

**SENATE JUDICIARY COMMITTEE**  
**Senator Thomas Umberg, Chair**  
**2021-2022 Regular Session**

SB 866 (Wiener)  
Version: January 20, 2022  
Hearing Date: May 5, 2022  
Fiscal: No  
Urgency: No  
AWM

**SUBJECT**

Minors: vaccine consent

**DIGEST**

This bill allows minors aged 12 and older to consent to a vaccination that has been approved by the Food and Drug Administration (FDA) and meets the recommendations of the Advisory Committee on Immunization Practices (ACIP) without the consent of their parent or guardian.

**EXECUTIVE SUMMARY**

While the age of majority in California is 18 years old, the State has enacted several statutes allowing minors to consent to various services without the authorization of their parents and without disaffirmance upon reaching the majority age. These statutes reflect a policy determination that, in some situations, the minor's interest in obtaining medical care outweighs their parent's interest in preventing them from obtaining that care. Existing statutory exceptions include allowing minors aged 12 and older to consent to mental health treatment and to consent to medical care relating to the treatment or prevention of a sexually transmitted disease, including vaccines for hepatitis B and the human papillomavirus (HPV). (*See* Fam. Code, §§ 6924, 6926.)

This bill expands on those existing laws by authorizing minors aged 12 and over to consent to and receive vaccines without parental authorization, provided that the vaccine is approved by the FDA and meets the recommendations of the ACIP. The bill permits any authorized vaccine provider to provide qualified vaccines to a consenting minor aged 12 and up, and clarifies that the vaccine provider may not provide otherwise-unauthorized services along with the vaccine.

This bill is sponsored by GENup, MAX the Vax, ProtectUS, and Teens for Vaccines, and supported by many medical professionals' organizations, community organizations; a coalition of over 80 Indivisible groups and affiliated organizations; and two individuals. This bill is opposed by nearly 40 organizations, including certain school districts and counties, as well as approximately 3,100 individuals.

## PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Defines “minor” as an individual under 18 years of age. (Fam. Code, § 6500.)
- 2) Provides that minors may consent to specified medical treatment without the consent of their parent or guardian<sup>1</sup> as follows:
  - a) A minor who is 15 years of age or older, living separately from their parent, and managing their own financial affairs including medical or dental care may consent to medical or dental care.
    - i. The minor’s parent is not liable for payment for the medical care obtained by the minor under this provision.
    - ii. A physician, surgeon, or dentist may share information about the minor’s treatment with the minor’s parent without the minor’s consent if the minor has provided information about their parent’s location. (Fam. Code, § 6922.)
  - b) A minor who is 12 years of age or older may consent to mental health treatment or counseling when the mental health professional determines that the minor is mature enough to participate and that the minor poses a danger to themselves or is the victim of incest or child abuse.
    - i. The mental health treatment or counseling shall involve the parent unless the treating professional determines parental involvement is inappropriate.
    - ii. The minor’s parent is not liable for payment for the care obtained under this provision, except to the extent the parent participates in the care. (Fam. Code, § 6924.)
  - c) Any minor may consent to medical care related to the prevention or treatment of pregnancy, with the exception of sterilization services. (Fam. Code, § 6925; *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307, 314.)
  - d) A minor who is 12 years of age or older may consent to medical care related to the treatment or prevention of a sexually transmitted disease.
    - i. The minor’s parent is not liable for medical care obtained under this provision. (Fam. Code, § 6926.)
  - e) A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the treatment and diagnosis of the condition of, as well as the collection of medical evidence related to, the alleged rape. (Fam. Code, § 6927.)
  - f) Any minor who is alleged to have been sexually assaulted may consent to the treatment and diagnosis of the condition of, as well as the collection of medical evidence related to, the alleged sexual assault.

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<sup>1</sup> Going forward, this analysis will use the term “parent” to include both “parent” and “guardian,” and the plural as well as the singular.

