

Date of Hearing: May 11, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

AB 1797 (Akilah Weber) – As Amended May 2, 2022

Policy Committee:	Health	Vote:	10 - 3
	Education		5 - 2

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

SUMMARY:

This bill requires health care providers and other agencies, including schools and childcare facilities, to disclose specified immunization information to local health departments (LHDs) and the State Department of Public Health (DPH), and adds race or ethnicity to the list of information collected. This bill also, until January 1, 2026, for the COVID-19 public health emergency, authorizes schools and childcare providers, among other agencies, to access specified immunization information to determine the immunization status of pupils, adults and clients to ensure health and safety in the event of a public health emergency.

FISCAL EFFECT:

DPH estimates General Fund (GF) costs to implement this bill are: \$317,000 in fiscal year (FY) 2022-23, \$633,000 in FY 2023-24 and \$303,000 in FY 2024-25 and ongoing. These costs are for information technology technicians and health educators to support increased enrollment of providers, schools, childcare facilities and human services agencies in the California Immunization Registry (CAIR2).

Unknown costs, possibly in the hundreds of thousands of dollars in total (GF) to local school districts, health departments and other entities to disclose immunization information to LHDs and DPH. Large school districts could incur significant costs. These costs are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

COMMENTS:

1) **Purpose.** 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. AB 1797 would ensure that immunization information is available in the event of a public health emergency.

- 2) **Vaccine registries.** Immunization information systems, also known as “vaccine registries,” are confidential, population-based databases for storing vaccination records, 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.
- 3) **CAIR2.** 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. The history includes a person’s complete immunization data and tuberculosis test history. The data can be used for forecasting immunizations that are due, generating official patient/student immunization documentation, helping immunization providers manage their vaccine inventory and generating practice-level immunization reports and conducting reminder and 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.
- 4) **Access to Vaccine Registry Information.** Existing law allows health care providers to share patient immunization information with CAIR2 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 (the data remains available to the patient’s provider). Participation in CAIR2 is voluntary and is open to healthcare providers, schools, childcare facilities, county welfare departments and health care plans, among other entities. To participate, users must sign an agreement to maintain the confidentiality of the patient immunization information and to use the information only to provide patient care or confirm that immunization requirements have been met. Information in CAIR2 includes a child’s name and birth date, parent or guardian’s name and the child’s immunizations. Only a child’s physician can access a child’s address and phone number.

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 makes disclosure of this information 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 the child’s health care provider and to the Medical Board of California and Osteopathic Medical Board of California. Health care providers, LHDs and DPH must maintain the confidentiality of the information and 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.