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SENATE COMMITTEE ON HEALTH

BILL NO: Senator Dr. Richard Pan, Chair
AUTHOR: SB 276
VERSION: Pan
HEARING DATE: April 9, 2019
CONSULTANT: April 24, 2019
Melanie Moreno

SUBJECT: Immunizations: medical exemptions

SUMMARY:

1) Requires the Department of Public Health (DPH) to develop a statewide standardized medical exemption request form for immunization requirements in existing law. Requires DPH to make the request form available for use by physicians. Requires the request form to be the only medical exemption documentation that a governing authority may accept. Requires a request form to be approved or denied only by the State Public Health Officer, upon a determination that the request provides sufficient medical evidence that the immunization is contraindicated by guidelines of the Centers for Disease Control and Prevention. Requires DPH to create and maintain a database of approved medical exemption requests. Requires DPH to make the information in the database accessible to local public health officers.

Existing law:

1) Requires DPH to examine the causes of communicable disease in man and domestic animals occurring or likely to occur in this state. [HSC Section 120125]

2) Gives the State Public Health Officer (PHO), as the director of DPH, broad authority to detect, monitor, and prevent the spread of communicable disease in the state, including the ability to:

a) Require reporting of communicable disease that DPH identifies, on timelines and in a manner determined by DPH;

b) Adopt and enforce regulations requiring strict or modified isolation, or quarantine, for any of the contagious, infectious, or communicable diseases, if in the opinion of DPH, the action is necessary for the protection of the public health;

c) Take measures as are necessary to ascertain the nature of the disease and prevent its spread. Permits DPH, to that end, if it considers it proper, to take possession or control of the body of any living person, or the corpse of any deceased person;

d) Quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities, or localities, whenever in its judgment the action is necessary to protect or preserve the public health; and,

e) Destroy such objects as bedding, carpets, household goods, furnishings, materials, clothing, or animals, when ordinary means of disinfection are considered unsafe, and when the property is in its judgment, an imminent menace to the public health. [HSC Section 120130, et seq.]

3) Requires a local health officer (LHO) knowing or having reason to believe that any case of reportable diseases, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, to take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases. [HSC Section 120175]

4) Prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless, prior to his or her first admission to that institution, he or she has been fully immunized against diphtheria, haemophilus influenzae type b (Hib), measles, mumps, pertussis, poliomyelitis, rubella, tetanus, hepatitis b (except after 7th grade), and chickenpox, as specified. [HSC Section 120335] 5) Permits DPH to add to this list any other disease deemed appropriate, taking into consideration the recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and the American Academy

of Pediatrics (AAP) Committee on Infectious Diseases. [HSC Section 120335] 6) Waives the above immunization requirements if the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances including, but not limited to, family medical history, for which the physician does not recommend immunization. [HSC Section 120370(a)] 7) Permits a child for whom the requirement has been waived, if there is good cause to believe that a child has been exposed to one of the specified communicable diseases and the child's proof of immunization status does not show proof of immunization against that disease, to be temporarily excluded from the school or institution until the local health officer (LHO) is satisfied that the child is no longer at risk of developing or transmitting the disease. [HSC Section 120370(b)]

This bill:

1) Requires DPH to develop a statewide standardized medical exemption request form. Requires DPH to make the request form available for use by physicians. Requires the request form to be the only medical exemption documentation that a governing authority may accept.

2) Requires a request form to be approved or denied only by the PHO or his/her designee, upon a determination that the request provides sufficient medical evidence that the immunization is contraindicated by guidelines of the CDC.

3) Requires the request form to require, at a minimum: the physician's name, medical license number, business address, and telephone number; the name of the child for whom the exemption is sought and the name of the child's parent or guardian; a statement certifying that the physician has personally examined the child; and, a description of the medical reason for which the exemption is required.

4) Requires a physician, if a parent or guardian requests a medical exemption for a child, to inform the parent or guardian of the requirements of this bill. Requires the physician, if the parent or guardian consents, to examine the child and submit a completed request form to DPH.