- i. The professional providing medical treatment shall attempt to contact the minor's parent, unless the professional reasonably believes the parent committed the sexual assault. (Fam. Code, § 6928.)
- g) A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem.
  - i. The treatment plan shall include the minor's parent when the treatment professional determines it is appropriate.
  - ii. The minor's parent is not liable for payment for the care provided under this provision, except to the extent the parent is involved in the care.
  - iii. When a minor's parent determines that a minor needs treatment for a drug- or alcohol-related problem, the minor's lack of consent does prevent the parent from seeking that treatment for the minor. (Fam. Code, § 6929.)
- h) A minor who is 12 years of age and who states that they have been injured as a result of intimate partner violence may consent to medical care related to the diagnosis or treatment of the injury, as well as the collection of medical evidence with regard to the alleged intimate partner violence. (Fam. Code, § 6930.)

This bill:

- 1) Authorizes a minor who is 12 years of age or older to consent to a vaccine that is approved by the FDA and meets the recommendations of the ACIP without the consent of the minor's parent.
- 2) Authorizes an authorized vaccine provider to administer a vaccine to a consenting minor as provided in 1).
  - a) "Authorized vaccine provider" is defined to include:
    - i. A person licensed pursuant to Division 2 of the Business and Professions Code;
    - ii. A clinic or health facility licensed pursuant to Division 2 of the Health and Safety Code; or
    - iii. Any other provider authorized by the state.
- 3) States that the bill does not authorize a vaccine provider to provide any service that is otherwise outside the vaccine provider's scope or practice.

## COMMENTS

### 1. Author's comment

According to the author:

Senate Bill 866 gives young people the autonomy to receive life-saving vaccines by allowing people age 12 and older the ability to consent to vaccination when the vaccine is approved by the [FDA] and meets the recommendations of the [ACIP].

Existing California law gives minors 12 and older the autonomy to make critical and even life-saving decisions about their own bodies under certain circumstances. For example, minors 12 and older can consent to receive the Human Papillomavirus (HPV) vaccine (our most effective tool for preventing HPV, which can cause cervical cancer) as well as the hepatitis B vaccine.

Yet, minors cannot consent to other vaccines and can only be vaccinated with consent from a parent or guardian. By contrast, various states allow minors to access vaccines without parental consent. For example: Rhode Island (16), South Carolina (16), Oregon (15), Alabama (14) and Washington DC (11).

In California, even if a teenager desperately wants a vaccine — and even if not being vaccinated prevents a teen from participating in sports, music activities or seeing friends — a parent can simply refuse to allow the teen to get vaccinated.

Parental consent requirements for vaccines are also a barrier in cases where a child is experiencing medical neglect, or because working or busy parents are not available to take their children to medical visits. Low-income children may experience longer waits to get vaccinated because their parents work longer hours — often without paid time off — and can't take them to a vaccination site as soon as they are eligible.

Additionally, despite advancements in medical treatment and vaccines, deadly and preventable diseases like measles — once considered eliminated in the U.S. — continue to be reintroduced in California. This is largely due to rising vaccine hesitancy and misinformation. Measles spreads efficiently among unvaccinated youth, whose parents have chosen to block them from receiving a potentially life-saving vaccine.

Vaccination misinformation and hesitancy has also led to tragic outcomes during the COVID-19 pandemic. Since early 2020, California has experienced surge after surge of COVID-19 infections, hospitalizations, and deaths. Since March 2020, California has experienced over 6 million confirmed cases of COVID-19 and over 76,000 deaths.

California law should allow minors age 12 and older to consent to preventative medical care of all types, not only for sexually transmitted infections. Senate Bill 866 does this by permitting minors 12 and over the ability to consent to vaccination when the vaccine is approved by the FDA and meets the recommendations of the Advisory Committee on Immunization Practices of the CDC.

By doing so, this bill expands the autonomy of young people over 12 already have over their sexual health, and allows them to receive additional life-saving vaccines if they choose. SB 866 protects the rights of youth to make choices about their health, helps keep schools open and safe, and brings us one step closer to ending this horrific pandemic.

