

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 2651 (Bonta) – As Introduced February 20, 2026

**SUBJECT:** Informed Parents, Healthy Schools Act.

**SUMMARY:** Requires the State Department of Public Health (DPH) to establish the immunization rate necessary to prevent the spread of specified communicable diseases and establish notification procedures to inform the governing authority of a school or institution when an immunization rate falls below the established rate necessary to prevent the spread of disease. Requires the governing body authority of a school or institution to inform the parents or guardians of pupils if it is notified by DPH that a relevant immunization rate has fallen below the established rate necessary to prevent the spread of communicable disease.

- 1) Requires DPH to establish the immunization rate necessary to prevent the spread of each communicable disease necessary for school admission (listed in 5) of existing law below).
- 2) Requires DPH to establish notification procedures to inform the governing authority of each school or institution when an immunization rate for one or more diseases necessary for school admission is determined to fall below the relevant immunization rate established by DPH pursuant to 1) above.
- 3) Requires the notification to be written by DPH and include the following information:
  - a) The immunization rate established by DPH pursuant to 1) above for each disease listed; and,
  - b) The immunization rate for each disease necessary for school admission that is determined to fall below the rate established by DPH.
- 4) Requires the governing authority of a school or institution, public or private, to distribute a notification to parents or guardians of pupils enrolled at that school or institution, a notification in the manner prescribed by DPH if it receives notice from DPH that an immunization rate at that school or institution has fallen below the rate established by DPH.
- 5) States that this bill is required to be known and authorizes it be to cited as the Informed Parents, Healthy Schools Act.

**EXISTING LAW:**

- 1) States the intent of the legislature to provide for the keeping of adequate records of immunization so that health departments, schools, and other institutions, parents or guardians, and the persons immunized will be able to ascertain that a child is fully or only partially immunized, and so that appropriate public agencies will be able to ascertain the immunization needs of groups of children in schools or other institutions. [Health and Safety Code (HSC) § 120325]
- 2) Requires DPH, in consultation with the Department of Education (CDE), to adopt and enforce all regulations relating to immunization reporting. [HSC § 120330]

- 3) Defines “governing authority” to mean the governing board of each school district or the authority of each other private or public institution responsible for the operation and control of the institution or the principal or administrator of each school or institution. [HSC § 120335]
- 4) Prohibits the governing authority from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless, prior to their first admission to that institution, they have been fully immunized. [*Ibid.*]
- 5) Requires immunizations to be documented for the following diseases:
  - a) Diphtheria;
  - b) Haemophilus influenzae type b;
  - c) Measles;
  - d) Mumps;
  - e) Pertussis (whooping cough);
  - f) Poliomyelitis;
  - g) Rubella;
  - h) Tetanus;
  - i) Hepatitis B;
  - j) Varicella (chickenpox); and,
  - k) Any other disease deemed appropriate by DPH, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians. [*Ibid.*]
- 6) Requires the governing authority of each school or institution to require documentary proof of each entrant’s immunization status. Requires the immunization record of each new entrant admitted conditionally to be reviewed periodically by the governing authority to ensure that within the time periods designated by regulation of DPH the entrant has been fully immunized against all of the diseases listed in 5) above, and requires immunizations received after entry to be added to the pupil’s immunization record. [HSC § 120375]
- 7) Requires the governing authority to file a written report, on at least an annual basis, on the immunization status of new entrants to the school or institution under their jurisdiction with DPH and the local health department on forms prescribed by DPH. Requires the local health department to have access to the complete health information as it relates to immunization of each student in the schools or other institutions in order to determine immunization deficiencies. [*Ibid.*]
- 8) Requires the governing authority to cooperate with the county health officer in carrying out programs for the immunization of persons applying for admission to any school or institution

under its jurisdiction. Authorizes the governing board of any school district to use funds, property, and personnel of the district for that purpose. Authorizes the governing authority of any school or other institution to permit any licensed physician or any qualified registered nurse to administer immunizing agents to any person seeking admission to any school or institution under its jurisdiction. [*Ibid.*]

- 9) Requires DPH to develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption certification form that to be transmitted directly to the DPH's California Immunization Registry (CAIR). Requires the form to be printed, signed, and submitted directly to the school or institution at which the child will attend, submitted directly to the governing authority of the school or institution, or submitted to that governing authority through the CAIR where applicable. Requires the standardized form to be the only documentation of a medical exemption that the governing authority may accept. [HSC § 120372]

