SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 2651
AUTHOR: Bonta
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HEARING DATE: June 24, 2026
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SUBJECT: Informed Parents, Healthy Schools Act

SUMMARY: Requires the California Department of Public Health (CDPH) to establish immunization rates necessary to prevent the spread of specified communicable diseases. Requires CDPH to establish notification procedures to inform schools and other institutions subject to immunization requirements when an immunization rate falls below the rate established by CDPH. Requires schools and other institutions to, within ten days of receiving notification from CDPH, to distribute the notice to parents.

Existing law:
1) Requires CDPH to examine the causes of communicable disease in man and domestic animals occurring or likely to occur in this state, including establishing a list of reportable diseases and conditions, adopting and enforcing regulations for isolation or quarantine, and taking measures as are necessary to ascertain the nature of a contagious, infectious, or communicable disease and prevent its spread. [HSC §120125, §120130, and §120140]

2) Prohibits the governing authority of a school or other institution 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 his or her first admission to that institution, he or she has been fully immunized against diphtheria, haemophilus influenzae type b, measles, mumps, pertussis, poliomyelitis, rubella, tetanus, hepatitis b (except after 7th grade), and chickenpox. Permits CDPH to add to this list any other disease deemed appropriate, taking into consideration the recommendations of the Advisory Committee on Immunization Practices, American Academy of Pediatrics, and the American Academy of Family Physicians. [HSC §120335]

3) Requires the governing authority of each school or institution to file a written report, at least annually, on the immunization status of new entrants to the school or institution on CDPH prescribed forms. Requires the local health department (LHD) to have complete health information as it relates to immunization of each student in the schools or institutions to determine immunization deficiencies. [HSC §120375(c)]

4) Exempts children with legally compliant medical exemptions (ME) from immunization requirements. Requires CDPH to develop and make available for use by physicians an electronic, standardized, statewide ME certification form for transmission directly to the California Immunization Registry (CAIR). Requires the standardized form to be the only acceptable documentation of a ME. [HSC §120370(a)(3) and §120372]

This bill:
1) Requires CDPH to establish, and update as needed, the immunization rates needed to prevent the spread of the communicable diseases that are required for school entry.

2) Requires CDPH to establish notification procedures to annually inform the local health officer and a private or public elementary school, childcare center, day nursery, nursery school, family day care home, or development center, when an immunization rate for one or more required vaccines is determined to fall below the immunization rate it established.

3) Requires the notification to be written by CDPH, distributed in the same school year that the determination is made, and include the following:
   a) The immunization rate established by CDPH for each required vaccine for both the current and prior school years;
   b) The immunization rate at the school or institution for each required vaccine that has fallen below the immunization rate established by CDPH. Requires immunization rates for each vaccine to be listed by grade level and include the approximate period for which that immunization rate applies;
   c) A statement that no immunization changes are legally required if the immunization rate at the school or institution would be at or above the immunization rate established by CDPH if the immunization rates of children with exemptions were excluded from the calculation;
   d) Evidence-based explanations about the importance of maintaining immunization rates at levels sufficient to prevent disease transmission and the increased risk of outbreaks and disease spread when immunizations fall below these levels;
   e) Information developed or approved by CDPH regarding accessible locations where children and their families can obtain the required immunizations, including contact information for the LHD and websites that provide immunization location information; and,
   f) A link or quick response (QR) code to the "Shots for School" webpage maintained by CDPH, a successor webpage, or additional webpages containing immunization resources for parents or guardians.

4) Requires the notification to be translated into any language, in addition to English, that is spoken by 15% or more enrolled children at the school or institution.

5) Requires CDPH to apply existing data de-identification standards and methodology to protect individual privacy, including, but not limited to, when immunization rate reporting could reasonably risk identification of an individual child at a school or institution with low enrollment, consistent with applicable state and federal privacy laws.

6) Specifies that the notification requirement does not apply to children enrolled in home-based private schools or independent study programs that do not receive classroom-based instruction.

7) Excludes children with permanent or temporary MEs and those who have been conditionally admitted to the school or institution from the immunization rate calculation.