## 2. California law currently allows minors to make certain health care decisions without parental consent

“At common law, minors generally were considered to lack the legal capacity to give valid consent to medical treatment or services, and consequently a parent, guardian, or other legally authorized person generally was required to provide the requisite consent.”<sup>2</sup> This general rule was intended to “protect the health and welfare of minors, safeguarding them from the potential overreaching of third parties or the improvidence of their own immature decisionmaking, and leaving decisions concerning the minor’s medical care in the hands of his or her parents, who were presumed to be in the best position to protect the health of their child.”<sup>3</sup>

But parental autonomy is not absolute. “Under the doctrine of *Parens patriae*, the state has a right, indeed, a duty, to protect children. [Citation] State officials may interfere in family matters to safeguard the child’s health, educational development and emotional well-being.”<sup>4</sup>

Over the last 70 years, California has adopted a number of statutes that allow minors to seek medical care in certain situations without parental consent.<sup>5</sup> The broadest grant — in the narrowest circumstance — allows a minor who is 15 years of age or older, does not live with their parent, and is fully financially independent from their parent to consent to virtually all medical and dental care without also needing parental consent.<sup>6</sup> This exception has been in place since 1968.<sup>7</sup>

In addition to this general rule for independent minors, California has several statutes authorizing minors to obtain specific types of medical care without parental consent.

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<sup>2</sup> *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307, 314-315.

<sup>3</sup> *Id.* at p. 315.

<sup>4</sup> *In re Phillip B.* (1979) 92 Cal.App.3d 769, 801.

<sup>5</sup> *American Academy of Pediatrics, supra*, 16 Cal.4th at p. 316.

<sup>6</sup> Fam. Code, § 6922.

<sup>7</sup> *American Academy of Pediatrics, supra*, 16 Cal.4th at p. 316.

Minors of any age can consent to medical care relating to the treatment or prevention of pregnancy (except sterilization) and the treatment of injuries following an alleged sexual assault without parental consent.<sup>8</sup> Minors 12 years of age or older can consent to mental health treatment or counseling, medical care related to the treatment or prevention of a sexually transmitted disease, medical care related to the treatment of injuries arising from an alleged rape, medical care and counseling related to a drug- or alcohol-related problem, and medical care related to injuries arising from intimate partner violence.<sup>9</sup> As explained by the California Supreme Court, these statutes “reflect a long-standing legislative recognition that (1) minors frequently are reluctant to disclose to their parents medical needs arising out of the minor's involvement in sexual activity and may postpone or avoid seeking such care if parental consent is required, and (2) as a consequence, the health of minors generally will be protected best in this setting by authorizing minors to obtain medical care relating to such activity without parental consent.”<sup>10</sup>

California is not unique in allowing some minors to consent to a range of medical treatments. Many states also have minor-consent laws for specific types of care, such as treatment for sexually transmitted diseases,<sup>11</sup> mental health services,<sup>12</sup> and treatment for drug- or alcohol-related problems.<sup>13</sup> Other states go further in allowing minors to obtain medical care without parental consent: Arkansas generally allows any unemancipated minor who is determined to understand and appreciate the consequences of the medical care to consent to the care;<sup>14</sup> Alabama allows minors 14 years of age or older to consent to any authorized medical, dental, or mental health services, except for

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<sup>8</sup> Fam. Code, §§ 6925, 6928; *American Academy of Pediatrics, supra*, 16 Cal.4th at p. 314 (California's constitutional privacy right invalidates statutory requirement of parental consent for a minor terminate a pregnancy).

<sup>9</sup> Fam. Code, §§ 6924, 6926, 6927, 6929, 6930.

<sup>10</sup> *American Academy of Pediatrics, supra*, 16 Cal.4th at pp. 317-318.

