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## SB 276: Immunization Exemptions

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### PURPOSE

In 2015, the passage of SB 277 eliminated all non-medical exemptions for immunizations required for school entry. While SB 277 was successful in raising immunization rates across the state, there has also been a substantial increase in the number of medical exemptions issued. In fact, the number of kindergartners with medical exemptions has more than tripled, rising from 0.2 percent of students in the 2014-15 school year to 0.7 percent of students in 2017-18.<sup>1</sup>

Equally concerning as the rise in medical exemptions is the geographic clustering of exemptions within schools and school districts. Concentrated pockets of unvaccinated individuals are one of the primary causes of recent increases in measles cases.<sup>2</sup> A 2017 Los Angeles Times report found that at almost 60 schools in the state more than ten percent of kindergartners had medical exemptions, with seven schools having exemption rates over twenty percent.<sup>3</sup>

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.<sup>4</sup> While the vast majority of physicians continue to uphold standards of care, a small number of unethical physicians have monetized their license by selling medical exemptions for profit.

SB 276 will restore integrity to California's medical exemption process by requiring future medical exemptions to be reviewed and issued by the California Department of Public Health (CDPH). Additionally, the bill will require the establishment of a statewide database of exemptions, establish

minimum requirements for exemption forms, and allow state and local health officers to review existing exemptions.

### BACKGROUND

Immunizations against vaccine-preventable diseases are one of our most effective tools to protect public health. In addition to protecting us individually, when a sufficient percentage of the population is immunized, community immunity is established and further guards against outbreaks. Those most vulnerable to infectious diseases, including infants, the elderly, and the immunocompromised, rely on community immunity for protection. A 2017 analysis found that at almost 750 Californian schools less than 90% of kindergartners were fully vaccinated, which falls below the percentage needed to ensure community immunity.<sup>3</sup>

Recently, numerous measles outbreaks have occurred across the country in states including Washington, New York, and California. In just the first three months of 2019, over 300 measles cases have been reported across fifteen states, a number close to the total number of cases in 2018.<sup>5</sup> In addition to the serious health repercussions, outbreak response is also costly and places a significant financial burden on our public health resources. A recent JAMA article reported that response to a single case of measles can be as high as \$142,000.<sup>6</sup>

Currently, California law requires no state-level oversight, approval, or standardization of medical exemptions. As a result, medical exemptions often contain incomplete information and may be issued for reasons other than established, scientifically-valid contraindications. Furthermore, state and local health

officers have no statewide information upon which to base public health strategies during outbreaks.

SB 276 is necessary to protect Californians from deadly outbreaks and provide public health officials with the resources they need to strategically respond to outbreaks.

### SUMMARY

SB 276 will address the dramatic increase in medical exemptions from vaccinations required for school entry. Specifically, the bill will strengthen oversight of medical exemptions in two key ways:

1. All medical exemptions applications will be submitted to the California Department of Public Health. The State Public Health Officer, or their designee, will review and choose to grant or deny exemption requests.
2. To apply for a medical exemption, physicians will use a standardized form which will include the physician's name, medical license number and reason for the exemption request.

### SUPPORT

American Academy of Pediatrics CA (Sponsor)  
California Medical Association (Sponsor)  
Vaccinate California (Sponsor)

### OPPOSITION

None

### CONTACTS

Diana Douglas, Office of Senator Pan  
diana.douglas@sen.ca.gov | 916-651-4006

Shannan Velayas, Office of Senator Pan  
shannan.velayas@sen.ca.gov | 916-651-4006

Morgan Carvajal, California Medical Association  
mcarvajal@cmadocs.org

Leah Russin, Vaccinate California  
leah@vaccinatecalifornia.org | 650-434-3073

Kris Calvin, American Academy of Pediatrics CA  
office@aap-ca.org | 626-825-7444

<sup>1</sup> California Department of Public Health. 2017-2018 "Kindergarten Immunization Assessment – Executive Summary." <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/2017-2018KindergartenSummaryReport.pdf>

<sup>2</sup> United States Centers for Disease Control and Prevention. "Frequently Asked Questions About Measles in the U.S." <https://www.cdc.gov/measles/about/faqs.html#more-measles-cases>

<sup>3</sup> Karlamangla and Poindexter. "Despite California's strict new law, hundreds of schools still don't have enough vaccinated kids." Los Angeles Times. Aug. 13, 2017.

<sup>4</sup> Mohanty, et. al. "Experiences With Medical Exemptions After a Change in Vaccine Exemption Policy in California." Journal of Pediatrics. Vol. 142, Issue 5. Nov. 2018.

<sup>5</sup> United States Centers for Disease Control and Prevention. <https://www.cdc.gov/measles/cases-outbreaks.html>

<sup>6</sup> Sundaram, et. al. "The True Cost of Measles Outbreaks During the Postelimination Era." JAMA. Vol. 321, Issue 12. March 2019. <https://jamanetwork.com/journals/jama/fullarticle/2728101>