

Date of Hearing: April 26, 2022

ASSEMBLY COMMITTEE ON HEALTH

Jim Wood, Chair

AB 1797 (Akilah Weber) – As Amended March 24, 2022

SUBJECT: Immunization registry.

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 or 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. Specifically, **this bill:**

- 1) Requires, instead of permits, a health care provider and other agencies, including, but not limited to, schools, childcare facilities, service providers for the California Special Supplemental Food Program for Women, Infants, and Children (WIC), health care plans, foster care agencies, and county human services agencies, to disclose certain information from a patient's medical record or the client's record, to LHDs operating countywide or regional immunization information and reminder systems and the DPH.
- 2) Includes a patient's or client's race or ethnicity in the existing list of information that must be disclosed by health care providers and other agencies from a patient's or client's medical record for purposes of immunization information systems.
- 3) 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.
- 4) Requires, instead of permits, existing information collected for purposes of immunization information systems to be shared with LHDs and DPH.
- 5) Makes other technical and conforming changes.

EXISTING LAW:

- 1) Establishes DPH to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.
- 2) Requires DPH to establish a list of reportable diseases and conditions, and to specify the timeliness requirements related to the reporting of each disease and condition, and the mechanisms required for, and the content to be included in the reporting. Permits the list to include communicable and noncommunicable diseases and to be modified at any time by DPH, after consultation with the California Conference of Local Health Officers.
- 3) Provides that each health officer knowing or having reason to believe that any case of the disease made reportable by regulation to DPH, or any other contagious, infections or communicable

disease exists, or has recently existed, within the territory of jurisdiction, to take measures as necessary to prevent the spread of the disease or occurrence of additional cases.

- 4) Establishes the Immunization Branch within DPH to provide leadership and support to public and private sector efforts to protect the population against vaccine-preventable diseases.
- 5) Permits local health offices (LHOs) to operate immunization information systems, in conjunction with the Immunization Branch at DPH.
- 6) Permits LHOs to operate immunization information systems in either or both of the following manners:
 - a) Separately within their individual jurisdiction; and/or,
 - b) Jointly among more than one jurisdiction.
- 7) Permits health care providers, and other agencies, including, but not limited to, schools, child care facilities, service providers for the California Special Supplemental Food Program for WIC, health care plans, foster care agencies, and county welfare departments, to disclose the information in 8) below inclusive, from the patient's medical record, or the client's record, to LHDs operating countywide or regional immunization information and reminder systems and to DPH.
- 8) Specifies that the following information applies to 7) above:
 - a) The name of the patient or client and names of the parents or guardians of the patient or client;
 - b) Date of birth of the patient or client;
 - c) Types and dates of immunizations received by the patient or client;
 - d) Manufacturer and lot number for each immunization received;
 - e) Adverse reaction to immunizations received;
 - f) Other nonmedical information necessary to establish the patient's or client's unique identity and record;
 - g) Results of tuberculosis screening;
 - h) Current address and telephone number of the patient or client and the parents or guardians of the patient or client;
 - i) Patient's or client's gender;
 - j) Patient's or client's place of birth; and,
 - k) Patient's or client's information needed to comply provide a means for the eventual achievement of total immunization of appropriate age groups against specified contagious diseases.
- 9) Permits LHDs and DPH disclose the information set forth in 8) above, inclusive, to each other and, upon a request for information pertaining to a specific person, to health care providers taking care of the patient and to the Medical Board of California (MBC) and the Osteopathic Medical Board of California (OMBC).
- 10) Permits LHDs and DPH to disclose the information in paragraphs 8) a) through g), inclusive, and paragraphs 8) i) through k), inclusive, to schools, child care facilities, county welfare departments, and family child care homes to which the person is being admitted or in attendance, foster care agencies in assessing and providing medical care for children in foster

care, and WIC service providers providing services to the person, health care plans arranging for immunization services for the patient, and county welfare departments assessing immunization histories of dependents of the California Work Opportunity and Responsibility to Kids Program participants, upon request for information pertaining to a specific person.

