SENATE COMMITTEE ON EDUCATION
Senator Sasha Renée Pérez, Chair
2025 - 2026 Regular

Bill No:	AB 2651	**Hearing Date:**	July 1, 2026
Author:	Bonta		
Version:	June 25, 2026		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Therresa Austin		

Subject: Informed Parents, Healthy Schools Act.

SUMMARY

This bill requires the California Department of Public Health (CDPH) to develop and issue a notice to the governing authority of a school or institution, public or private, when said school or institution falls below a specified immunization rate necessary to maintain herd immunity for one or more specified diseases. The bill also requires the governing authority of said school or institution to issue the same notice to the parents and guardians of enrolled pupils, within 10 days of receiving the CDPH notice.

BACKGROUND

Existing law:

Health and Safety Code (HSC)

1) Prohibits the governing authority of a school or institution, public or private, from unconditionally admitting a person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless the pupil has been fully immunized prior to their admission to that institution. Requires the following immunizations to be documented:

    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).

k) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services (HHS), the American Academy of Pediatrics, and the American Academy of Family Physicians. (HSC § 120335(b))

2) Defines a "governing authority" as 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(a))

3) Specifies that the requirements listed above do not apply to a pupil in a home-based private school or a pupil who is enrolled in an independent study program, as specified, and does not receive classroom-based instruction. (HSC § 120335(f))

4) Specifies that the requirements listed above do not prohibit a pupil who qualifies for an individualized education program (IEP), pursuant to state and federal law, from accessing any special education and related services required by his or her IEP. (HSC § 120335 (h))

5) Requires that a pupil be allowed enrollment to any private or public elementary or secondary school, or specified institution within the state, if, prior to January 1, 2016, the pupil submitted a letter or affidavit on file at the respective institution stating beliefs opposed to immunization. Specifies that the enrollment authorization shall only extend until the pupil enrolls in the next grade span. Defines "grade span" to mean (1) birth to preschool; (2) kindergarten and grades 1 to 6, inclusive, including transitional kindergarten (TK); and (3) grades 7 to 13, inclusive. (HSC § 120335 (g)

6) Prohibits a governing authority, on or after July 1, 2016, from unconditionally admitting a pupil for the first time, or readmitting or advancing any pupil to 7th grade level, unless the pupil has been immunized for his or her age, as specified. (HSC § 120335 (g))

7) Requires the CDPH to develop a standardized, electronic immunization medical exemption form. Requires the form to be used by licensed physicians or surgeons and transmitted to the CDPH California Immunization Registry (CAIR). Requires the form to include, among other items, a description of which immunizations the student should be exempted from, the medical basis for the exemption, and whether the exemption is permanent or, if temporary, when it is expected to expire. (HSC § 120372)

8) Requires the governing authority of a school district or institution to file a written report, on at least an annual basis, on the immunization status of new entrants to the school with the CDPH and the local health departments on prescribed forms.

Clarifies that the local health department shall have access to the complete health information as it relates to immunization of each student in order to determine immunization deficiencies. (HSC § 120375)

9) Requires the CDPH to create a standardized system to monitor immunization levels in schools and institutions, and to monitor patterns of unusually high exemption form submissions from a particular physician and surgeon. (HSC § 120372)

Education Code (EC)

10) Requires the governing board of each school district to annually notify the parent or guardian of a minor pupil regarding various rights or responsibilities of the parent or guardian relevant to the school environment. (EC § 48980)

11) Requires, beginning July 1, 2026, the notification described in #9 above for pupils admitted to, or advancing to, grade 6 to include a notification to the pupil's parent or guardian containing a statement about the state's public policy on human papillomavirus (HPV) immunizations, advising that the pupil adhere to current CDPH immunization guidelines and recommendations before admission or advancement to the grade 8. (EC § 48980.4)

12) Requires a county office of education (COE) or the governing board of a school district of attendance to exclude any pupil who has not been properly immunized, as specified. Requires the governing board of a school district to notify the parents or guardians of the pupil that they have two weeks to supply evidence either that the pupil has been properly immunized or that the pupil is exempt from the immunization requirement, as specified. (EC § 48216)

13) Requires the governing board of a school district to cooperate with the local health officer in measures necessary for the prevention and control of communicable diseases in school-age children. (EC § 49403)

14) Authorizes a credentialed school nurse to conduct immunization programs with schools and ensure that every student's immunization status is in compliance with the law. (EC § 49426)

ANALYSIS

This bill:

CDPH Notice:

1) Requires the CDPH to establish, and update as needed, the immunization rate necessary to prevent the spread of each of the following communicable 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).

k) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the HHS, the American Academy of Pediatrics, and the American Academy of Family Physicians.