8) Requires a school or institution, within ten days of receiving notice from CDPH, to distribute CDPH's notification to the parents or guardians of enrolled children. Requires the governing authority to cooperate with CDPH in carrying out the notification requirement.

FISCAL EFFECT: According to the Assembly Appropriations Committee, General Fund costs to CDPH of an unknown amount, potentially $150,000 per year, to establish and update herd immunity rates, identify for each specified disease schools whose vaccination rates fall below

herd immunity rates, and provide notices to such schools. The Legislative Analyst's Office recently warned of General Fund structural deficits of around $35 billion per year in the 2027-28 fiscal year and ongoing. Costs of an unknown but likely absorbable amount to schools, as schools required to provide notice would need to do so no more than once per year, and most schools would likely not be required to provide notices.

PRIOR VOTES:

Assembly Floor:	59 - 13
Assembly Appropriations Committee:	11 - 2
Assembly Education Committee:	7 - 1
Assembly Health Committee:	12 - 3

COMMENTS:

1) *Author's statement.* According to the author, parents deserve to have easy access to the information that keeps their children safe. This bill requires the CDPH to notify schools when the school's vaccination rate falls below herd immunity levels, and for schools to in-turn notify parents. By ensuring parents have this knowledge, this bill gives parents additional tools to make informed decisions about their children's well-being. With this knowledge, parents are better equipped to care for their immunocompromised children and family members. 39 states saw kindergarten vaccination rates fall below the herd immunity threshold for measles, mumps, and rubella in the 2023-24 school year. 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) *Vaccines and immunization.* According to the Centers for Disease Control and Prevention (CDC), immunization is the process of making a person immune or resistant to an infectious disease, typically by administering a vaccine. Vaccines work by introducing antigens—weakened or dead bacteria or viruses, their surface proteins, genetic material, or inactivated toxins—that stimulate an immune response without causing disease. The body's immune cells respond to the antigen by producing antibodies, proteins that identify and neutralize the antigen. When the initial immune response resolves, some of these cells become long-lived memory cells that can more quickly produce the same antibodies upon future exposures, reducing the risk of severe illness or death. According to the World Health Organization (WHO), immunization is a proven tool for controlling and eliminating more than 30 life-threatening infectious diseases and is estimated to avert between 3.5 million and five million deaths each year. Immunization is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups, can be delivered effectively through outreach activities, and does not require any major lifestyle change.

3) *Herd immunity.* According to the Mayo Clinic, herd immunity (also known as population or community immunity) is the point in time when it is hard for a disease to spread through a group of people. Herd immunity is important because it defines when a whole community is protected against an infectious disease, including those who cannot be immunized with a vaccine. According to a *JAMA* Patient Page, herd immunity occurs when a significant portion of a population becomes immune to an infectious disease, either through infection and recovery or by vaccination. According to the WHO, immunization rates required to achieve herd immunity depends on the disease. Measles, for example, requires about 95% of a population needs to be vaccinated to achieve herd immunity to protect the remaining 5%. For

polio, that threshold is lower, at about 80%. Pertussis is another extremely infectious disease that also requires a high immunization rate to achieve herd immunity, between 92% and 94% according to a 2026 paper in *BMJ Public Health* from the Pan American Health Organization. When vaccines are blended to provide immunity against multiple diseases at once, like the combination diphtheria, tetanus, and pertussis (DTP) vaccine, the herd immunity rate of the most infectious disease is often recommended as the coverage rate for the vaccine. For example, despite diphtheria's lower herd immunity rate of 80% to 90%, the Pan American Health Organization recommends achieving 95% coverage with blended DTP vaccines to ensure adequate protection against pertussis. According to the Mayo Clinic, herd immunity is harder and sometimes unrealistic to achieve for viruses that evolve quickly, diseases that can be spread by asymptomatic people, and diseases with short immunization protection periods, like influenza, COVID-19, and RSV.

