paragraph (3) of subdivision (a) of Section 26070 of the Business
33 and Professions Code.
- 34 (s) “Nonprofit” shall have the same meaning as set forth in
35 Section 26070.5 of the Business and Professions Code.
- 36 (t) “Person” shall have the same meaning as set forth in Section
37 6005.
- 38 (u) “Retail sale” shall have the same meaning as set forth in
39 Section 6007.

1 (v) “Sale” and “purchase” shall mean any change of title or
2 possession, exchange, or barter, conditional or otherwise, in any
3 manner or by any means whatsoever, for consideration.

4 (w) “Transfer” shall mean to grant, convey, hand over, assign,
5 sell, exchange, or barter, in any manner or by any means, with
6 consideration.

7 (x) “Unprocessed cannabis” shall include cannabis flowers,
8 cannabis leaves, or other categories of harvested cannabis,
9 categories for unprocessed or frozen cannabis or immature plants,
10 or cannabis that is shipped directly to manufacturers.

11 (y) “Manufacturer” shall mean a person required to be licensed
12 as a manufacturer pursuant to Division 10 (commencing with
13 Section 26000) of the Business and Professions Code.

14 SEC. 14. Section 34011 of the Revenue and Taxation Code is
15 amended to read:

16 34011. (a) (1) Effective January 1, 2018, a cannabis excise
17 tax shall be imposed upon purchasers of cannabis or cannabis
18 products sold in this state at the rate of 15 percent of the average
19 market price of any retail sale by a cannabis retailer. A purchaser’s
20 liability for the cannabis excise tax is not extinguished until the
21 cannabis excise tax has been paid to this state except that an
22 invoice, receipt, or other document from a cannabis retailer given
23 to the purchaser pursuant to this subdivision is sufficient to relieve
24 the purchaser from further liability for the tax to which the invoice,
25 receipt, or other document refers.

26 (2) Each cannabis retailer shall provide a purchaser with an
27 invoice, receipt, or other document that includes a statement that
28 reads: “The cannabis excise taxes are included in the total amount
29 of this invoice.”

30 (3) The department may prescribe other means to display the
31 cannabis excise tax on an invoice, receipt, or other document from
32 a cannabis retailer given to the purchaser.

33 (4) For the purposes of this section, “purchaser” shall not include
34 a compassion care patient who receives donated, for no
35 consideration, medicinal cannabis or medicinal cannabis products
36 from a compassion care licensee.

37 (b) (1) A distributor in an arm’s length transaction shall collect
38 the cannabis excise tax from the cannabis retailer on or before 90
39 days after the sale or transfer of cannabis or cannabis product to
40 the cannabis retailer. A distributor in a nonarm’s length transaction

1 shall collect the cannabis excise tax from the cannabis retailer on
2 or before 90 days after the sale or transfer of cannabis or cannabis
3 product to the cannabis retailer, or at the time of retail sale by the
4 cannabis retailer, whichever is earlier. A distributor or cannabis
5 retailer shall not collect or remit the cannabis excise tax for
6 medicinal ~~cannabis~~, *cannabis* or medicinal cannabis ~~products~~;
7 *products* donated, for no consideration, to a compassion care
8 licensee or to a compassion care patient. A distributor shall report
9 and remit the cannabis excise tax to the department pursuant to
10 Section 34015. A cannabis retailer shall be responsible for
11 collecting the cannabis excise tax from the purchaser and remitting
12 the cannabis excise tax to the distributor in accordance with rules
13 and procedures established under law and any regulations adopted
14 by the department. A cannabis retailer shall keep records of any
15 medicinal cannabis or medicinal cannabis products donated by the
16 cannabis retailer to a compassion care licensee, including any
17 cannabis excise tax remitted to the distributor for that medicinal
18 cannabis or medicinal cannabis product.

19 (2) A distributor shall provide an invoice, receipt, or other
20 similar document to the cannabis retailer that identifies the licensee
21 receiving the product, the distributor from which the product
22 originates, including the associated unique identifier, the amount
23 of cannabis excise tax, and any other information deemed necessary
24 by the department. The department may authorize other forms of
25 documentation under this paragraph.

26 (3) Pursuant to Section 34012.5, a cannabis retailer may request,
27 from the distributor, a refund of any cannabis excise tax remitted
28 to the distributor for that medicinal cannabis or medicinal cannabis
29 product donated, for no consideration, by the cannabis retailer to
30 a compassion care licensee.

31 (c) The excise tax imposed by this section shall be in addition
32 to the sales and use tax imposed by the state and local governments.

33 (d) Gross receipts from the sale of cannabis or cannabis products
34 for purposes of assessing the sales and use tax under Part 1
35 (commencing with Section 6001) shall include the tax levied
36 pursuant to this section.

37 (e) Cannabis or cannabis products shall not be sold to a
38 purchaser unless the excise tax required by law has been paid by
39 the purchaser at the time of sale.