2) Requires the CDPH to establish notification procedures to annually inform a private or public elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, and the county public health department, and the local health officer, as specified, when at that school or institution, an immunization rate for one or more vaccines against one or more specified diseases is determined to fall below the relevant immunization rate established pursuant to #1 above. Requires the notification written by the CDPH to meet all of the following requirements:

a) The notification shall be distributed in the same year that the determination above is made.

b) The notification shall include all of the following:

i) The immunization rate established by the CDPH pursuant to #1 vaccine.

ii) For each vaccine against the diseases outlined in #1 above, the immunization rate at the school or institution where the immunization rate is determined to have fallen below the immunization rate established by the CDPH for both the current and prior school years. Immunization rates for each vaccine shall be listed by the grade level included in the calculation, and shall include the approximate period of time that the immunization rate applies to

iii) A statement that children with permanent or temporary medical exemptions, children enrolled in independent study programs who

do not receive classroom-based instruction, and children who have been conditionally admitted to the school or institution are not included in the immunization rate calculation.

iv) Evidence-based explanations regarding the importance of maintaining immunization rates at levels sufficient to prevent disease transmission, and the increased risk of outbreaks and spreading of communicable diseases when immunization rates fall below these levels.

v) Information developed or approved by the CDPH, regarding accessible locations where pupils and their families can obtain the specified required immunizations, including, but not limited to, contact information for the local health department and internet websites that provide immunization location information.

vi) A link or quick response (QR) code to the "Shots for School" webpage maintained by the CDPH or a successor webpage, and any additional webpages that contain immunization resources for parents and guardians.

3) Requires that the notification be translated into any language, in addition to English, that is spoken by 15% or more of the enrolled pupils.

4) Requires the CDPH, in implementing the provisions of the bill, to apply existing data de-identification standards and methodologies to protect individual privacy, including, but not limited to, when reporting immunization rates for a school or institution with low enrollment, could reasonably risk the identification of an individual pupil. Requires actions taken by the CDPH pursuant to this bill to be consistent with applicable state and federal privacy laws.

5) Specifies that a child is excluded from the immunization rate calculation developed by the CDPH if the child meets one of the following criteria:

a) The child has a permanent or temporary medical exemption, pursuant to existing law.

b) The child has been conditionally admitted to the school or institution, pursuant to existing law.

c) The child is enrolled in an independent study program, as specified, and does not receive classroom-based instruction.

6) Requires a school or institution that receives a notification from the CDPH to distribute the CDPH notification to the parents and guardians of enrolled children in a manner determined by the school or institution, within 10 business days of receiving said notification.

7) Requires the governing authority of a school or institution to cooperate with the CDPH in carrying out the requirements of this bill.

8) Defines “school or institution” as a private or public elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center.

STAFF COMMENTS

1) ***Need for the bill.*** According to the author, “Parents deserve to have easy access to the information that keeps their children safe. AB 2651 requires the California Department of Public Health to notify parents when a school’s vaccination rate falls below herd immunity levels. 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. Thirty-nine states saw kindergarten vaccination rates fall below the herd immunity threshold for measles, mumps, and rubella in the 2023-24 school year. AB 2651 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) ***Herd immunity***. According to a 2020 article published in the Journal of the American Medical Association (JAMA):

> “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.
>
> “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.
>
> “Vaccination creates immunity without having to contract a disease. 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.”

3) ***School immunization and reporting requirements.*** As noted in the *Existing Law section*, children in California are required to receive 10 immunizations in order to attend public and private elementary and secondary schools, childcare centers, family day care homes, nursery schools, day nurseries, and developmental centers (pre-kindergarten facilities). Schools and pre-kindergarten

facilities are required to enforce immunization requirements, maintain immunization records for all enrolled children, and submit reports to the state.

4) ***Currently authorized exemptions or considerations.*** In California, in order for a child to be exempt from meeting the state's immunization requirements, they must fall into one of the following circumstances:

   a) Homeschool: The child is attending a home-based private school or an independent study program and does not receive classroom-based instruction.

   b) Medical: The child has received a medical exemption from a licensed physician and surgeon that contains, among other items, a description of each immunization the student should be exempted from, the medical basis for each exemption, and whether the exemption is permanent or, if temporary, when it is expected to expire.

   c) Conditional acceptance: The child is a youth in foster care, a youth experiencing homelessness, a youth transferring from another state, or has had at least one dose of each required vaccine and is not yet overdue for the next dose. In these circumstances, a child may be conditionally admitted to school for 30 days, even if they are under-vaccinated or unable to provide vaccine records. If, after 30 days, the child's parent or guardian has not provided proof of full vaccination, they may be excluded from attendance.