**FISCAL EFFECT:** Unknown. This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, parents deserve to have easy access to the information that keeps their children safe. This bill requires DPH to notify parents when a school's vaccination rate falls below herd immunity levels. The author states that by ensuring parents have this knowledge, this bill gives parents additional tools to make informed decisions about their children's well-being. The author continues that with this knowledge, parents are better equipped to care for their immunocompromised children and family members. The author notes that thirty-nine states saw kindergarten vaccination rates fall below the herd immunity threshold for measles, mumps, and rubella in the 2023-24 school year. The author concludes that this bill reinforces California's commitment to giving parents the resources they need to make educated decisions for their children's health, without changing current vaccination requirements.
- 2) **BACKGROUND.** Following a 2014 measles outbreak which ultimately affected 125 individuals (96 of whom were unvaccinated or lacked documented vaccination status), the legislature passed SB 277 (Pan), Chapter 35, Statutes of 2015, which eliminated nonmedical vaccine exemptions in schools. According to a 2019 article published in the *American Journal of Public Health* titled, "Laws about Transparent School Vaccination Reporting: Public Health Context and Ethics," prior to California's elimination of nonmedical exemptions in 2016, one third of its children lived in counties with vaccination rates below 90%. These geographic gaps in herd immunity created communities that were susceptible to the rapid transmission of disease.
  - a) **Herd Immunity.** Disease spread occurs when some proportion of a population is susceptible to the disease. Herd immunity occurs when a significant portion of a population becomes immune to an infectious disease and the risk of spread from person to person decreases; those who are not immune are indirectly protected because ongoing disease spread is very small. A 2020 article published on *JAMA Network* titled, "What is Herd Immunity?," notes that the proportion of a population who must be immune to achieve herd immunity varies by disease. For example, a disease that is very contagious, such as measles, requires more than 95% of the population to be immune to stop

sustained disease transmission and achieve herd immunity. Herd immunity may be achieved either through infection and recovery or by vaccination.

Herd immunity also protects those who are unable to be vaccinated, such as newborns and immunocompromised people, because the disease spread within the population is very limited. Communities with lower vaccine coverage may have outbreaks of vaccine-preventable diseases because the proportion of people who are vaccinated is below the necessary herd immunity threshold. In addition, the protection offered by vaccines may wane over time, requiring repeat vaccination.

According to the previously mentioned 2019 article published in the *American Journal of Public Health*, Colorado, Illinois, Oregon, and Vermont have passed laws that mandate school-level reporting of aggregated vaccination rates to state health and education departments. These laws also require that school-level vaccination data—including the numbers for each type of exemption—be made available to the public. In 2017 through 2018, similar legislation was introduced in several states. Connecticut and Texas considered bills requiring these states' health departments to collect and publish vaccination rates for all schools; these bills were reported favorably out of committee but went no further. In other states, bills have been introduced but stayed in committee. Bills in Arizona and Virginia would have required public schools to maintain web sites with vaccination data. Missouri and Nevada considered more limited legislation to allow parents to request vaccine exemption rates from their child's school.

- b) Vaccination.** Vaccination creates immunity without having to contract a disease. California law establishes vaccination requirements for students entering schools. Schools in California are required to report student immunization status to DPH every year.
- c) California Vaccination Rates.** According to DPH's "Kindergarten Immunization Assessment, 2024-2025," California schools continue to comply at high levels in reporting on immunization of their students. In 2024-2025, 99.3% of public schools and 87.6% of private schools reported student immunization status, including more than 99% of all kindergarten students counted in CDE enrollment data. Enrollment in transitional kindergarten increased by 17% from 2023-2024 to 2024-2025 with ongoing phased implementation of universal transitional kindergarten, while traditional kindergarten enrollment decreased by 2%. All kindergarten students are required to have immunizations at entry, and the immunization reporting process does not distinguish between transitional versus traditional kindergarten students. The proportion of all kindergarten students reported as receiving all required immunizations was 93.7% in 2024-2025, similar to 2023-2024 but decreased from 94.1% in 2022-2023. First grade immunization rates were higher than kindergarten immunization rates in 2021-2022 and 2022-2023. Immunization rates in public schools were lower than in private schools, in contrast to previous years. Medical exemptions remained low, with 0.1% of students reported with permanent medical exemptions and 0.1% with temporary medical exemptions.

The proportion of students who did not meet all required immunizations and were reported in other categories of exemptions in SB 277 continued to increase, from 2.3% in 2022-2023 to 2.7% in 2023-2024 to 3.1% in 2024-2025. Most of the students in this

category were reported as being enrolled in public school independent study programs without classroom-based instruction. Expansion of independent study programs occurred during the COVID-19 pandemic, but the total number of students statewide in independent study programs, with or without classroom-based instruction, is unclear. California immunization rates remained higher than national rates reported by the federal Centers for Disease Control and Prevention in 2024-2025. For example, the United States vaccination rate for measles, mumps and rubella (MMR) was 92.5%, whereas in California the vaccination rate was 96.1%.