1 (f) The sales and use taxes imposed by Part 1 (commencing
2 with Section 6001) shall not apply to retail sales of medicinal
3 cannabis, medicinal cannabis concentrate, edible medicinal
4 cannabis products, or topical cannabis as those terms are defined
5 in Division 10 (commencing with Section 26000) of the Business
6 and Professions Code when a qualified patient or primary caregiver
7 for a qualified patient provides his or her card issued under Section
8 11362.71 of the Health and Safety Code and a valid
9 government-issued identification card.

10 (g) Nothing in this section shall be construed to impose an excise
11 tax upon medicinal cannabis, or medicinal cannabis products,
12 donated for no consideration by a compassion care licensee to a
13 compassion care patient.

14 SEC. 15. Section 34012 of the Revenue and Taxation Code is
15 amended to read:

16 34012. (a) Effective January 1, 2018, there is hereby imposed
17 a cultivation tax on all harvested cannabis that enters the
18 commercial market upon all cultivators. The tax shall be due after
19 the cannabis is harvested and enters the commercial market.
20 Medicinal cannabis or medicinal cannabis products donated, for
21 no consideration, to a compassion care licensee, or donated, for
22 no consideration, to a cannabis retailer for subsequent donation to
23 a compassion care licensee, shall not be presumed to be intended
24 for sale and thus does not enter the commercial market, as defined
25 in subdivision (p) of Section 34010.

26 (1) The tax for cannabis flowers shall be nine dollars and
27 twenty-five cents (\$9.25) per dry-weight ounce.

28 (2) The tax for cannabis leaves shall be set at two dollars and
29 seventy-five cents (\$2.75) per dry-weight ounce.

30 (b) The department may adjust the tax rate for cannabis leaves
31 annually to reflect fluctuations in the relative price of cannabis
32 flowers to cannabis leaves.

33 (c) The department may from time to time establish other
34 categories of harvested cannabis, categories for unprocessed or
35 frozen cannabis or immature plants, or cannabis that is shipped
36 directly to manufacturers. These categories shall be taxed at their
37 relative value compared with cannabis flowers.

38 (d) The department may prescribe by regulation a method and
39 manner for payment of the cultivation tax that utilizes tax stamps
40 or state-issued product bags that indicate that all required tax has

1 been paid on the product to which the tax stamp is affixed or in
2 which the cannabis is packaged.

3 (e) The tax stamps and product bags shall be of the designs,
4 specifications, and denominations as may be prescribed by the
5 department and may be purchased by any licensee under Division
6 10 (commencing with Section 26000) of the Business and
7 Professions Code.

8 (f) Subsequent to the establishment of a tax stamp program, the
9 department may by regulation provide that cannabis shall not be
10 removed from a licensed cultivation facility or transported on a
11 public highway unless in a state-issued product bag bearing a tax
12 stamp in the proper denomination.

13 (g) The tax stamps and product bags shall be capable of being
14 read by a scanning or similar device and must be traceable utilizing
15 the track and trace system pursuant to Section 26068 of the
16 Business and Professions Code.

17 (h) Cultivators shall be responsible for payment of the tax
18 pursuant to regulations adopted by the department. A cultivator's
19 liability for the tax is not extinguished until the tax has been paid
20 to this state except that an invoice, receipt, or other document from
21 a distributor or manufacturer given to the cultivator pursuant to
22 paragraph (3) is sufficient to relieve the cultivator from further
23 liability for the tax to which the invoice, receipt, or other document
24 refers. Cannabis shall not be sold unless the tax has been paid as
25 provided in this part. A cultivator who donates, for no
26 consideration, medicinal cannabis or medicinal cannabis products
27 to a compassion care licensee, or donates, for no consideration, to
28 a cannabis retailer for subsequent donation to a compassion care
29 licensee, shall not be responsible or liable for the payment of the
30 cultivation tax.

31 (1) A distributor shall collect the cultivation tax from a cultivator
32 on all harvested cannabis that enters the commercial market. This
33 paragraph shall not apply where a cultivator is not required to send,
34 and does not send, the harvested cannabis to a distributor.

35 (2) (A) A manufacturer shall collect the cultivation tax from a
36 cultivator on the first sale or transfer of unprocessed cannabis by
37 a cultivator to a manufacturer. The manufacturer shall remit the
38 cultivation tax collected on the cannabis product sold or transferred
39 to a distributor for quality assurance, inspection, and testing, as
40 described in Section 26110 of the Business and Professions Code.

1 This paragraph shall not apply where a distributor collects the
2 cultivation tax from a cultivator pursuant to paragraph (1).

3 (B) Notwithstanding subparagraph (A), the department may
4 prescribe a substitute method and manner for collection and
5 remittance of the cultivation tax under this paragraph, including a
6 method and manner for collection of the cultivation tax by a
7 distributor.

8 (C) A distributor or manufacturer shall not collect or remit the
9 cultivation tax for medicinal ~~cannabis~~, *cannabis* or medicinal
10 ~~cannabis products~~, *products* donated, for no consideration, to a
11 compassion care licensee or donated, for no consideration, to a
12 cannabis retailer for subsequent donation to a compassion care
13 licensee.