4) *California's vaccination rates.* California schools are required to check immunization records for all new student admissions at kindergarten through 12th grade, and all students advancing to 7th grade before entry. According to CDPH's Immunization Branch website, students admitted to kindergarten need records of five doses of the DTP vaccine (four doses acceptable if one given on or after fourth birthday), four doses of the polio vaccine (three doses acceptable if one given on or after fourth birthday), two doses of the measles, mumps, and rubella (MMR) vaccine, three doses of the hepatitis B vaccine, and two doses of the varicella vaccine. Students advancing to 7th grade additionally need records of one dose of a pertussis booster (Tdap) that is usually given at age 11 or older. According to CDPH's 2024-2025 Kindergarten Summary Report, the proportion of all kindergarten students reported as receiving all required immunizations was 93.7%, similar to 2023-2024, but lower than the 94.1% rate in 2022-2023. Vaccination rate by vaccine for all kindergarteners was 95.1% for 4+ doses of DTP vaccine, 96% for 3+ doses of polio vaccine, 96.1% for 2+ doses of MMR vaccine, 97.2% for 3+ doses of hepatitis B vaccine, and 95.7% for 2+ doses of varicella vaccine. CDPH reports that although statewide immunization levels among kindergarten students remained high, regional differences persisted, with 26% of counties reporting kindergarten MMR rates below 95%, the approximate threshold necessary to prevent the transmission of measles.

5) *Publicly available immunization rate information.* According to CDPH's Immunization Reporting webpage, schools report the vaccination status of all their enrollees annually to CDPH through CAIR, which closes in early December. In the past, CDPH has compiled both general summary reports and immunization data by facility, but these reports have not been posted since 2019-2020 for child care facilities and 2020-2022 for the seventh grade cohorts. The "How Is Your School Doing?" section of CDPH's Immunization Branch website has maps that can be used to visualize the vaccination rates for child care facilities, kindergarten, and seventh grade cohorts at individual schools. These maps illustrate the safety status of each school, ranging from most vulnerable (less than 80% fully vaccinated) to safest (95% to 100% fully vaccinated), if the school or facility is delinquent on vaccine reporting, or if the school has fewer than 20 students in the cohort.

   Although they do not include all schools, the most up-to-date, publicly available reports of school immunization rates can be found in the immunization components of the annual financial and compliance audits of public schools. These audit reports list schools that either did not report their kindergarten or seventh grade vaccination information, or who reported a combined conditional admission rate and overdue for vaccination rate of greater than 10% in their vaccination reports. The report for schools audited for high levels of conditional

admission or overdue vaccinations includes the MMR and varicella vaccination rates (for kindergarten classes) or the Tdap vaccination rate (for seventh-grade classes). Other data included in these reports include total enrollment numbers, the combined conditional and overdue rates, and percent of students enrolled in independent study programs that are not classroom-based.

6) *Double referral.* This bill is double referred. Should it pass out of this committee, it will be referred to the Senate Committee on Education.

7) *Related legislation.* SB 1377 (Jones) would have repealed existing law which provides a process for ME to the statewide immunization mandate for school children, including provisions requiring CDPH to monitor immunization levels in schools. Instead, SB 1377 would have required a physician to use accepted standards of care when determining whether a ME is appropriate, and would have prohibited physicians from being required to use criteria established by CDPH. SB 1377 would have prohibited an ME from being grounds for the denial of education, access to education, or admission to any education or childcare facility, nor for the participation in anything related to schooling and education at any level. SB 1377 would have prohibited a pupil with an ME from being excluded, segregated, or otherwise treated differently from similarly situated pupils. *SB 1377 failed passage in the Senate Health Committee.*

8) *Prior legislation.* SB 276 (Pan, Chapter 278, Statutes of 2019) requires CDPH to develop an electronic, statewide, standardized ME request form for immunization requirements. SB 276 requires CDPH to make the request form available for use by physicians and to be transmitted directly to a state database. SB 276 requires the request form to be the only ME documentation that a governing authority may accept. SB 276 requires CDPH to create a standardized system to monitor immunization levels in schools and institutions, and to monitor patterns of unusually high exemption form submissions by a particular physician.