5) Requires the PHO or his/her designee to review the completed request form and provide the physician with notification approving or denying the medical exemption request. Requires the reason for the denial, if the medical exemption request is denied, to be included in the notification. Permits the physician to submit additional information to DPH within 30 days from the notification for further review by the PHO or his/her designee.

6) Requires DPH to create and maintain a database of approved medical exemption requests. Requires DPH to make the information in the database accessible to local PHOs.

7) Requires a parent or guardian, if a medical exemption has been authorized under 5) of existing law above prior to the adoption of the statewide standardized medical exemption request form, to submit a copy of that medical exemption to DPH by July 1, 2020 for inclusion in the database in order for the medical exemption to remain valid.

8) Permits the PHO or a LHO to revoke a medical exemption if he/she determines that a medical exemption is fraudulent or inconsistent with applicable CDC guidelines.

9) Requires DPH to comply with all applicable state and federal privacy laws, as specified, in implementing this bill.

10) Makes technical, clarifying changes.

FISCAL EFFECT:

This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) Author's statement. According to the author, in the first four months of 2019, 465 measles cases have been reported across 19 states, a number far surpassing last year's number of cases. Since elimination of measles in the U.S. in 2000, this is the second greatest number of cases reported. SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminated all non-medical exemptions for immunizations required for school entry. While SB 277 was successful in raising immunization rates, the number of medical exemptions issued more than tripled since the law went into effect. Many of the exemptions are clustered in the same schools, creating concentrated pockets of unvaccinated individuals. At almost 60 schools in the state, more than 10% of kindergarteners had medical exemptions. According to public health officials, the rise in medical exemptions is associated with an increase in physicians issuing exemptions for children without medically-justified contraindications. While the vast majority of physicians uphold standards of care, a small number of unethical physicians have monetized their license by selling medical exemptions for profit. Currently, California law requires no state-level oversight or standardization of exemptions. As a result, medical exemptions often contain incomplete information and may be issued for reasons other than medically-justified contraindications. This bill will restore integrity to California's exemption process.

2) Immunizations. According to the World Health Organization, immunization is the process whereby a person is made

immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between two and three million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

3) ACIP. According to ACIP, it includes 15 voting members responsible for making vaccine recommendations. The Secretary of the U.S. Department of Health and Human Services (DHHS) selects these members following an application and nomination process. Fourteen of the members have expertise in vaccinology, immunology, pediatrics, internal medicine, nursing, family medicine, virology, public health, infectious diseases, and/or preventive medicine; one member is a consumer representative who provides perspectives on the social and community aspects of vaccination. In addition to the 15 voting members, ACIP includes eight ex officio members who represent other federal agencies with responsibility for immunization programs in the United States, and 30 non-voting representatives of liaison organizations that bring related immunization expertise. The overall goals of ACIP are to provide advice to assist in reducing the incidence of vaccine-preventable diseases and to increase the safe usage of vaccines and related biological products. Professional organizations that work with ACIP to develop the annual childhood and adult schedules include the AAP, the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP). The 2019 Recommended Immunization Schedules for Persons Aged 0 Through 18 Years state: children under six are recommended to receive vaccines for: hepatitis b; rotavirus; diphtheria, tetanus, and pertussis (DTaP); Hib; pneumococcal; polio; influenza; measles, mumps, rubella (MMR); varicella; hepatitis a; and meningococcal.

4) School vaccination requirements. States enact laws or regulations that require children to receive certain vaccines before they enter childcare facilities and school, but with some exceptions, including medical, religious, and philosophical objections. School vaccination requirements are thought to serve an important public health function, but can also face resistance. An article published in the 2001-2002 Kentucky Law Journal reviewed historical and modern legal, political, philosophical, and social struggles surrounding vaccination requirements. The authors stated that though school vaccination has been an important component of public health practice for decades, it has had a controversial history in the U.S. and abroad. Historical and modern examples of the real, perceived, and potential harms of vaccination, governmental abuses underlying its widespread practice and strongly held religious beliefs have led to fervent objections among parents and other persons who object to vaccines on legal, ethical, social, and epidemiological grounds. The article states that public health authorities argue that school vaccination requirements have led to a drastic decrease in the incidence of once common childhood diseases. Those who object to vaccines tend to view the consequences of mass vaccination on an individualistic basis, focusing on alleged or actual harms to children from vaccinations.

