## THIRD READING

Bill No:      AB 1797
Author:       Akilah Weber (D), et al.
Amended:      8/17/22 in Senate
Vote:         21

SENATE HEALTH COMMITTEE:  8-1, 6/22/22
AYES:  Pan, Eggman, Gonzalez, Leyva, Limón, Roth, Rubio, Wiener
NOES:  Melendez
NO VOTE RECORDED:  Grove, Hurtado

SENATE EDUCATION COMMITTEE:  5-2, 6/30/22
AYES:  Leyva, Cortese, Glazer, McGuire, Pan
NOES:  Ochoa Bogh, Dahle

SENATE APPROPRIATIONS COMMITTEE:  5-2, 8/11/22
AYES:  Portantino, Bradford, Laird, McGuire, Wieckowski
NOES:  Bates, Jones

ASSEMBLY FLOOR:  54-20, 5/26/22 - See last page for vote

**SUBJECT:**  Immunization registry

**SOURCE:**    California Immunization Coalition
               ProtectUS
               San Diego Unified School District

**DIGEST:**   This bill requires, rather than permits, health care providers and
specified agencies that have access to immunization information to disclose certain
information from a patient medical record or a client record to the California
Department of Public Health and local health departments. This bill adds "patient's
or client's race and ethnicity" to the list of information collected for purposes of
immunization information and reminder systems. This bill adds two purposes that
health care providers and education, childcare, and human services agencies may
use individual immunization information.

*Senate Floor Amendments* of 8/17/22 require health care providers to collect an immunization patient's race *and* ethnicity. This bill previously said race *or* ethnicity.

**ANALYSIS:**

Existing law:

1) Permits local health officers (LHOs) to operate immunization information systems in conjunction with the Immunization Branch of the California Department of Public Health (CDPH) either separately within their individual jurisdictions or jointly among more than one jurisdiction. The largest regional registry is referred to as the California Immunization Registry or "CAIR2." [HSC §120440(b)]

2) Permits health care providers and specified agencies (such as schools, childcare facilities, and human services agencies), unless a refusal to permit record sharing is made, to disclose the information specified in 3) below from the patient's medical record, or the client's record, to local health departments (LHDs) and CDPH. Permits LHDs and CDPH to disclose this information to each other and, upon a request for information pertaining to a specific person, to health care providers taking care of the patient, the Medical Board of California, and the Osteopathic Medical Board of California. Permits LHDs and CDPH to disclose this information to schools, childcare facilities, county human services agencies, family childcare homes, foster care agencies, California Special Supplemental Food Program for Women, Infants, and Children (WIC) service providers, and health plans, as specified. [HSC §120440(c)]

3) Requires information included in the immunization information systems to be:

   a) The name of the patient/client and names of the parents/guardians of the patient/client and their current address and telephone number;

   b) Types and dates of immunizations received by the patient/client;

   c) Manufacturer and lot number for each immunization received;

   d) Adverse reaction to immunizations received;

   e) Nonmedical information necessary to establish the patient's/client's unique identity and record, including their gender, date of birth, place of birth, and

information needed to comply with California's immunization mandates; and,

f) Results of tuberculosis screening.

4) Requires health care providers, LHDs, and CDPH to maintain the confidentiality of this information in the same manner as other medical record information with patient identification that they possess. Subjects providers, LHDs, CDPH, and contracting agencies to civil action and criminal penalties for the wrongful disclosure of this information. Requires providers, LHDs, and CDPH to use this information only for these specified purposes: to provide immunization services; to provide or facilitate provision of third-party payer payments for immunizations; and, to compile and disseminate statistical information of immunization status on groups of patients or clients or populations, as specified. [HSC §120440(d)(1)]

5) Requires schools, childcare facilities, family childcare homes, WIC service providers, foster care agencies, county human services agencies, and health care plans to maintain the confidentiality of this information in the same manner as other client, patient, and pupil information that they possess. Subjects these institutions and providers to civil action and criminal penalties for the wrongful disclosure of the information. Requires these institutions and providers to use the information only for the following purposes:

a) In the case of schools, childcare facilities, family childcare homes, and county human services agencies, to carry out their responsibilities regarding required immunization for attendance or participation benefits, or both;

b) In the case of WIC service providers, to perform immunization status assessments of clients and to refer those clients found to be due or overdue for immunizations to health care providers;

c) In the case of health plans, to facilitate payments to health care providers, to assess the immunization status of their clients, and to tabulate statistical information on the immunization status of groups of patients, without including patient-identifying information in these tabulations; and,

d) In the case of foster care agencies, to perform immunization status assessments of foster children and to assist those foster children found to be due or overdue for immunization in obtaining immunizations from health care providers. [HSC §120440(d)(1)]