   SB 714 (Pan, Chapter 281, Statutes of 2019) allows a child who had an ME issued before January 1, 2020 to be allowed to continue enrollment until the next grade span, and prohibits, after July 1, 2021, a governing authority from unconditionally admitting or readmitting to these institutions, or admitting or advancing a pupil to 7th grade level, unless they have been immunized or has an ME. SB 714 removes the requirement that the statewide form be signed under penalty of perjury and modifies which physicians are eligible to issue an ME.

   SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminated the personal belief exemption from the vaccine mandate.

   AB 2109 (Pan, Chapter 821, Statutes of 2012) required a separate CDPH form to accompany a letter or affidavit to exempt a child from immunization requirements on the basis that immunization is contrary to beliefs of the child's parent or guardian that attests that the responsible adult was provided with information regarding the benefits and risks of immunization and the communicable disease

   AB 354 (Arambula, Chapter 434, Statutes of 2010) authorizes CDPH to update vaccination requirements for children entering schools and child care facilities and adds the American Academy of Family Physicians to the list of entities whose recommendations CDPH must consider when updating the list of required vaccinations.

9) *Support.* The California Academy of Family Physicians and California State Parent Teacher Association (PTA) are the co-sponsors of this bill. The California Academy of Family Physicians shares that vaccines are one of the most effective public health interventions, preventing an estimated 508 million illnesses, 32 million hospitalizations, and over 1.1 million deaths from 1994 to 2023, while reducing health care costs, and that sustaining these gains depends on maintaining high vaccination rates. The sponsors highlight that the bill improves transparency around school-specific vaccine coverage, without adding new reporting burdens on schools. This bill is also supported by the California Medical Association, American Academy of Pediatrics—California, the California chapter of the American College of Emergency Physicians, California Primary Care Association Advocates, and American College of Obstetrics and Gynecologists, District IX, and health advocacy organizations like the California Pan-Ethnic Health Network and the Latino Coalition for a Healthy California. These groups write that vaccination is one of the most effective tools to prevent the spread of communicable diseases and protect vulnerable populations. When immunization rates fall below protective thresholds, the risk of outbreaks significantly increases, and they highlight that vaccine-preventable diseases like measles and whooping cough are reemerging in California, driven by declining vaccination rates. They support the bill's prevention-based approach and emphasize that the bill does not alter existing immunization requirements or take away the right of a parent or guardian to make choices about their child's health. Instead, it promotes transparency, supports informed decision-making, and enables early intervention to prevent outbreaks, all while following standardized procedures to minimize administrative burden on schools. The American Academy of Pediatrics also supports the bill's efforts to translate notices, protect vulnerable community members, minimize learning disruptions, and maintain individual privacy. Labor groups like California Federation of Teachers (CFT), SEIU California, and California School Employees Association also support preventative measures to stop the spread of infection. CFT shares that more granular, school-specific vaccination rates would help public health officials and policymakers identify localized pockets where immunization rates increase the risk of vaccine-preventable disease and would help parents make informed decisions about school or childcare settings for their children. Lastly, the County Health Executives Association of California writes that local health departments strongly support efforts to ensure all children in California are safely immunized, thereby reducing the risk of the spread of preventable communicable disease and the complications, costs, and chance of death that accompany infections.

10) *Opposition.* The Association of California School Administrators opposes the bill on the grounds that, because schools are already prohibited from unconditionally admitting pupils who aren't fully immunized unless they have MEs or do not receive classroom-based instruction, notices would predominantly go to fully vaccinated families and could characterize schools as "unsafe" at a time when schools are working to restore student attendance and engagement following the pandemic. Furthermore, there could be unintended fiscal consequences for schools if parents decide to keep students at home, reducing a school's average daily attendance, which is tied to funding levels. They suggest that communitywide public health outreach strategies led by CDPH and LHDs would better target unvaccinated populations, including students participating in home-based private school programs and those outside of traditional classroom-based instruction, while avoiding unnecessary administrative burdens on school staff. Groups like the Freedom Angels and Natomas Unified School District for Freedom oppose the bill because they claim that reducing complex epidemiology to rigid numerical thresholds is an oversimplification, and risks turning schools into enforcement points for arbitrary targets rather than centers of