5) Exemptions to vaccine requirements. There are two types of non-medical exemptions states have incorporated into requirements that children be vaccinated before entering school: religious exemptions and philosophical exemptions. A religious exemption means that there is a provision in the statute that allows parents to exempt their children from vaccination if it contradicts their sincere religious beliefs. A philosophical exemption means that the statutory language does not restrict the exemption to purely religious or spiritual beliefs. According to the National Conference of State Legislatures, all 50 states have laws requiring specified vaccines for students. Although exemptions vary from state to state, all school immunization laws grant exemptions to children for medical reasons. Almost all states grant religious exemptions for people who have religious beliefs against immunizations. California, Mississippi, and West Virginia allow only medical exemptions. Currently, 17 states allow philosophical exemptions for those who object to immunizations because of personal, moral or other beliefs. According to the CDC, state and local vaccination requirements for daycare and school entry are important tools for maintaining high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases. These laws often apply not only to children attending public schools but also to those attending private schools and day care facilities. Studies have shown that vaccine exemptions tend to cluster geographically, making some communities at greater risk for outbreaks.

6) Contraindications and precautions. According to the CDC's General Best Practice Guidelines for Immunization: Contraindications and Precautions, contraindications (conditions in a patient that increases the risk for a serious adverse reaction) and precautions to vaccination are conditions under which vaccines should not be administered. Persons who administer vaccines should screen patients for contraindications and precautions before each dose of vaccine is administered. Because the majority of contraindications and precautions are temporary, vaccinations often can be administered later when the condition leading to a contraindication or precaution no longer exists. A couple examples of contraindications include that severely immunocompromised persons generally should not receive live vaccines. Because of the theoretical risk to the fetus, pregnant women generally should not receive live, attenuated virus vaccines. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity. A person might experience a more severe reaction to the vaccine than would have otherwise been expected; however, the risk for this happening is less than the risk expected with a contraindication. In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. As an example, the presence of a moderate or severe acute illness is a precaution to administration of all vaccines. The decision to administer or delay vaccination depends on the severity of symptoms and cause of the condition. According to the Guidelines, screening for contraindications, persons with moderate or severe acute illness should be vaccinated as soon as the illness has improved.

7) California vaccination rates. According to DPH's 2017-18 Kindergarten Immunization Assessment, each autumn California schools are required to report the status of their students under state immunization requirement laws. 2017-2018 is the second full school year that entrants have been subject to SB 277, which no longer permits them to receive personal beliefs exemptions from immunization requirements. The proportion of students attending kindergarten in 2017-2018 reported to have received all required vaccines is 95.1%, a 0.4 percentage point decrease from the 2016-2017 school year and a 4.7 percentage point increase over the three years since 2014-2015. Compared to 2016-2017, in 2017-2018 the proportion of kindergartners reported as:

- a) Having permanent medical exemptions increased from 0.5% to 0.7%;
- b) Lacking immunizations for other reasons specified under SB 277 increased from 0.5% to 1.1%, with 0.8% reported as being enrolled in independent study programs; and,
- c) Being overdue for required immunizations increased from 1.0% to 1.2%.

According to DPH, possible explanations for the overall improvements in recent years in the reported immunization coverage of kindergartners in California include efforts by public health departments, schools, medical providers and partner organizations to help ensure that children meet school immunization requirements; increased public awareness about the importance of immunizations in the aftermath of outbreaks of vaccine-preventable diseases; recent laws (including SB 277); and review of eligible schools in 2016 and 2017 for compliance with immunization laws, as a component of comprehensive state-mandated financial audits of local education agencies.