   Existing statute and CDPH guidance further state that students with an IEP should continue to receive all necessary services identified in their IEP, regardless of their immunization status. This does not explicitly exempt such students from immunization requirements; rather, it states that a student's immunization status shall not prohibit the student from receiving special education and related services required by their IEP.

5) ***The CDPH California Immunization Registry Hub and "Shots for School" webpages.*** Existing law requires all California schools and pre-kindergarten (childcare/preschool) facilities to document the vaccination status of all children attending childcare, transitional kindergarten, kindergarten, and 7th grade. Annual school reports are submitted through the *CAIR Hub*, CDPH's official school immunization reporting website. The reporting data submitted by schools and childcare facilities is compiled into summary reports and data files each year. These reports and data files can be found on the CDPH *Shots for Schools* webpage. Both the CDPH and local health departments are required to monitor the immunization status of all children.

   The *Shots for Schools* webpage serves as a central hub for parents, schools, and community members to find information on vaccination requirements, current laws and regulations, general guidance for schools, and various Frequently Asked Questions documents.
   Importantly, the *Shots for Schools* webpage is also home to the "How is Your School Doing?" interactive map, which shows vaccination status for each school

or facility for children in childcare, kindergarten, or 7th grade. The latest data viewable on the map for all identified grade levels is from the 2021-22 school year; however, data files and summary reports for the 2025-26 school year are separately available for kindergarten facilities.

The Committee may wish to consider whether further support for CDPH capacity may allow the Shots for Schools webpage to be a better source of up-to-date information.

6) ***State audit of California schools with low vaccination rates.*** Schools that fail to report student immunization rates to the CDPH, or that report that over 10% of kindergarten or 7th grade students are not fully vaccinated, are subject to an audit. Audit lists can be found on the CDPH website and includes information about the total enrollment numbers; measles, mumps, and rubella (MMR) and varicella vaccination rates for kindergarten classes; Tdap vaccination rates for 7th-grade classes; the combined conditional and overdue rate; the percentage of students enrolled in independent study programs; and the percentage of students who receive IEP services.

According to reporting by EdSource, 428 California schools reported low vaccination rates and are being audited in 2025-26 (Lambert and Willis, 2026). In 2023-24, 570 schools were audited, suggesting some improvement. However, 110 of these schools have been on the audit list for the last three years, suggesting persistent unvaccinated or under-vaccinated populations. Schools found to be out of compliance with state immunization requirements may lose average daily attendance (ADA) funding for unvaccinated students. Between 2021 and 2024, 62 schools lost some funding due to low vaccine rates.

7) ***California's immunization rates.*** The Senate Health Committee's analysis of this bill notes the following:

> 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.

8) ***Utility of the notification or resulting data.*** This bill requires the CDPH to calculate an immunization rate necessary to prevent the spread of specified diseases (or herd immunity rate) and notify a local educational agency (LEA) if the immunization rate at a schoolsite falls below that necessary herd immunity rate. Once CDPH issues the notification to an LEA, the bill requires that the LEA share the notification with the parents and guardians of students enrolled at the schoolsite, within 10 days of receipt.

This bill provides the CDPH with discretion as to how to calculate the herd immunity rate, however, it explicitly excludes children with permanent or temporary medical exemptions, children enrolled in independent study programs who do not receive classroom-based instruction, and children who have been conditionally admitted to the school from being included in the vaccination rate that is compared to the herd immunity rate.

CDPH's currently available audit data for schools with low vaccination rates (discussed in Comment 5) combines the percentage of students enrolled under conditional admission and those who are overdue on required doses. As such, it is not immediately clear how many students are currently overdue on vaccinations but do not fall under the category of conditional enrollment.

According to the author, this bill seeks to empower parents and guardians of students—particularly those who are either immunocompromised or live with immune-compromised family members—with the information they need to keep their children safe from preventable communicable diseases.

The Committee may wish to consider how usable or representative the ultimate vaccination data will be in light of the exclusion of various student populations from the CDPH calculation, the dynamic nature of student enrollment throughout the year, and the fluctuations that may occur during the period of time between the LEA submitting the vaccination data and the CDPH issuing a notice to LEAs.

9) ***What happens after the notice?*** This bill tasks the CDPH with issuing a notification to LEAs when their vaccination rates fall below the level necessary to maintain herd immunity. Schools are required to report student immunization data to CDPH via CAIR Hub by a December deadline; however, there does not appear to be an official mechanism to report updated information to CDPH after the reporting period ends. This implies that even if students come into compliance with immunization requirements after the December deadline, CDPH cannot issue an updated notice to help schools inform their communities that herd immunity has been reached.