Although state-wide immunization levels among kindergarten students remained high in 2024-2025, regional differences persisted, with 26% of counties reporting kindergarten MMR rates below 95%, an approximate threshold necessary to prevent the transmission of measles. Large measles outbreaks seen in other states in 2025 were associated with lower immunization rates and high exemption rates. DPH states that California's immunization requirements help protect children and communities from vaccine-preventable diseases. Children in schools and regions with lower immunization rates remain at higher risk of contracting and transmitting vaccine preventable diseases. Efforts to monitor, support, and increase immunizations to protect students should continue in all communities.

**d) Current DPH vaccination information.** DPH's Immunization Branch website includes a "How Is Your School Doing?" tool, in which immunization rates for schools and facilities are presented for childcare, kindergarten, and seventh grade for recent school years. This tool has not been updated since the 2021-2022 school year. The tool includes institution's safety status based on the percentage of students whose vaccinations are up to date and includes the following categories:

- i) Safest (95-100%);**
- ii) Moderately Vulnerable (90-94%);**
- iii) More Vulnerable (80-89.9%); and,**
- iv) Delinquent.**

DPH takes precautions for identification purposes as follows:

- i) For schools with enrollment less than 20 students, the data are omitted from the website as a precaution for identification purposes;**
- ii) For schools with enrollment of 20-49 students, values of 95% or higher are listed as greater than or equal to 95%; values of 5% or less are listed as less than or equal to 5%;**
- iii) For schools with enrollment of 50-99 students, values of 98% or higher are listed as greater than or equal to 98%; values of 2% or less are listed as less than or equal to 2%; and,**
- iv) For schools with 100 or more students, values of 99% or higher are listed as greater than or equal to 99%; values of 1% or less are listed as less than or equal to 1%.**

In addition to the “How is Your School Doing?” tool described above, DPH publishes summary data reports and data files that measure compliance with the school immunization laws, conducted in all schools with kindergarten or 7<sup>th</sup> grades. The latest data available for 7<sup>th</sup> grade is 2020-2022 and the latest data available for kindergarten is 2024-25.

Schools are subject to audits for compliance with immunization laws. DPH’s website states that the annual financial and compliance audits of public schools will include an immunization component for schools with kindergarten or 7<sup>th</sup> grade that: did not submit immunization assessment reports or had conditional admission and overdue rates above 10% reported in the fall. Audit lists for schools with kindergarten or 7<sup>th</sup> grades are published on DPH’s website.

Although California requires schools to report immunization data annually to DPH and local health departments, there is currently no requirement for schools to notify parents when their school’s vaccination rates fall below levels necessary to maintain herd immunity. As a result, parents may be unaware of elevated risks of outbreaks for vaccine-preventable diseases associated with the specific campus their child attends.

This bill requires DPH to establish an immunization rate necessary to prevent the spread of disease, and to establish procedures to notify the governing authority of a school or institution when the immunization rate falls below the established rate. Upon receipt of a notification, schools and institutions would be required to notify parents and guardians when their child’s school falls below the established rate necessary to prevent disease.

- 3) SUPPORT.** This bill is co-sponsored by the California Academy Family Physicians (CAFP) and the Cal State PTA. CAFP states in support that this bill ensures that parents have the timely, school-specific information they need to make informed decisions about their children’s health, without creating additional reporting requirements for schools. By leveraging data already collected and maintained by DPH, this bill provides a streamlined approach to communication that does not require school staff to submit new forms or allocate significant resources. This thoughtful design recognizes the critical role schools play in supporting public health while respecting their operational constraints and limited administrative capacity. CAFP concludes that the potential benefits of this approach are significant, by increasing awareness of vaccination coverage at the local level, schools, families, and communities can proactively prevent disease outbreaks, maintain higher immunization rates, and foster a culture of health and safety that extends beyond the classroom.

Cal State PTA states in support that by ensuring families receive timely information about immunization levels in their children’s schools, this bill would help parents make informed decisions and strengthen efforts to protect student health. Cal State PTA continues that this bill improves transparency around school vaccination rates and ensures that parents receive timely information when immunization levels fall below thresholds needed to prevent disease transmission. Providing families with clear, school-specific information helps communities respond more quickly and supports efforts to maintain healthy learning environments for all students.