8) California measles outbreak. SB 277 was, in part, prompted by a December 2014 a measles outbreak that began in Disneyland (Orange County) and resulted in 134 confirmed measles cases. Of the confirmed cases: 40 cases visited Disneyland between December 17 and December 20 where they are presumed to have been exposed to measles; 30 are household or close contacts to a confirmed case; 11 were exposed in a community setting (e.g., emergency room) where a confirmed case was known to be present; 50 have an unknown exposure source but are presumed to be linked to the outbreak based on a combination of descriptive epidemiology or strain type; and, three cases are known to have a different genotype from the outbreak strain. The ages of those infected with the measles during this outbreak varied, with 56% being 20 years or older, 18% were between the ages of five and 19, 15% were ages one to four, and 11% were under the age of one. Among measles cases for whom DPH have vaccination documentation, 57 were unvaccinated and 25 had one or more doses of MMR vaccine.

9) 2019 outbreaks. According to the CDC, from January 1 to April 19, 2019, 626 individual cases of measles have been confirmed in 19 states. This is the second-greatest number of cases reported in the U.S. since measles was eliminated in 2000. The states that have reported cases to CDC are Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Texas, and Washington. Two outbreaks have been highly publicized in the news: Washington and New York. In Clark County, Washington, there have been 73 confirmed cases since January 1. Of these cases, 53 were age one to ten years, 15 cases were 11 to 18 years, one case was 19 to 29 years, and four cases were 30 to 39 years. Sixty three infected individuals were unimmunized. In New York City, as of April 18, 2019, there have been 359 confirmed cases of measles in Brooklyn and Queens since October. According to the city's health department, most of these cases have involved members of the Orthodox Jewish community. The initial child with measles was unvaccinated and acquired the disease on a visit to Israel, where a large outbreak is occurring. Since then, there have been additional people from Brooklyn and Queens who were unvaccinated and acquired measles while in Israel. People who did not travel were also infected in Brooklyn or Rockland County. On April 9, the Health Commissioner ordered every adult and child who lives, works or resides in the certain ZIP codes and has not received the MMR vaccine to be vaccinated or face a fine of \$1,000.

10) Prior legislation. SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminates the PBE from the requirement that children receive vaccines for certain infectious diseases prior to being admitted to any public or private elementary or secondary school or day care center.

SB 792 (Mendoza, Chapter 807, Statutes of 2015) prohibits a person from being employed at a day care center or day care home unless he or she has been immunized against influenza, pertussis, and measles.

SB 2109 (Pan, Chapter 821, Statutes of 2012), requires a separate form prescribed by DPH to accompany a letter or affidavit to exempt a child from immunization requirements on the basis that an immunization is contrary to beliefs of the child's parent or guardian. The Governor included a message with his signature on this bill, which stated, in part, "I will direct (DPH) to allow for a separate religious exemption on the form. In this way, people whose religious beliefs preclude vaccinations will not be required to seek a health care practitioner's signature." This bill's provisions were deleted by SB 277.

AB 2064 (V. Manuel Perez), would have required a health plan or health insurer that provides coverage for childhood and adolescent immunizations to reimburse a physicians in an amount not less than the actual cost of acquiring the vaccine plus the cost of administration of the vaccine, as specified. AB 2064 was held on the Assembly Appropriations Committee suspense file.

SB 614 (Kehoe, Chapter 123, Statutes of 2011) allows a pupil in grades 7 through 12, to conditionally attend school for up to 30 calendar days beyond the pupil's first day of attendance for the 2011-12 school year, if that pupil has not been

fully immunized with all pertussis boosters appropriate for the pupil's age if specified conditions are met.

AB 354 (Arambula, Chapter 434, Statutes of 2010) allows DPH to update vaccination requirements for children and adds the AAFP to the list of entities whose recommendations DPH must consider when updating the list of required vaccinations. Requires children entering grades 7 through 12 receive a TDaP booster prior to admittance to school.

AB 1201 (V. Manuel Perez of 2009) would have required a health plan or health insurer that provides coverage for childhood and adolescent immunizations to reimburse a physicians the entire cost of acquiring and administering the vaccine, and would have prohibited cost-sharing for immunizations. AB 1201 was held on the Assembly Appropriations Committee suspense file.

SB 1179 (Aanestad of 2008) would have deleted DPH's authority to add diseases to the list of diseases that pupils are required to be immunized against. SB 1179 died in Senate Health Committee.

AB 2580 (Arambula of 2008) would have required pupils entering the 7th grade to be immunized against pertussis by receiving any necessary adolescent booster immunization. AB 2580 was held on the Senate Appropriations Committee suspense file.