6) Permits a patient or their parent/guardian to refuse to permit record sharing. Requires the health care provider administering an immunization and any other agency possessing any patient/client information, if planning to provide patient or client information to an immunization system, to inform the patient/client, their parent/guardian, the following information:

   a) The information listed in 3) above may be shared with LHDs and CDPH;

   b) Any information shared with LHDs or CDPH will be treated as confidential medical information and will be used only to share with each other, and, upon request, with health care providers specified agencies, which all are required to treat that information confidential;

   c) The patient/client, or their parent/guardian, has the right to examine any immunization-related information or tuberculosis screening results shared to correct any errors in it; and,

   d) The patient/client, or their parent/guardian, may refuse to allow this information to be shared or to receive immunization reminder notifications at any time, or both. After refusal, the patient's/client's physician may maintain access to this information for the purposes of patient care or protecting the public health. After refusal, LHDs and CDPH may maintain access to this information for the purpose of protecting the public health. [HSC §120440(e)]

7) Prohibits this information from being shared if a patient/client, or their parent/guardian, refuses to allow the sharing of immunization information. [HSC §120440(l)]

This bill:

1) Requires, rather than permits, health care providers and specified agencies that have access to immunization information to disclose certain information from a patient medical record or a client record to LHDs and CDPH.

2) Adds "patient's or client's race and ethnicity" to the list of information collected for purposes of local/regional immunization information and reminder systems and CAIR2.

3) Adds the following to the purposes that health care providers, education, childcare, and human services agencies may use immunization information: in the case of schools, childcare facilities, family childcare homes, and county human services agencies; for the COVID-19 public health emergency; and, to

perform immunization status assessments of pupils, adults, and clients to ensure health and safety.

4) Specifies that in the case of schools, this only applies if the school's governing board/body has adopted a policy mandating COVID-19 immunization for school attendance and the school limits the use of the data to verifying immunization status for this purpose.

**Comments**

1) *Author's statement.* According to the author, this bill updates the use and functionality of CAIR2 to keep schools open and safe during the current pandemic by authorizing and streamlining schools' ability to verify their student's vaccine record. This bill will also bolster data submissions to support health equity and accuracy by ensuring all relevant practitioners are entering immunization data and also requiring race and ethnicity information.

2) *CAIR2.* CAIR2 confidential, statewide immunization information system for California residents. The CAIR2 system consists of 8 regions: Northern California, Greater Sacramento Area, Bay Area, Central Valley, Central Cost, Los Angeles-Orange, Inland Empire, Imperial, and San Diego). According to CDPH, the registry is accessed online to help providers and other authorized users track patient immunization records, reduce missed opportunities, and help fully immunize Californians of all ages. California law allows health care providers to share patient immunization information with an immunization registry as long as the patient (or their parent or legal guardian) is informed about the registry. Patients also have the right to 'lock' the record in CAIR2, so that immunization information is only visible to the patient's provider. Participation in CAIR2 is voluntary and is open to healthcare providers, schools, childcare facilities, county welfare departments, family childcare homes, foster care agencies, WIC service providers, and health care plans. To participate, an organization must enroll in CAIR2 and agree to maintain the confidentiality of the patient immunization information and only use the information to provide patient care or to confirm that childcare or school immunization requirements have been met. Health care providers and other authorized users can access patient immunization information, determine vaccinations due, enter new patients or vaccine doses administered, remind or recall patients due for immunizations, and run patient reports. RIDE is California's only other immunization registry, which serves a similar function in the Central Valley counties of San Joaquin, Stanislaus, Merced, Amador, Calaveras, Alpine, Tuolomne, and Mariposa.

**FISCAL EFFECT:**  Appropriation:  No   Fiscal Com.:   Yes   Local:  Yes

According to the Senate Appropriations Committee:

- CDPH estimates state staffing costs of approximately $950,170 over the first two years and $303,216 ongoing thereafter (General Fund).

- Unknown costs to local school districts, health departments and other entities to disclose immunization information to LHDs and CDPH. Costs to local agencies and school districts may be reimbursable by the state, subject to a determination by the Commission on State Mandates.