education and community trust. The Freedom Angels share that using a flawed metric to define "safe" schools and drive compliance replaces individualized parental and doctor decision-making with a manipulatable, state-imposed standard, raising serious parental, medical and privacy rights concerns. Protection for the Educational Rights of Kids (PERK) raises concerns about delegating too much authority to CDPH and states that parents, not unelected agencies, should remain the primary decisionmakers regarding their children's medical care. PERK and other groups also mention a concern of the identification and stigmatization of students who are legally attending school under valid exemptions. V is for Vaccine states that by requiring schools to notify parents when vaccination rates fall below a state-defined threshold, the message it communicates is clear: that there is an elevated risk within the school environment, and that this risk is attributable to those who are not fully vaccinated. They suggest that concern, fear, or frustration among parents may be directed toward the very students who are already medically vulnerable, causing stigmatization, social pressure, and the potential for these students to be isolated or blamed for circumstances entirely outside of their control. The Children's Health Defense shares concerns about vaccine safety and claims this bill would force misleading notifications and risks stigmatizing medically exempt children.

11) *Oppose unless amended.* The California Health Coalition Advocacy (CHCA) shares that California already has some of the strictest vaccine laws related to school attendance, and that the only students able to attend in-person schools are those who are either fully vaccinated or those with CDPH-approved MEs, those who have an individualized education program, or conditional entrants. Schools are required to follow up on conditional entrants' vaccination statuses, and CHCA suggests that if that is not being done, legislation should more specifically target that issue. They share concerns that school notification of parents of low vaccination rates would instill fear based on incomplete data, highlighting that parents have limited actionable decisions that can be made with this data, and may burden school administrators who need to send follow-up notifications to respond to frightened parents who may wish to transfer their children to different schools. CHCA requests the bill be amended to exclude the requirement that schools notify parents or guardians if they receive notice from CDPH that an immunization rate at that school has fallen below the herd immunity rate. Rather, they suggest that schools could be required to include in school enrollment packets information on where to access vaccination rates on the CDPH website and information on the limitations of that data. A Voice for Choice Advocacy also expresses opposition and requests the following amendments:
    a) Remove child care and nursery reporting requirements, which are age-based and may provide an incomplete picture of compliance;
    b) Exclude students with valid vaccine MEs and other legally exempt populations from reported immunization rates;
    c) Clarify that reported rates are limited grade-level snapshots; and,
    d) Including information that immunization rates alone should not be presented as a comprehensive measure of disease risk, and a link to the CDC website for disease and vaccination rates and efficacy.

12) *Policy Comment.* By the time CDPH identifies the schools that do not meet the immunization threshold and sends those schools a notification (potentially months after vaccination status is due in December), the immunization rates in the letter may not be an accurate summary of the immunization status of either that specific cohort of students or the school as a whole, as overdue students may have gotten vaccinated after the data was submitted to CDPH, or students may have left or joined the school. Furthermore, if parents are using the notification

to make decisions about their child's health or education, the evolving nature of the data and delayed nature of the notification may not be very actionable.

SUPPORT AND OPPOSITION:

Support: California Academy of Family Physicians (sponsor)
American Academy of Pediatrics, California
American College of Obstetricians & Gynecologists - District Ix
California Chapter of the American College of Emergency Physicians
California Dental Association
California Federation of Teachers
California Medical Association
California Pan - Ethnic Health Network
California Podiatric Medical Association
California Primary Care Association Advocates
California School Employees Association
California State Council of Service Employees International Union
California State Parent Teachers Association
Children's Specialty Care Coalition
County Health Executives Association of California
Latino Coalition for a Healthy California

Oppose: A Voice for Choice Advocacy
Association of California School Administrators
California Association of School Business Officials
California School Boards Association
California Health Coalition Advocacy (unless amended)
Children's Health Defense
Freedom Angels
Natomas Unified School District for Freedom
Protection of the Educational Rights of Kids
Small School Districts Association
V Is for Vaccine

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