SB 676 (Ridley-Thomas of 2007) would have required pupils entering the 7th grade to be fully immunized against pertussis. SB 676 was held on the Assembly Appropriations Committee suspense file.

SB 533 (Yee of 2007) would have added pneumococcus to the list of diseases that pupils are required to be immunized against. SB 533 was vetoed by the Governor, who stated that a mandate for this vaccination was not necessary.

11) Support. American Academy of Pediatrics, California states that the CDC reports that in 2018, 21 people contracted measles in California. So far, several months into 2019, 17 confirmed measles cases, including 11 outbreak-associated cases, have been reported. Left unchecked, we will continue to see the number of cases and outbreaks rise. Just recently, the City of New York declared a measles outbreak a public health emergency, where there have been 285 confirmed cases; 21 of those cases led to hospitalizations, including five admissions to the intensive care unit. Only a very small percentage of the population, less than 1%, suffers from a qualifying medical condition - such as a severe allergic reaction to a vaccine component - that would lead to the granting of a medical exemption. The California Medical Association writes that public health officials, medical providers, lawmakers, the media, and parents of immunocompromised children have raised concerns that a small number of physicians are monetizing their exemption-granting authority and profiting from the sale of medical exemptions. These physicians are not upholding the patient standard of care and therefore put the public at risk. They are undermining the integrity of other physicians who grant medically necessary exemptions for the 1% of patients who truly need them. The County Health Executives Association of California writes that medical exemptions in California have nearly tripled since the passage of SB 277 and the rates of medical exemptions in certain pockets of our state are as high as 20%. Despite these alarming increases in medical exemptions and a rise in vaccine-preventable diseases, such as measles, no mechanism currently exists to allow for a review of those medical exemptions. Vaccinate California states that parents across the state who fought to secure SB 277 are again worried that the significant pockets of "personal belief" exemptions have transformed into significant pockets of unjustified medical exemptions and that our children remain at risk. They believe that medical exemptions should only be given to those who truly need them, such as children who need surgery and must delay vaccines, children with cancer or who are otherwise immunocompromised, and children who are allergic to vaccine components (who rely on herd immunity for survival).

The California School Nurses Organization writes that certain schools and school districts have high rates of unvaccinated children, thus resulting in higher incidence of vaccine preventable diseases. Having "community immunity" varies by vaccine but it provides protection for those students and staff who for medical reasons are unable to be vaccinated or are immunocompromised. However, California is now faced with increased rates of measles and pertussis in spite of our increase rates of vaccination, 95%, which while quite high still, is not protective because of the increased numbers of students who have gained medical exemptions. The Children's Specialty Care Coalition writes that this bill will reshape California's process to require state-level public health approval of all medical exemptions, and will help protect the most vulnerable, including babies too young to be immunized and people who are immunocompromised, from the risks associated with contracting these diseases. This bill will also protect the community at large from increased outbreaks of vaccine-preventable disease. The Health Officers Association of California writes that despite the effectiveness of vaccines, California's public health departments have seen a rise in vaccine-preventable diseases such as pertussis and measles largely because many residents are choosing to selectively immunize or opt out of vaccinating their children. These decisions risk the health of the community and can be particularly detrimental, or even fatal, to newborns, infants, toddlers, and those living with immunocompromising health conditions. The California Hospital Association writes that immunizations have had an enormous impact on the health of children, and the prevention of disease by vaccination is one of the single greatest public health achievements of the last century, and that vaccine development is a long, detailed process, requiring that vaccines demonstrate both safety and efficacy before licensure, and are actively monitored thereafter. Given the highly contagious nature of diseases such as measles, vaccination rates of at least 95% are necessary to preserve what is called "community immunity" and prevent future outbreaks.