**SUPPORT:**  (Verified  8/16/22)

California Immunization Coalition (co-source)
ProtectUS (co-source)
San Diego Unified School District (co-source)
American Academy of Pediatrics, California
Association of California School Administrators
California Academy of Family Physicians
California Dental Association
California Immunization Coalition
California Medical Association
California Pan-Ethnic Health Network
California School Nurses Organization
Los Angeles County Board of Supervisors
Los Angeles Unified School District
Sacramento City Unified School District
San Diego Unified School District
Teens for Vaccines

**OPPOSITION:**  (Verified  8/16/22)

A Voice for Choice Advocacy
California Catholic Families for Freedom
California Health Coalition Advocacy
Children's Health Defense - California Chapter
City of Santa Clarita
Committee to Support Parental Engagement in Santa Clarita School Districts
Eagle Forum of California
Educate. Advocate.
Feather River Tea Party Patriots

National Vaccine Information Center
Natomas USD for Freedom
Nuremberg 2.0
Protection of the Educational Rights of Kids
Real Impact
Stand Up Sacramento County
Whittier Parents for Choice
Eight individuals

**ARGUMENTS IN SUPPORT:**  The California Immunization Coalition, San Diego Unified School District, ProtectUS are the sponsors of this bill and state that this bill allows access to critical immunization information in a public health emergency to perform immunization status assessments, and to ensure the health and safety of school communities. This bill will ensure that immunization information is available in the event of a public health emergency. This information is already collected and available in county and State data systems. San Diego Unified states that this information is critical during a public health emergency to assess the health and safety of our school sites, and to determine whether there are specific schools that need additional support to access vaccines.

The American Academy of Pediatrics, California, the California Academy of Family Physicians and the California Medical Association state in support that this bill promotes uniform health and safety protocols and aligns with the intent of existing vaccination statutes putting children's health above any non-scientific concerns or considerations. They indicate the proposed updates will require healthcare practitioners to ensure that data on the vaccines they administer is entered into the registry and that the patient's race/ethnicity data is recorded, along with authorizing schools to view data on all vaccines related to student safety.

**ARGUMENTS IN OPPOSITION:** A Voice for Choice Advocacy is opposed unless amended, and states:

1) The multitude of data discrepancies currently in CAIR2 need to be addressed;

2) Patients and parents of patients should be allowed to opt-in to the immunization registries;

3) Database privacy should be in line with other California medical databases such as the California's Controlled Substance Utilization Review and Evaluation System database; and,

4) Records granted disclosure from the patient should maintain the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) privacy rights if further shared.

Opponents of this bill, including the Children's Health Defense - California Chapter, argue that current laws and procedures are sufficient to maintain safety in childcare homes, facilities, classrooms and at schools. Opponents are concerned this bill will lead to discrimination and segregation that would be an unnecessary overreach. California already has strict regulations regarding conditions of enrollment regarding immunizations as well as health and safety requirements for attendance. Furthermore, there are concerns receiving basic needs from government human service agencies will be held at ransom from recipients based on vaccine status. The opponents conclude that those who utilize human service agencies in California must be able to receive basic care regardless of vaccine status, and that can only be guaranteed if this bill does not move forward.

ASSEMBLY FLOOR:  54-20, 5/26/22
AYES:  Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Bloom, Boerner Horvath, Mia Bonta, Bryan, Calderon, Carrillo, Cervantes, Cooper, Daly, Mike Fong, Friedman, Gabriel, Cristina Garcia, Eduardo Garcia, Gipson, Grayson, Haney, Holden, Irwin, Jones-Sawyer, Kalra, Lee, Levine, Low, Maienschein, Mayes, McCarty, Medina, Mullin, Muratsuchi, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Stone, Ting, Villapudua, Ward, Akilah Weber, Wicks, Wilson, Wood, Rendon
NOES:  Bigelow, Chen, Choi, Cooley, Cunningham, Megan Dahle, Davies, Flora, Fong, Gallagher, Kiley, Lackey, Mathis, Nguyen, Patterson, Seyarto, Smith, Valladares, Voepel, Waldron
NO VOTE RECORDED:  Berman, Gray, Nazarian, O'Donnell

Prepared by:  Melanie Moreno / HEALTH / (916) 651-4111
8/19/22 13:09:00

**** **END** ****