- 4) OPPOSITION.** A Voice for Choice Advocacy (AVCA) opposes this bill. AVCA expresses concerns that this bill will create conditions that may lead to the identification,

stigmatization, and discrimination of students who are legally attending school under valid exemptions. In California, access to school without full vaccination is extremely limited. As a result, any public reporting of school or grade level vaccination rates effectively highlights a very small and identifiable population of students, the majority of whom have legitimate vaccine medical exemptions. This raises serious concerns regarding privacy, equity, and unintended targeting. AVCA notes that vaccination rate data is already publicly available through the DPH and states that it is unclear what additional benefit this bill provides, particularly when weighed against the potential risks to students. AVCA further expresses concerns regarding this bill's delegation of authority to DPH to define acceptable immunity thresholds, representing a significant policy determination that may be subject to change over time without legislative oversight, creating uncertainty for families and schools alike. AVCA seeks clarification on how students with valid vaccine medical exemptions, individualized education plans, long term medical needs, disabilities, as well as students who are in temporary exemption populations such as foster youth and military families be reflected in the data and what safeguards will be in place to prevent misuse of this information at the school and community level and requests amendments to clarify and limit the scope of DPH's authority regarding immunity thresholds, provide an opt out mechanism for schools that determine reporting place students at risk of discrimination. AVCA further requests that legally exempt populations be exempt from reported totals, ensure data cannot be used to identify small groups of students, and provide safeguards to protect medically vulnerable and disabled students from unintended discrimination.

## **5) PREVIOUS LEGISLATION.**

- a)** AB 144 (Committee on Budget), Chapter 105, Statutes of 2025, among other provisions, requires that the list of immunizations, items, and services that were recommended by the United States Preventive Services Task Force, the federal Advisory Committee on Immunization Practices, and the federal Health Resources and Services Administration that were in effect on January 1, 2025, serve as a baseline of recommendations and would authorize DPH notwithstanding the rulemaking provisions of the Administrative Procedure Act, to modify or supplement those baseline recommendations, as specified. Requires DPH to publish recommendations and any updates, modifications, or supplements.
- b)** SB 276 (Pan), Chapter 278, Statutes of 2019 requires DPH to develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption request that would be transmitted using CAIR, which would be the only documentation of a medical exemption that a governing authority is authorized to accept. Specifies the information to be included in the medical exemption form, including a certification under penalty of perjury that the statements and information contained in the form are true, accurate, and complete. Requires a physician and surgeon to inform a parent or guardian of the bill's requirements and to examine the child and submit a completed medical exemption request form to DPH, as specified.
- c)** SB 714 (Pan), Chapter 281, Statutes of 2019 allows a child who has a medical exemption issued before January 1, 2020, to be allowed to continue enrollment until the child enrolls in the next grade span, as specified, and prohibits, on and after July 1, 2021, a governing authority from unconditionally admitting or readmitting to these institutions, or admit or advance any pupil to 7th grade level, unless the pupil has been immunized or has a

medical exemption through a procedure that includes the completion of a compliant statewide form.

- d) SB 277 (Pan), Chapter 35, Statutes of 2015 eliminated the exemption from specified immunization requirements based upon personal beliefs, but allows exemption from future immunization requirements deemed appropriate by DPH for either medical reasons or personal beliefs. Exempts pupils in a home-based private school and students enrolled in an independent study program and who do not receive classroom-based instruction, as specified. Prohibits a governing authority from unconditionally admitting to any of those institutions for the first time or admitting or advancing any pupil to the 7th grade level, unless the pupil has been immunized as required by SB 277. Specifies that SB 277 does not prohibit a pupil who qualifies for an individualized education program, pursuant to specified laws, from accessing any special education and related services required by his or her individualized education program. Makes the authorization for temporary exclusion from a school or other institution applicable only to a child who has been exposed to a specified disease and whose documentary proof of immunization status does not show proof of immunization as specified.
  - e) AB 2109 (Pan), Chapter 821, Statutes of 2012 requires a separate form prescribed by DPH to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to beliefs of the child's parent or guardian.
- 6) **AMENDMENTS.** The author wishes to amend this bill to include the following in DPH's written notification:
- a) Evidence-based explanations regarding the importance of maintaining immunization rates at levels sufficient to prevent disease transmission, and the increased risk of outbreaks and spread of communicable diseases when immunization rates fall below those levels; and,
  - b) Information, developed or approved by DPH, regarding accessible locations where pupils and their families may obtain required immunizations, including, but not limited to contact information for the local health department, and internet websites that provide vaccine location information.

The author further wishes to amend this bill to authorize DPH, in implementing its notification procedures, to apply existing data de-identification standards and methodologies to protect individual privacy, including, but not limited to, circumstances in which reporting immunization rates for a school or institution with low enrollment could reasonably risk the identification of an individual pupil and requires any such actions to be consistent with applicable state and federal privacy laws.

Additionally, the author wishes to require the notice to be translated into any language spoken by 15% or more of the enrolled students.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California Academy of Family Physicians (co-sponsor)  
California State PTA (co-sponsor)  
Alameda County Office of Education  
American College of Obstetricians & Gynecologists - District IX  
California Chapter of the American College of Emergency Physicians  
California Pan - Ethnic Health Network  
CPCA Advocates, Subsidiary of the California Primary Care Association  
Latino Coalition for a Healthy California  
One individual

**Opposition**

A Voice for Choice Advocacy  
SFV Alliance  
V Is for Vaccine  
Numerous individuals

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