- 11) Requires health care providers, LHDs, and DPH to maintain the confidentiality of information specified in 8) above in the same manner as any other medical record information with patient identification that they possess. Subjects to civil and criminal penalties those that violate the disclosure of information, as specified.
- 12) Specifies the authorized use of the information in 8) above, as follows:
 - a) To provide immunization services to the patient or client, including issuing reminder notifications to patients or clients or their parents or guardians when immunizations are due;
 - b) To provide or facilitate provision of third-party payer payments for immunizations;
 - c) To compile and disseminate statistical information of immunization status on groups of patients or clients or populations in California, without identifying information for these patients or clients included in these groups or populations; or,
 - d) In the case of health care providers only, as authorized under the Confidentiality of Medical Information Act.
- 13) Specifies that schools, child care facilities, family child care homes, WIC service providers, foster care agencies, county welfare departments and health care service plans are to use the information for the purposes specified in 12) above, and as follows:
 - a) In the case of schools, child care facilities, family child care homes, and county welfare departments, to carry out their responsibilities regarding required immunization for attendance or participation benefits, or both, as specified;
 - b) In the case of WIC service providers, to perform immunization status assessments of clients and to refer those clients found to be due or overdue for immunizations to health care providers;
 - c) In the case of health care plans, to facilitate payments to health care providers, to assess the immunization status of their clients, and to tabulate statistical information on the immunization status of groups of patients, without including patient-identifying information in these tabulations; and,
 - d) In the case of foster care agencies, to perform immunization status assessments of foster children and to assist those foster children found to be due or overdue for immunization in obtaining immunizations from health care providers.

- 14) Permits a patient or a patient's parent or guardian to refuse to permit record sharing.

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

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** 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.

2) BACKGROUND.

- a) **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.

- b) **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 MBC and OMBC. 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.

- c) **Governor's Budget proposal.** The Governor's 2022-23 Budget includes a \$235.2 million expenditure authority and specified personnel for DPH to maintain and operate various technology platforms and applications necessary to support both COVID-19 response activities and other potential outbreaks, including the CAIR2 systems.
- 3) **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.

- 4) **OPPOSE UNLESS AMENDED.** A Voice for Choice Advocacy has taken an oppose unless amended position and states the following:
 - a) The multitude of data discrepancies currently in CAIR2 need to be addressed;
 - b) Patients and parents of patients should be allowed to opt-in to the immunization registries;
 - c) Database privacy should be in line with other California medical databases such as the California's Controlled Substance Utilization Review and Evaluation System database.
 - d) 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.
- 5) **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.

6) RELATED LEGISLATION.

- a) SB 871 (Pan) among other provisions, prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution, they have been fully immunized against COVID-19. SB 871 is pending in Senate Health Committee.
- b) SB 1479 (Pan) requires DPH to continue administering COVID-19 testing programs in schools that are currently funded by federal resources and organized under the California COVID-19 Testing Task Force. Requires DPH to administer testing programs for teachers, staff, and pupils that help schools reopen and keep them operating safely for in-person learning. SB 1479 is pending in Senate Education Committee.
- c) SB 866 (Wiener) permits a minor 12 years of age or older to consent to a vaccine that is approved by the United States Food and Drug Administration and meets the recommendations of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention without the consent of the parent or guardian of the minor. SB 866 is pending in Senate Judiciary Committee.

7) PREVIOUS LEGISLATION.

- a) 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.
- b) SB 2109 (Pan), Chapter 821, Statutes of 2012, requires, on and after January 1, 2014, 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.

8) DOUBLE REFERRAL. This bill is double referred; upon passage in this Committee, this bill will be referred to the Assembly Committee on Education.

9) POLICY COMMENTS. Existing law permits health care providers and other agencies to disclose the information described in 8) of Existing law above to LHDs operating countywide or regional immunization information and reminder system and to DPH. Existing

law also includes provisions allowing a patient or a patient's parent or guardian to refuse to permit recordsharing. This bill will now require the record sharing but the process for refusal remains in existing law. As this bill moves forward, the author may wish to revisit the refusal process and determine whether there are provisions in existing law that should be deleted because of the changes proposed in this bill.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Immunization Coalition (sponsor)
Protect US (sponsor)
San Diego Unified School District (sponsor)
American Academy of Pediatrics, California
California Academy of Family Physicians
California Dental Association
California Immunization Coalition
California Medical Association
California School Nurses Organization
Los Angeles Unified School District
Sacramento City Unified School District
Teens for Vaccines INC.

Opposition

California Health Coalition Advocacy
Children's Health Defense California Chapter
Committee to Support Parental Engagement in Santa Clarita Schools
Educate. Advocate.
National Vaccine Information Center
Natomas USD for Freedom
Nuremberg 2.0 Ltd.
Protection of The Educational Rights for Kids
Real Impact
Stand Up Sacramento County
Towards an Internet of Living Beings
Numerous individuals

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