12) Opposition. Educate.Advocate. writes that this bill will create additional burden for students with exceptional needs and their families both emotionally and financially, harming their access to education by discouraging school districts from providing special education services to students who do not meet new medical exemption requirements. This bill mandates the creation and maintenance of a statewide database, to include approved medical exemption requests, under

which personally identifiable health information of students with exceptional needs and family members will be included in a medical exemption database. Databases are at risk for 'hacking', exposing confidential medical information to insurance companies, higher education institutions and future employers, who may discriminate based on pre-existing conditions and disabilities. Further, the database will have no opt-out feature, currently available in the California Immunization Registry. Physicians for Informed Consent states that this bill is unscientific because SB 277-mandated vaccines have not yet been proven to be less risky than the diseases they are designed to prevent. Further, this bill is unethical because it promotes medical bullying by governmental agents and obstructs parents from being able to protect their children from the potential risk of vaccine injuries (i.e., it violates the principle of informed consent/informed refusal); thwarts doctors from being able to protect their patients' health through personalized vaccine recommendations based on infectious disease risks and individualized vaccine-injury risks, and instead promotes an outdated one-size-fits-all governmental vaccine schedule which is not based on new medical discoveries; and, subjects the health of California's children to the mercy of a State PHO with whom they don't have a patient-doctor relationship. Moms Across America states that vaccines carry risks, and significant risks to certain individuals, as identified by the payouts of the National Vaccine Injury Compensation Program, with over \$4 billion paid out by this program to a very small percentage of the children actually reported to be damaged, it is undeniable that vaccination is not safe nor effective for all. Medical exemptions prevent not only damage to our children but expensive special education, state funded therapies, legal trials, and payouts to injured families. Further, removing personal physicians from this equation and putting it in the hand of the state will not serve our children. The CDC's criteria for medical exemptions is not inclusive of the necessary symptoms that signal serious health and learning implications. Removing the knowledge of the pediatrician's expertise of a multitude of serious health implications which include genetic and familial connections, increases the risks of permanent damage or death as a result of continuing to vaccinate some children.

The Association of American Physicians and Surgeons states that the traditional ethic in the Oath of Hippocrates requires physicians to refrain from deliberately harming patients, and that this bill denies patients the protection of this code and is instead imposing on them the judgment of a government agency. Unlike physicians, these officials have no accountability for harm that individual patients may suffer. Vaccines are unavoidably unsafe, as recognized by the U.S. Supreme Court, and also by Congress in establishing the Vaccine Injury Compensation Program. Most doctors nevertheless recommend many vaccines, as they believe the benefit to the patient exceeds the risk. The public health authorities, on the other hand, may impose their dictates on the presumption that the overall benefit to the population, as they calculate it, overrides individual rights or more than counterbalances any adverse effects that individuals may endure. History shows that many serious adverse effects of medical intervention may be unrecognized for long periods of time. Bureaucracies are by nature glacially slow in updating their policies--especially when conflicts of interest occur. A mistaken policy can cause far more harm than errors by individuals. Thus, protecting individuals' freedom also protects the population, as individuals can adapt far more quickly to new information or circumstances.

SUPPORT AND OPPOSITION:

Support: American Academy of Pediatrics, California (co-sponsor)

California Medical Association (co-sponsor)

Vaccinate California (co-sponsor)

Advanced Medical Technology Association

AIDS Healthcare Foundation

American College of Cardiology, California Chapter

American College of Physicians, California Chapter

California Academy of Family Physicians

California Academy of Pain Medicine

California Association of Professional Scientists

California Hospital Association

California Immunization Coalition

California Life Sciences Association

California Optometric Association

California Orthopaedic Association

California School Nurses Organization

California State Association of Counties

Children's Defense Fund

Children's Specialty Care Coalition

County Health Executives Association of California

Health Officers Association of California

Infectious Disease Association of California

Kaiser Permanente

March of Dimes

Orthopedic Surgery Specialists Medical Group

Providence St. Joseph Health

Over 700 individuals

Oppose: A Voice for Choice Advocacy

Alliance for Natural Health USA

Association of American Physicians and Surgeons

California Health Coalition Advocacy

California Right to Life Committee, Inc.

Californians for Trusted Healthcare

Educate.Advocate.

Moms Across America

National Health Freedom Action

National Vaccine Information Center

Physicians for Informed Consent

Physicians' Association for Anthroposophic Medicine

Vaccine-Injury Awareness League

West Virginians for Health Freedom

Over 800 individuals