**SENATE JUDICIARY COMMITTEE**
**Senator Thomas Umberg, Chair**
**2025-2026 Regular Session**

AB 1956 (Valencia)
Version: May 11, 2026
Hearing Date: June 30, 2026
Fiscal: Yes
Urgency: No
AWM

## SUBJECT

Suicide prevention

## DIGEST

This bill adds boys and young men to the list of highest-risk populations on which the Office of Suicide Prevention (OSP) may focus its prevention activities' and requires, by July 1, 2028, the OSP to provide a report to the Legislature on strategies to implement these activities.

## EXECUTIVE SUMMARY

Current law establishes the OSP, contingent upon a funding appropriation through the budget or other legislation. The OSP is authorized to conduct a number of activities relating to the collection of data regarding, and preventing, suicide in this state. The OSP's mandate permits it to focus its activities on groups with the highest risk of suicide, including youth, Native American youth, older adults, veterans, and LGBTQ people.

Studies show that men and boys commit suicide at a significantly higher rate than women, though likely at a lower rate than transgender and nonbinary individuals (who are already included within the OSP's high-risk mandate). This bill, therefore adds boys and young men, to the list of highest-risk groups on which the OSP may focus its activities. The bill also requires the OSP, on or before July 1, 2028, to report to the Legislature on its suicide prevention efforts with respect to boys and young men.

This bill is sponsored by Generation Up (GENup) and is supported by the American Institute for Boys and Men, the California Academy of Child & Adolescent Psychiatry, the California Behavioral Health Association, and the California Charter Schools Association. The Committee has not received timely opposition to this bill. The Senate Health Committee passed this bill with a vote of 10-0.

## PROPOSED CHANGES TO THE LAW

Existing constitutional law:

1) Provides that the U.S. Constitution, and the Laws of the United States, are the supreme law of the land. (U.S. Const., art. VI, cl. 2.)

2) Provides for equal protection under the law as follows:
    a) Under the United States Constitution, provides that no state shall deny to any person within its jurisdiction the equal protection of the laws. (U.S. Const., 14th Amend., § 1.)
    b) Under the California Constitution, provides that a person may not be denied the equal protection of the laws, and that a citizen or class of citizens may not be granted privileges or immunities not granted on the same terms to all citizens. (Cal. Const., art. I, § 7.)

3) Provides that the State shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting. (Cal. Const., art. I, § 31, added by initiative, Gen Elec. (Nov. 5, 1996) (Proposition 209).)

Existing state law:

1) Authorizes the State Department of Health (DPH) to establish the OSP within DPH. (Health & Saf. Code, § 131300.)

2) Provides that the responsibilities of the OSP may include all of the following:
    a) Providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs.
    b) Conducting state-level assessment of regional and statewide suicide prevention policies and practices, including other states' suicide prevention policies, and including specific metrics and domains as appropriate.
    c) Monitoring and disseminating data to inform prevention efforts at the state and local levels.
    d) Convening experts and stakeholders, including, but not limited to, stakeholders representing populations with high rates of suicide, to encourage collaboration and coordination of resources of resources for suicide prevention.
    e) Reporting on progress to reduce rates of suicide. (Health & Saf. Code, § 131300(a).)

3) Provides that the OSP, if established, may focus activities on groups with the highest risk, including youth, Native American youth, older adults, veterans, and LGBTQ people. (Health & Saf. Code, § 131311(b).)

4) Provides that the OSP shall become operative only if funds are appropriated in the annual Budget Act or another statute for its purposes. (Health & Saf. Code, § 131120.)

This bill:

1) Adds boys and young men to the list of high-risk categories on which the OSP may focus its activities.

2) Requires the OSP, if established, to provide a report to the Legislature on strategies to implement the activities focused on boys and young men pursuant to 1).

3) Provides that the report in 2) must be provided to the Legislature on or before July 1, 2028, and sunsets the reporting requirement in 2) on July 1, 2032.

## COMMENTS

1. Author's comment

According to the author:

> California is facing a mental health crisis, and young men and boys are at the center of it. Four out of five youth suicides are male, accounting for nearly 80% of suicides statewide. These statistics represent more than data points, they represent sons, brothers, and fathers whose lives were lost. Despite this clear disparity, targeted outreach and intervention for young men remains limited, even though they face distinct barriers to seeking help, including stigma, isolation, and a lack of messaging that resonates with their experiences. AB 1956 recognizes this gap and directs greater focus toward prevention strategies that better reach and support this population. California has the opportunity to do better and strengthen its response to a crisis that continues to affect families and communities all across the state.

2. Background on high rates of suicide in the US and in California

According to the Senate Health Committee's analysis of this bill:

> In 2024, suicide was the 10th leading cause of death in the U.S., accounting for 48,824 deaths nationwide (13.7 per 100,000 people) and 2.2 million estimated attempts (1.5 times increase from 2023), according to the American Foundation for Suicide Prevention's website. Suicide-related deaths were four times higher among males

(38,977) compared to females (9,847). Among youth and young adults ages 15 to 34, suicide is the second leading cause of death. However, suicide rates in this age group decreased slightly from 2023 to 2024, declining from 15.9 to 15.2 per 100,000 (4%). Firearms were the most common method of death by suicide, accounting for more than half of all suicide deaths (57%).