Both the CDPH and local health departments are required to monitor the immunization status of all children. While some local health departments maintain online tools and dashboards that allow the public to view vaccination

rates by school district and individual school, it does not appear that that capability exists across the state.

The author may wish to consider whether additional CDPH or local health department reporting infrastructures may be necessary to allow LEAs to provide updates to the families of enrolled students after the initial CDPH notification is issued.

10) ***Arguments in support.*** In a letter of support submitted to this Committee, the County Health Executives Association of California (CHEAC) notes the following:

> *"Despite the progress in ensuring vaccinations are safe and accessible in the state, California has recently experienced an increase in measles cases, with more cases (73) identified during the first quarter of this year than in all of 2025. Additionally, the state is currently auditing 428 public schools where more than 10% of kindergartners or seventh-grade students appear to not be fully vaccinated during the last school year. Nationally, the Centers for Disease Control and Prevention (CDC) reported that vaccination coverage among kindergartners in the United States during the 2024–2025 school year declined across all recommended vaccines compared to the previous year, with rates ranging from 92.1% for the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine to 92.5% for the measles, mumps, and rubella (MMR) and polio vaccines.*
>
> *"AB 2651 would help preserve herd immunity, prevent school-driven disease outbreaks, and save public health, educational, and health care funding by ensuring school communities are aware of low vaccination rates."*

11) ***Arguments in opposition.*** In a letter submitted to the Committee noting its opposition to this bill, the California Association of School Business Officials (CASBO) notes the following:

> *"Since schools are unable to update vaccination records with CDPH once the reporting period has closed, the state will only have a place-in-time snapshot of data that becomes more inaccurate as time passes. Despite the fact that a school has achieved herd immunity by families presenting the school with updated vaccination records after the reporting period has closed, AB 2651 would require the school to still notice all families with outdated, inaccurate information based on their point-in-time data. For small schools, one student's changed status could bring the entire school back to herd immunity status. And while schools have a 10-business day turnaround once the state notices a school, there is no specified timeline for CDPH to issue notices to schools once the data is reported. As front office staff and school nurses attempt to explain the notices to families with a message that CDPH has "old information," schools are now inappropriately thrust into a position to refute public health notices and risks creating unnecessary confusion and distrust among families. At a time when schools continue working to restore student attendance and*

engagement following the pandemic, AB 2651 would erroneously create a message that schools are "unsafe."

"AB 2651 is also based on data points that don't exist yet since the bill was recently amended to exclude legal exemptions from the immunization-rate calculation, so the scope of the problem this bill is trying to address is unclear. There is no data to indicate how many schools would now remain on CDPH's notification list since current data from the "Shots for School" website includes students with legal exemptions."

12) ***Prior and related legislation.***

AB 1797 (Akilah Weber, Chapter 582, Statutes of 2022) requires, rather than 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 operating countywide or regional immunization information and reminder systems and to the CDPH.

SB 871 (Pan, 2022), among other provisions, would have deleted the requirement in current law that any immunization added to the list of mandatory immunizations for attendance at a school or childcare program added administratively, as deemed appropriate by the CDPH, allow for both medical and personal belief exemptions. This bill was held in the Senate Judiciary Committee.

SB 276 (Pan, Chapter 278, Statutes of 2019) requires the CDPH to develop an electronic, statewide, standardized medical exemption request form for immunization requirements in existing law.

SB 714 (Pan, Chapter 281, Statutes of 2019) prohibits the governing authority, on and after July 1, 2021, from unconditionally admitting or readmitting to any of the specified institutions for the first time, or admit or advance any pupil to 7th grade level, unless the pupil has been immunized as required, or the parent or guardian files a medical exemption form, as specified.

SB 277 (Pan, Chapter 35, Statutes of 2015) eliminates the personal belief exemption from the requirement that children receive specified vaccines for certain infectious diseases prior to being admitted to any public or private elementary or secondary school or day care center.

SB 2109 (Pan, Chapter 821, Statutes of 2012) requires, on and after January 1, 2014, a separate form prescribed by the CDPH 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 the beliefs of the child's parent or guardian.

SUPPORT

California Academy of Family Physicians (Co-Sponsor)
California State PTA (Co-Sponsor)

American College of Obstetricians & Gynecologists - District IX
California Chapter of the American College of Emergency Physicians
California Dental Association
California Medical Association
California Podiatric Medical Association
California Primary Care Association Advocates
California School Employees Association
Children's Specialty Care Coalition
County Health Executives Association of California
SEIU California

OPPOSITION

A Voice for Choice Advocacy
Association of California School Administrators
California Association of School Business Officials
Protection of the Educational Rights of Kids
Small School Districts Association
V is for Vaccine

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