<sup>11</sup> E.g., Ark. Code, § 20-16-508; Ala. Code, § 22-8-6; Alas. Stats. § 25.20.025(a)(3); Del. Stats., tit. 13, § 710; Haw. Stats. § 577A-2; Id. Stats. § 39-3801; Il. Stats. Ch. 410, § 210/4; Ind. Stats. § 16-36-1-3(d); Iowa Stats. § 139A.35; La. Rev. Stats. § 40:1121.8; Md. Code Health Gen. § 20-102(c); Minn. Stats. §§ 144.343 (treatment), 144.3441 (hepatitis B vaccination); Mont. Code, § 41-1-402(2)(c); Ne. Rev. Stats. § 71-504; Nev. Rev. Stats. § 129.060; N.H. Rev. Stats. § 141-C:18(II); N.C. Gen. Stats. § 90-21.5; N.D. Cent. Code, § 14-10-17; Ohio Stats. § 3709.241; Okla. Stats. § 2602(3); Penn. Stats Health & Safety, § 10103; S.D. Stats. § 34-23-16; Tex. Fam. Code, § 32.003(a)(3); Utah Health Code, § 26-6-18; Vt. Stats. tit. 18, § 4226; Wash. Stats. § 70.24.110; W. Va. Code, § 16-4-10.

<sup>12</sup> E.g., Ala. Code, § 22-8-6; Me. Stats. tit. 22, § 1502; Mich. Comp. Laws, § 333.5127; Mont. Code, §§ 41-1-406 (urgent circumstances), 53-21-112 (all minors at least 16 years of age); N.J. Rev. Stats. § 9:17A-4; N.M. Stats. § 32A-6A-15; N.C. Gen. Stats. § 90-21.5; 35 Penn. Stats. Health & Safety, § 10101.1; Tex. Fam. Code, § 32.004 (counseling for suicide prevention, chemical addiction or dependency, or physical, sexual, or emotional abuse); Wash. Stats. § 71.34.500.

<sup>13</sup> E.g., Ala. Code, § 22-8-6; Colo. Stats. § 13-22-102; Ga. Stats. § 37-7-8; Il. Stats. Ch. 410, § 210/4; La. Rev. Stats. § 40:1079.2; Me. Stats. tit. 22, § 1502; Md. Code Health Gen. § 20-102(c); Mass. Stats. Ch. 112, § 12E; Minn. Stats. § 144.343; Mont. Code, § 41-1-402(2)(c); N.H. Rev. Stats. § 318-B:12-a; N.J. Rev. Stats. § 9:17A-4; N.C. Gen. Stats. § 90-21.5; N.D. Cent. Code, § 14-10-17; Ohio Stats. § 3719.012; Okla. Stats. § 2602(3); Tex. Fam. Code, § 32.003(a)(4); Vt. Stats. tit. 18, § 4226.

<sup>14</sup> Ark. Code, § 20-9-602(7).

vaccination and abortion;<sup>15</sup> and Oregon allows minors 15 years of age or older to consent to any authorized medical services, and for minors of any age to obtain birth control.<sup>16</sup>

3. This bill authorizes minors 12 years of age and over to consent to federally approved vaccinations without parental consent

This bill allows minors aged 12 and older to consent to vaccinations that have been approved by the FDA and meet the recommendations of the ACIP. Existing law already permits minors to obtain the hepatitis B and HPV vaccines,<sup>17</sup> so this bill will merely expand the list of vaccines minors who are 12 years of age or older can obtain without parental consent. The bill authorizes that a vaccine provider may provide any vaccination permitted by this bill and clarifies that the provider may not provide additional services to the minor other than the vaccination.<sup>18</sup>

As discussed above, the California Supreme Court has approved California's general approach of giving minors control over certain health decisions. There does not appear to be any reason to believe that SB 866 would be treated differently. Some opponents suggest that this bill should be reviewed under the same precedent that applies when the state makes a medical decision *for* a child,<sup>19</sup> but that misunderstands the nature of the bill: SB 866 does not replace the parent's judgment with the judgment of the state, but rather gives the child themselves the right to decide to get vaccinated.<sup>20</sup>

Some opponents of the bill also note that the District of Columbia's minor vaccine statute was recently struck down in federal district court.<sup>21</sup> For a number of reasons, it this district court's opinion is not a clear-cut impediment that should give the Legislature serious pause. For starters, the District's statutory scheme is significantly more intricate than this bill, including provisions that, among other things, require a healthcare provider to leave blank certain portions of a health record for children whose parents have submitted a religious exemption to vaccines.<sup>22</sup> The district court held that that provision violated the parents' right to freely exercise their religion;<sup>23</sup> but since SB 866 has no similar provision, that portion of the order has no bearing on this bill.