14 (3) A distributor or manufacturer shall provide to the cultivator,
15 and a distributor that collects the cultivation tax from a
16 manufacturer pursuant to paragraph (2) shall provide to the
17 manufacturer, an invoice, receipt, or other similar document that
18 identifies the licensee receiving the product, the cultivator from
19 which the product originates, including the associated unique
20 identifier, the amount of cultivation tax, and any other information
21 deemed necessary by the department. The department may
22 authorize other forms of documentation under this paragraph.

23 (4) A cultivator shall keep records of any medicinal cannabis
24 or medicinal cannabis products donated, for no consideration, by
25 the cultivator to a compassion care licensee, or donated, for no
26 consideration, to a cannabis retailer for subsequent donation to a
27 compassion care licensee, including any cultivation tax remitted
28 to the distributor or manufacturer for that medicinal cannabis or
29 medicinal cannabis product.

30 (5) The department may adopt regulations prescribing
31 procedures for the refund of cultivation tax collected on cannabis
32 or cannabis product that fails quality assurance, inspection, and
33 testing as described in Section 26110 of the Business and
34 Professions Code, or for medicinal cannabis or medicinal cannabis
35 products donated, for no consideration, by the cultivator to a
36 compassion care licensee or donated, for no consideration, to a
37 cannabis retailer for subsequent donation to a compassion care
38 licensee.

39 (i) All cannabis removed from a cultivator's premises, except
40 for plant waste or *medicinal cannabis or medicinal cannabis*

1 *products* for donation, with no consideration, to a compassion care
2 licensee or to a cannabis retailer for subsequent donation to a
3 compassion care licensee, shall be presumed to be sold and thereby
4 taxable under this section.

5 (j) The tax imposed by this section shall be imposed on all
6 cannabis cultivated in the state pursuant to rules and regulations
7 promulgated by the department, but shall not apply to cannabis
8 cultivated for personal use under Section 11362.1 of the Health
9 and Safety Code or cultivated by a qualified patient or primary
10 caregiver in accordance with the Compassionate Use Act of 1996
11 (~~Section (Proposition 215), found in Section 11362.5 of the Health~~
12 ~~and Safety Code) Code, or to medicinal cannabis or medicinal~~
13 ~~cannabis products donated, for no consideration, by the cultivator~~
14 ~~to a compassion care licensee or donated, for no consideration, to~~
15 ~~a cannabis retailer for subsequent donation to a compassion care~~
16 ~~licensee.~~

17 (k) Nothing in this section shall be construed to impose a
18 cultivation tax upon medicinal cannabis, or medicinal cannabis
19 products, donated for no consideration by a cultivator to a
20 compassion care licensee, or to a cannabis retailer for subsequent
21 donation to a compassion care licensee.

22 (l) Beginning January 1, 2020, the rates set forth in subdivisions
23 (a), (b), and (c) shall be adjusted by the department annually
24 thereafter for inflation.

25 (m) The Department of Food and Agriculture is not responsible
26 for enforcing any provisions of the cultivation tax.

27 SEC. 16. Notwithstanding Section 2230 of the Revenue and
28 Taxation Code, no appropriation is made by this act and the state
29 shall not reimburse any local agency for any sales and use tax
30 revenues lost by it under this act.

31 SEC. 17. The Legislature finds and declares that this act is
32 consistent with, and furthers the purposes and intent of, the Control,
33 Regulate and Tax Adult Use of Marijuana Act, as stated in Section
34 3 of that act, by providing for indigent medicinal cannabis patients
35 may continue to receive donated, noncommercial cannabis for
36 medicinal personal use.

O

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ELEVENTH SENATE DISTRICT

COMMITTEES
HUMAN SERVICES
CHAIR
APPROPRIATIONS
ENERGY, UTILITIES &
COMMUNICATIONS
PUBLIC SAFETY
TRANSPORTATION & HOUSING

August 6, 2018



The Honorable Kevin Cooley
Chair, Assembly Rules Committee
California State Assembly, Room 3016
Sacramento, CA 95814

Re: Request to add an urgency clause to SB 829 in Assembly Appropriations

Dear Assembly Member Cooley,

I respectfully request permission to amend an urgency clause into SB 829 in the Assembly Appropriations committee. With the passage of Proposition 64, the Adult Use of Marijuana Act (AUMA), cannabis is now legal, regulated and taxed for adult use. Unfortunately, an unintended consequence of this legalization is that low-income and other vulnerable patients are unable to afford and access medicinal cannabis and cannabis products in retail stores due to the high costs. For years, many patients, especially those with terminal illnesses, veterans, and those with HIV/AIDS, have depended on compassionate care programs for the donation of medicinal cannabis and cannabis products. Now, many are forced to go without or turn to the black market.

To ensure that some of the most vulnerable patients can safely and legally obtain the medicinal cannabis and cannabis products that they need to treat their debilitating symptoms and life-threatening conditions, donations need to be made more accessible. SB 829 exempts all donations of cannabis or cannabis products to patients holding a valid physician's recommendation or State ID card from the use and cultivation taxes. The bill also allows compassion programs to help facilitate these donations. I respectfully request for an urgency clause be added to SB 829 so tax exemptions on donated medicinal cannabis and cannabis products may be immediately apply for these very ill and low-income patients.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Scott Wiener".

Scott Wiener
Senator