

CONCURRENCE IN SENATE AMENDMENTS

AB 1797 (Akilah Weber)

As Amended August 17, 2022

Majority vote

SUMMARY

Requires, instead of permits, a health care provider and specified entities to disclose certain information from a patient's medical record or the client's record, to local health departments (LHDs) operating countywide or regional immunization information and reminder systems and to the Department of Public Health (DPH). Includes a patient's or client's race and ethnicity in the existing list of information that must be disclosed by health care providers and other agencies as specified, from a patient's or client's medical record.

Expands the purposes for the use of information collected by and reported to immunization information systems, to include, in the case of school, childcare facilities, family childcare homes and county human services agencies, in the event of a public health emergency, to perform immunization status assessment of pupils, adults, and clients to ensure health and safety. Specifies in the case of schools, this only applies if the school's governing board or 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. Sunsets these provisions on January 1, 2026. Recasts existing law effective January 1, 2026.

Senate Amendments

Require a patient's race and ethnicity to be disclosed by health care providers.

COMMENTS

- 1) *Vaccine registries*. Immunization information systems, also known as "vaccine registries," are confidential, population based, computerized databases for storing vaccinations, including COVID-19 vaccination information. These systems help providers and other authorized users track patient immunization records, reduce missed vaccination opportunities, and help fully immunize populations. Having a consolidated immunization record in one place is especially helpful in a pandemic situation when people may receive first and second vaccine doses at different locations. All 50 states have immunization registries.

The California Immunization Registry (CAIR2) is a secure, web-based system available to healthcare providers, including LHDs, community clinics, private medical offices, hospitals, and other approved agencies, such as schools, childcare facilities, and foster care. CAIR2 aims to improve immunization services by providing a central location for healthcare providers and other approved entities to store and access a person's immunization history. This includes documenting one's complete immunization data and Tuberculosis test history; forecasting the immunizations that are due; generating official patient/student immunization documentation; and helping immunization providers manage their vaccine inventory, generate practice-level immunization reports, and conduct reminder/recall activities. This system plays an important role in immunization program management and implementation by improving the quality of immunization data and enhancing accountability and stewardship of public vaccine resources.

- 2) *Background on existing patient information sharing law.* California law allows health care providers to share patient immunization information with an immunization registry as long as the patient (or patient's parent) is informed about the registry, including their right to 'lock' the record in CAIR2 so that immunization information is not shared with other CAIR2 users (though the data remains available to the patient's provider). Participation in CAIR2 is voluntary and is open to healthcare providers, schools, child care facilities, county welfare departments, family child care homes, foster care agencies, WIC service providers, and health care plans. To participate, users must sign a confidentiality agreement stating they will maintain the confidentiality of the patient immunization information and will only use the information to provide patient care or to confirm that childcare or school immunization requirements have been met. Information in CAIR2 includes a child's name and birth date, mother's (or guardian's) name, and information about the child's shots. Only a child's doctor can access a child's address and phone number; schools and other programs serving the child cannot see addresses or phone numbers in CAIR2.

Existing law also permits health care providers, and other agencies, including school, childcare facilities and county welfare agencies to disclose specified information from the patient's medical or client's records to LHDs operating countywide or regional immunization registries and DPH. This bill would make this type of disclosure a requirement. LHDs and DPH may also disclose specified information (except an individual's current address and telephone number) to each other, and upon request to health care providers taking care of the patient and to the Medical Board of California and Osteopathic Medical Board of California. Lastly, LHDs and DPH may disclose the information for determination of benefits, as specified. Health care providers, LHDs and DPH must maintain the confidentiality of the information. Health care providers administering immunization and other agencies possessing any patient or client information must inform the patient or their parent/guardian if they are planning to provide patient/client information to an immunization system. A patient or the patient's parent/guardian may refuse to permit record sharing.

According to the Author

The COVID-19 pandemic has demonstrated a strong need to ensure data systems are responsive and provide the necessary information to effectively reduce the spread of infectious diseases. During public health emergencies schools can be even more effective at keeping students, faculty, and staff safe by having the basic tools to check if students are vaccinated and that all families have access to vaccines. This information is already collected and available in county and State data systems. The author concludes that this bill will ensure that immunization information is available in the event of a public health emergency.

Arguments in Support

The California Immunization Coalition, San Diego Unified School District, Protect US are the sponsors of this bill and state that this bill would allow 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, 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

Opponents of this bill, including the Children's Health Defense, California Chapter and the Marin Citizens' Task Force, 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.

Arguments in Opposition Unless Amended

A Voice for Choice Advocacy has taken an oppose unless amended position and states the following:

- 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.
- 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.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

- 1) DPH estimates state staffing costs of approximately \$950,170 over the first two years and \$303,216 ongoing thereafter (General Fund).
- 2) Unknown costs to local school districts, health departments and other entities to disclose immunization information to LHDs and DPH. Costs to local agencies and school districts may be reimbursable by the state, subject to a determination by the Commission on State Mandates.

VOTES:**ASM HEALTH: 10-3-2**

YES: Wood, Aguiar-Curry, Arambula, Carrillo, Maienschein, Mayes, McCarty, Rodriguez, Santiago, Cristina Garcia

NO: Waldron, Bigelow, Flora

ABS, ABST OR NV: Nazarian, Luz Rivas

ASM EDUCATION: 5-2-0

YES: O'Donnell, Bennett, Lee, McCarty, Quirk-Silva

NO: Megan Dahle, Chen

ASM APPROPRIATIONS: 12-4-0

YES: Holden, Bryan, Calderon, Carrillo, Mike Fong, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Wilson

NO: Bigelow, Megan Dahle, Davies, Fong

ASSEMBLY FLOOR: 54-20-4

YES: 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

NO: Bigelow, Chen, Choi, Cooley, Cunningham, Megan Dahle, Davies, Flora, Fong, Gallagher, Kiley, Lackey, Mathis, Nguyen, Patterson, Seyarto, Smith, Valladares, Voepel, Waldron

ABS, ABST OR NV: Berman, Gray, Nazarian, O'Donnell

UPDATED

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