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<sup>15</sup> See Ala. Code, §§ 22-8-4, 22-8-11, 26-21-3. The exemption for vaccines was added in November 2021. (See Ala. Act. 2021-560, § 1.)

<sup>16</sup> Or. Rev. Stats. § 109.640.

<sup>17</sup> See Fam. Code, § 6926.

<sup>18</sup> This provision would not prevent a provider from providing other care that a minor can consent to under existing law, of course.

<sup>19</sup> See *Troxell v. Granville* (2000) 530 U.S. 57, 66.

<sup>20</sup> According to the sponsors of the bill, medical practitioner guidelines already prevent a provider from vaccinating a person, even a child, against their will.

<sup>21</sup> See *Booth v. Bowser* (D.D.C. Mar. 18, 2022) – F.Supp.3d –, 2022 WL 823068.

<sup>22</sup> *Id.* at p. \*15; D.C. Code § 38-602(a)(2).

<sup>23</sup> *Booth, supra*, 2022 WL 823068 at p. \*17.

The order also ruled that the District’s minor vaccine law was preempted by the federal National Childhood Vaccine Injury Act (42 U.S.C. §§ 300aa-1 et seq.) (NCVIA).<sup>24</sup> The order concedes that the NCVIA does not expressly preempt state laws authorizing minors to consent to vaccines, nor does it present a field preemption concern.<sup>25</sup> Instead, the order rules that portions of the NCVIA that address materials intended to be given “to the legal representatives of any child or to any other individual to whom such provider intends to administer such vaccine”<sup>26</sup> and determines that this conflicts with the District’s minor vaccine consent law.<sup>27</sup> That analysis ignores, however, that states have had statutes authorizing minors to consent to vaccines prior to the enactment of the NCVIA and throughout its 36-year history.<sup>28</sup> The fact that the federal government was content, for 36 years, to allow state law to dictate the age of vaccine consent strongly suggests that Congress did not intend, in language only incidentally addressing the question of children receiving vaccines, to intrude into the traditional state function of regulating the health and safety of its residents.<sup>29</sup>

For all of the above reasons, it does not appear that there are clear constitutional or precedential barriers to SB 866.

At the policy level, many opponents raise concerns that children obtaining vaccines without parental consent could be harmful because some children might not know they had adverse reactions to vaccines. Committee staff, however, have not received information suggesting that adverse reactions to vaccines are more prevalent than adverse reactions as a result of the other types of medical care a minor can consent to already, or that adverse reactions to vaccines are so prevalent as to warrant additional concern. Additionally, many opponents raise concerns that minors aged twelve and up have a range of maturities and abilities to understand what they are consenting to. For example, A Voice For Choice Advocacy argues, “[w]hile some 12+ year old minors may be able to make rational, informed decisions, minors of the same age have varying

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<sup>24</sup> *Id.* at p. \*12.

<sup>25</sup> *Id.* at pp. \*8-9.

<sup>26</sup> See 42 U.S.C. § 300aa-26(d).

<sup>27</sup> *Booth, supra*, 2022 WL 823068 at p. \*12. The court also determines that the District’s law’s requirement that the provider create “alternative” materials for minors consenting to a vaccine without parental consent gives rise to conflict preemption (*id.* at p. 13), but again, because SB 866 contains no such requirement, that portion of the order is not relevant here.

<sup>28</sup> For example, Alabama’s statute authorizing minors aged 14 and over to consent to all medical care was enacted in the 1970s, but only amended to exclude consent to vaccines in 2021. (See Ala. Code, §§ 22-8-4, 22-8-11.) This authorization far predates the NCVIA’s enactment in 1986. (See Pub. L. No. 99-660 (Nov. 14, 1986).)