In California, according to CDPH's "2026 California State of Public Health Report," there were 4,042 suicides in 2024. Overall suicide rates in California increased somewhat from 2000 through 2019 with a slight drop observed during the first year of the pandemic (2020), followed by fairly stable rates since then. The number of suicide deaths in 2024 represents a decrease from the number of suicide deaths (4,191) in 2023. The most common mechanism for Californians aged 25 and younger was suffocation, comprising 38.9% of these suicide deaths. There were 30,535 non-fatal self-harm-related emergency department visits in 2024, with the majority (54.4%) among individuals 24 or younger.

CDPH highlights Governor Newsom's Executive Order (EO), regarding suicide rates for boys and young men, and states it is participating in the coordinated statewide response to improve mental health, reduce stigma, and expand access to meaningful education, work, and mentorship opportunities for this population. OSP also led two Children and Youth Behavioral Health Initiative workstreams, including the Youth Suicide Reporting and Crisis Response Pilot Program, which aimed to strengthen local systems for rapid report and response to youth suicides and suicide attempts in 10 counties, and the Never a Bother youth suicide prevention campaign. The Never a Bother campaign, co-created with over 420 youth from across California, is part of the state's ongoing effort to increase awareness of suicide warning signs, share suicide prevention and mental health resources, build life-saving intervention skills, and promote help seeking behavior for youth and young adults—before, during, and after a crisis. In its first year, the campaign generated more than 1.12 billion impressions, while community-based grantees offered over 4,600 engagement activities that supported 106,000+ direct interactions with youth and caregivers.

3. <u>This bill adds boys and young men to the list of high-risk categories on which the OSP may focus its activities</u>

On July 30, 2025, Governor Newsom signed an executive order recognizing, among other things, that "[m]en account for nearly 80 percent of all suicides, and young men are three times more likely to die by suicide than young women."[1] The order directed a number of state agencies, including DPH, to "develop recommendations to address the

[1] Governor's Exec. Order No. N-31-25 (Jul. 30, 2026).

suicide crisis among young men within existing initiatives" and ways to better support boys' and men's mental health.[2]

This bill, consistent with the executive order, includes, within the list of groups with the highest risk on which the OSP may focus its activities, boys and young men. This inclusion appears consistent with other groups already included in the statute and who suffer from high rates of suicide. The bill also requires the OSP to report to the Legislature on its suicide prevention efforts with respect to boys and young men on or before July 1, 2028.

4. Constitutional considerations

This bill includes a facial gender-based classification that triggered this Committee's examination of whether the bill could run afoul of laws relating to equal treatment under the law, including the Fourteenth Amendment to the United States Constitution and Proposition 209.[3] In both cases, the answer is likely no. Because the OSP's activities are generally discretionary, with the statute simply setting forth activities and priorities the OSP may wish to engage in, the bill does not create an automatic sex-based privilege. Given that this bill adds boys and young men to the existing list of highest-risk categories, the best interpretation of this language appears to be filling out the list to include additional high-risk groups toward which the OSP may wish to target its efforts. Additionally, Proposition 209 applies only in the operation of public employment, public education, and public contracting, so Proposition 209 does not appear to implicate the OSP's activities.

5. Arguments in support

According to GENup:

> Men account for nearly 80 percent of suicide deaths, and young men face suicide rates significantly higher than their female counterparts. Many young men experience social isolation, stigma around seeking mental health support, and barriers associated with masculinity norms. These challenges are often exacerbated for young men in communities of color, where access to mental health resources may already be limited or looked down upon.
>
> Despite these disparities, young men and boys are not explicitly recognized as a priority population within existing suicide prevention frameworks. Without targeted outreach, many at-risk individuals may remain disconnected from the support systems that could prevent mental health crises and suicide attempts.

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[2] *Ibid.*
[3] *See* Cal. Const., art. I, § 31.

AB 1956 addresses this gap by recognizing young men and boys as a priority population within the state's suicide prevention efforts.

## SUPPORT

GENup (sponsor)
American Institute for Boys and Men
California Academy of Child & Adolescent Psychiatry
California Behavioral Health Association
California Charter Schools Association

## OPPOSITION

None received

## RELATED LEGISLATION

Pending legislation: None known.

Prior legislation: AB 2112 (Ramos, Ch. 142, Stats. 2020) established the OSP, including the provisions permitting the OSP to focus its activities on the groups with the highest risk, including youth, Native American youth, older adults, veterans, and LGBTQ people.

## PRIOR VOTES:

Senate Health Committee (Ayes 10, Noes 0)
Assembly Floor (Ayes 72, Noes 0)
Assembly Appropriations Committee (Ayes 14, Noes 0)
Assembly Health Committee (Ayes 16, Noes 0)

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