<sup>29</sup> See, e.g., *Wyeth v. Levine* (2009) 555 U.S. 555, 574 (If Congress believed that state law provisions posed an obstacle to labeling requirements under the Federal Food, Drug, and Cosmetic Act (FDCA), “it surely would have enacted an express preemption provision at some point during the FDCA’s 70-year history”); see also *Medtronic, Inc. v. Hohn* (1996) 518 U.S. 470, 485 (“In all pre-emption cases, and particularly in those in which Congress has legislated in a field which the States have traditionally occupied, we start with the assumption that the historic police powers of the States were not to be superseded by the Federal Act unless that was the clear and manifest purpose of Congress” (internal quotation marks, alternations, and citation omitted).)



levels of maturity. Furthermore, the significant changes in adolescent brains mean 12+ year old minors are, more than any other age, disproportionately swayed by peer pressure, lack of self-regulation and rewards.” Bill opponent Educate.Advocate also notes that minors with cognitive impairments, intellectual disabilities, or even conditions like anxiety can be particularly susceptible to vaccine programs offering incentives for vaccination or peer pressure to do so. This particular concern appears unique to the COVID-19 vaccine, given its newness and the statewide push to get people vaccinated; however, going forward, the author may wish to consider amending the bill to add guardrails to protect minors whose ability to consent might be compromised.

#### 4. Arguments in support

According to a coalition of over 80 Indivisible groups and affiliated organizations:

The COVID-19 pandemic has put a spotlight on the need for wider access to vaccination. This deadly disease has killed more than 76,000 Californians, among more than six million infected. We now have vaccines so effective that unvaccinated people have approximately 20 times higher risk of death from COVID than those who have received full immunization. Yet more than 900,000 California youths age 12 to 17 remain unvaccinated, putting themselves and those they contact at risk. In addition to sickness and death, unvaccinated teens are at risk of disruption of their education and social development. Vaccinating as many people as possible is an essential public health goal as well as an individual need for full participation in society.

There are many reasons parents may not act to secure vaccine protection for their children. Misinformation and disinformation contribute to a worrisome extent, but many parents may just be overburdened and under-resourced. Whatever the reason, it benefits both individuals and society to provide an alternate path to vaccination.

California law already allows teens to consent to medical treatment in situations that involve sexuality or drug abuse. Vaccination is explicitly part of that provision, but only against venereal diseases. We must also allow young people to protect themselves from threats that are not sexually transmitted.

According to the National Youth Law Center, writing in support:

Despite incredible advancements in medical treatment and vaccines, deadly and preventable diseases like measles – at one time considered eliminated in the U.S. --continue to be reintroduced in California. Measles spreads efficiently among unvaccinated youth, whose parents have either chosen to block them from receiving a potentially life-saving vaccine or have not been able to consent on their children’s behalf.

In the context of COVID-19, vaccines are the best way to prevent COVID infections and avoid hospitalizations and deaths. Unvaccinated people are up to 20.8 times more likely to die from COVID-19 than fully vaccinated people. Despite their eligibility and clear evidence demonstrating the efficacy of COVID-19 vaccines in preventing infection and death, 28.6 percent of youth between the ages of 12-17 remain unvaccinated. This number relates to roughly 905,542 people out of an eligible population of over 3 million...

The current consent rules serve as a significant barrier to teen health in California, in situations where parents and children hold conflicting views about vaccines. Parental consent requirements for vaccines can also be a barrier in cases where a child is experiencing medical neglect, or in situations in which working or otherwise busy parents are not available to take their children to medical visits. Children may experience longer waits to get vaccinated simply because their parents work longer hours – many without paid time off – and can't take them to a vaccination site as soon as they are eligible.

Allowing minors 12 and older to consent to FDA-approved and ACIP-recommended vaccinations, regardless of the disease or infection in question, is crucial for the safe return of students to K-12 campuses and for the health of Californians at large. Empowering young people with the autonomy to receive life-saving vaccines, regardless of their parents' beliefs, availability, or work schedules, is essential to keeping students in school and for their physical and mental health.

##### 5. Arguments in opposition

According to California Catholic Families 4 Freedom CA, writing in opposition:

We strongly oppose the SB866 bill for the following reasons:

- The proposed bill would infringe on the sacred parent-child relationship. Neither the state nor medical personnel can replace the guidance and interests of parents.
- Teens lack the necessary maturity to make sound medical decisions and are generally more vulnerable to coercion than adults.
- This legislation does not protect children in their need for information that is extensive enough and age appropriate so that they can make a choice regarding the actual medical short and long term risks vs. the benefits of vaccination.
- If parents are not aware that their child has recently received a vaccine, their ability to properly monitor that child for any side effects is hampered and may cause a delay in timely treatment.
- SB 866 would allow authorities such as medical practitioners and school personnel to be able to entice, pressure or coerce our children to take the shot, without regard to parental concerns, family medical history, and

other medical contraindications, including prior reactions to vaccines that could cause injury and even death.

- SB 866 would undermine parental consent once again, under existing law allowing minors to override parental consent for the diagnosis and treatment of sexually transmissible diseases, expanding it under Section 6931 of the Family Code, to include vaccines, specifically the new Covid-19 vaccine, and possibly more in the future, including boosters and new vaccines.
- SB 866 would authorize a “vaccine provider” such as a clinic or licensed health facility to administer a vaccine to a 12-year-old child, and up, without parental knowledge or consent. And there is zero liability for the vaccine provider – leaving parents completely responsible for treatment of any injuries from adverse effects!

According to the Eagle Forum CA, writing in opposition:

On behalf of Eagle Forum CA and its attendees and members we oppose SB 866 because it allows kids to consent to the new COVID injection and the HPV shot without proper guidance, and care of a parent or guardian. Both are procedures with serious risks and children should not be getting these procedures without a parent’s knowledge, [or] without a primary care provider showing the insert sheet and reading over the benefits and risks. Any time someone receives a procedure they should be watched and followed to make sure they are doing well afterward. Minors are too young to logically consent with the complete grasp of the possible long-term ramifications if they are susceptible to an adverse event. Sometimes susceptibility is predictable and sometimes it’s not. There are no long-term safety studies on either of these injections and the possible ramifications such as infertility, hormone dysfunctions, cancer, and autoimmune issues [*sic*]. Basically, we are allowing children to subject themselves to being the test subjects for pharmaceutical companies and taking advantage of their naivety. This should never happen to minors. Minors are called minors because they still need the protection and guidance of loving adults in their lives and this is an adult decision only to be made when fully informed.

### SUPPORT

GENup(co-sponsor)

ProtectUS (co-sponsor)

Teens for Vaccines (co-sponsor)

All Rise Alameda

American Academy of Pediatrics, California

Building the Base Face to Face

California Academy of Family Physicians

California Dental Association

California Immunization Coalition

California Medical Association  
California School Nurses Association  
Change Begins With ME  
Children's Specialty Care Coalition  
Contra Costa MoveOn  
Defending Our Future: Indivisible in CA 52nd District  
East Valley Indivisibles  
El Cerrito Progressives  
Feminists in Action Los Angeles (Indivisible CA 34 Womens)  
Hillcrest Indivisible  
Indi Squared  
Indivisible 30/Keep Sherman Accountable  
Indivisible 36  
Indivisible 41  
Indivisible Auburn CA  
Indivisible Beach Cities  
Indivisible CA-3  
Indivisible CA-7  
Indivisible CA-25 Simi Valley-Porter Ranch  
Indivisible CA-29  
Indivisible CA-33  
Indivisible CA-37  
Indivisible CA-39  
Indivisible CA-43  
Indivisible Claremont/Inland Valley  
Indivisible Colusa County  
Indivisible East Bay  
Indivisible El Dorado Hills  
Indivisible Elmwood  
Indivisible Euclid  
Indivisible Lorin  
Indivisible Los Angeles  
Indivisible Manteca  
Indivisible Marin  
Indivisible Media City Burbank  
Indivisible Mendocino  
Indivisible Normal Heights  
Indivisible North Oakland Resistance  
Indivisible North San Diego County  
Indivisible OC 46  
Indivisible OC 48  
Indivisible Petaluma  
Indivisible Sacramento  
Indivisible San Bernardino  
Indivisible San Jose

Indivisible San Pedro  
Indivisible Santa Barbara  
Indivisible Sausalito  
Indivisible Sebastopol  
Indivisible SF  
Indivisible SF Peninsula and CA-14  
Indivisible Sonoma County  
Indivisible South Bay LA  
Indivisible Stanislaus  
Indivisible Suffragists  
Indivisible Ventura  
Indivisible Windsor  
Indivisible Yolo  
Indivisible: San Diego Central  
Indivisibles of Sherman Oaks  
Livermore Indivisible  
Mill Valley Community Action Network  
Mountain Progressives  
National Association of Pediatric Nurse Practitioners  
National Center for Youth Law  
Nothing Rhymes with Orange  
Orchard City Indivisible  
Orinda Progressive Action Alliance  
Our Revolution Long Beach  
RiseUp  
Rooted in Resistance  
San Diego Indivisible Downtown  
San Francisco Marin Medical Society  
Santa Cruz Indivisible  
SFV Indivisible  
Tehama Indivisible  
The Resistance Northridge  
Together We Will Contra Costa  
TWW/Indivisible - Los Gatos  
Vallejo-Benicia Indivisible  
Venice Resistance  
Women's Alliance Los Angeles  
Yalla Indivisible  
2 individuals

**OPPOSITION**

A Voice for Choice Advocacy  
Beloit Property Managers Association  
California Catholic Families 4 Freedom CA

California Freedom Keepers  
California Health Coalition Advocacy  
Capistrano Unified School District  
Central Coast Health Coalition  
Children’s Health Defense, California Chapter  
Church State Council  
City of Bakersfield  
Committee to Support Parental Engagement in Santa Clara School Districts  
County of Inyo  
County of Tulare  
Eagle Forum California  
Educate. Advocate  
Fullerton School District  
Galt Joint Union Elementary School District  
Kingsburg Elementary Charter School District  
Long Beach Parents United  
Marin Citizens Task Force  
Moms for Liberty  
National Vaccine Information Center  
Natomas USD for Freedom  
North Cow Creek Elementary School District  
Nuremberg 2.0 Ltd.  
Pacific Justice Institute – Center for Public Policy  
Physicians for Informed Consent  
Placer County President of the County Board of Education, Kelli Gnile  
Placer County Superintendent of Schools Gayle Garbolino-Mojica  
Protection of the Educational Rights of Kids  
Real Impact  
Siskiyou Conservative Republicans  
Stand Up Sacramento County  
Take A Stand Stanislaus  
Touch the Future  
Towards an Internet of Living Beings  
Western Placer Unified School District  
Approximately 3,100 individuals

### **RELATED LEGISLATION**

#### **Pending Legislation:**

SB 871 (Pan, 2022) requires a child to be fully immunized against COVID-19 before they may be admitted as a pupil of a private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center unless the child has a medical exemption; and eliminates the requirement that immunizations deemed appropriate by the Department of Public Health be subject to

medical and personal belief exemptions. SB 871 is pending before the Senate Health Committee.

AB 1797 (Weber, 2022) 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 operating countywide or regional immunization information and reminder systems and to the Department of Public Health, and 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. AB 1797 is pending before the Assembly Appropriations Committee.

Prior Legislation:

AB 1064 (Fong, Ch. 655, Stats. 2021) authorized any licensed pharmacist to administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation for persons three years or older.

AB 3189 (Cooper, Ch. 1003, Stats. 2018) authorized a minor aged 12 or older to consent to diagnosis and treatment of conditions arising from intimate partner violence without parental consent.

SB 277 (Pan, Ch. 35, Stats. 2015) eliminated the personal belief exemption for immunizations required for a person to be admitted as a pupil of any public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, except where the immunization is not statutorily required but deemed appropriate by the California Department of Public Health.

AB 599 (Donnelly, 2013) would have prohibited a minor from obtaining a vaccine related to the prevention of a sexually transmitted disease without parental consent. AB 599 died in the Assembly Health Committee.

AB 499 (Atkins, Ch. 652, Stats. 2011) authorized minors aged 12 or older to consent to medical care related to the prevention of a sexually transmitted disease.

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