

SENATE BILL 866

FACT SHEET SB 866 - TEENS CHOOSE VACCINES ACT

SUMMARY

SB 866 permits minors 12 years and older to consent to vaccination when the vaccine is approved by the United States Food and Drug Administration (FDA) and meets the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. SB 866 builds on existing law, which currently allows minors 12 and over to make choices about their bodies around reproductive healthcare. SB 866 protects the ability of young people to live healthy lives, helps keep schools open and safe, increases vaccination rates, and promotes public health in California.

BACKGROUND/EXISTING LAW

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:

- 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.
- Minors 12 and older can consent to accessing birth control and abortions.
- Minors 12 and older can consent to medical diagnosis and treatment for sexually transmitted infections, drug and alcohol-related disorders, injuries resulting from sexual assaults and intimate partner violence, and mental health disorders.

Yet, minors cannot consent to other vaccines and can only be vaccinated with consent from a parent or guardian. Even if a teenager desperately wants a vaccine — and even if not being vaccinated prevents a teen from participating in sports and music activities or from seeing friends — a parent can simply refuse to allow the teen to get vaccinated.

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).

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. 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.

COVID-19 vaccines have helped prevent infections and avoid a huge number of hospitalizations and deaths. Unvaccinated people are up to 20.8 times more likely to die from COVID-19 than fully vaccinated people. As demonstrated throughout history, vaccines are one of the most powerful tools to prevent serious illness and save lives.

Children age 5 and older are currently eligible for vaccines. In California, 2,739,179 children have been vaccinated, leaving 3,374,585 unvaccinated. Of those age 12-17, nearly one million remain unvaccinated. While some of those unvaccinated teenagers would choose not to get vaccinated, far too many are being prevented from accessing the COVID-19 vaccine because one or both parents are opposed or because their parents simply aren't making the time (or can't make the time due to life circumstances) to take the minor to get vaccinated.

Having a large number of unvaccinated teens undermines public health and increases risk of infection, hospitalization, and death for many Californians.

PROBLEM

Minors between the ages of 12 and 17 cannot be vaccinated without parental consent unless the vaccine is specifically to prevent a disease that is sexually transmitted. This serves as a significant barrier to teen health in California, particularly 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 simply because working or otherwise busy parents are not available to take their children to medical visits. Low-income children may experience longer waits to get vaccinated simply 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.

In the context of COVID-19, despite their eligibility and clear evidence demonstrating the efficacy of COVID-19 vaccines in preventing infection and death, 28.6% of youth between the ages of 12-17 remain unvaccinated. This number translates to roughly 905,542 people out of an eligible population of over 3 million. This significantly increases the risk of infection, hospitalization, and death for those teens, as well as the emergence of viral mutations.

These low vaccination rates can have dire consequences for teens. A recent study of 445 youth between the ages of 12 and 17 published in the *New England Journal of Medicine* found that almost all teenagers who needed intensive care for COVID-19 were unvaccinated and all 7 who died were unvaccinated. These hospitalizations and deaths are preventable.

And while empirical evidence is still emerging regarding the impacts of COVID-19-related school closures on youth, most studies have found negative impacts on teens' mental health, academic achievement, and class-based academic disparities. Moreover, a document published by the U.S. Department of Health and Human Services found that adolescents ages 12-17 are seven times more likely to experience a new or recurring mental health diagnoses after a COVID-19 diagnosis.

Allowing minors over 12 to consent to vaccination, 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 or work schedules, is essential to keeping students in school and for their physical and mental health.

SOLUTION

California law should allow minors age 12 and older to consent to preventative medical care of all types, not only for sexually transmitted infections. SB 866 permits minors 12 years and older to consent to receive a vaccine that is approved by the FDA and meets the recommendations of the Advisory Committee on Immunization Practices. By doing so, this bill expands the autonomy 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.

SUPPORT

- **ProtectUS (co-sponsor)**
 - **Teens for Vaccines (co-sponsor)**
 - **Generation UP (co-sponsor)**
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FAQ

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Prepared by the Office of Senator Scott Wiener

Q: Which vaccines can young people between the ages of 12-17 currently consent to receive?

A: Young people 12 and older can choose to receive the Human Papillomavirus (HPV) and Hepatitis B vaccines on their own. HPV is the most common sexually transmitted infection (STI) in the United States, and it can cause cervical cancer. SB 866 simply extends the same treatment to other vaccines, including the COVID-19 and measles vaccines.

Q: Are there other medical procedures young people over 12 can consent to receive?

A: Yes. Under existing California law, young people 12 years and older can access reproductive health care, including birth control and STD prevention, on their own. Young people 12 and over can also access medical care for the diagnosis and treatment of sexually transmitted diseases (STDs), sexual assault, drug or alcohol-related problems, injury from intimate partner violence, and mental health disorders.

Q: Does this bill cover COVID-19 vaccinations?

A: Yes. All COVID-19 vaccines approved under FDA emergency authorization or the regular FDA approval process are covered under this legislation. While some may argue that the bill language specific to FDA “approval” does not cover vaccinations that have been authorized for emergency use, California law does not make this distinction.

Q: Who will pay for these vaccines?

A: Health insurance plans cover recommended vaccines for children and adolescents. The Vaccines for Children (VFC) program provides free vaccines to children and adolescents younger than 19 years of age who are either Medi-Cal eligible, American Indian or Alaska Native, uninsured, or underinsured and receiving services in a Federally Qualified Health Clinic (FQHC), Rural Health Center or Local Health Department. A small administrative fee may apply but the vaccine itself is provided at no charge.

Q: What if a teen has an adverse reaction to a vaccine?

A: Adverse reactions to vaccines are exceedingly rare. This bill does not change the type of training a vaccine administrator must undergo in order to determine whether a vaccine is safe to give a particular patient or to respond to and treat a rare adverse reaction.

Q: Aren't kids more susceptible to vaccine injuries?

A: No. Vaccines are proven to be safe and effective for children and adolescents. Those administering vaccines are also specifically trained to identify whether someone seeking to be vaccinated is more susceptible to adverse reactions regardless of their age.

Q: Does this bill remove the right of a parent to consent to a vaccination for their child?

A: This bill does not take away the rights of parents to decide to vaccinate their child. It simply allows children to get vaccinated on their own, without their parents. This bill will encourage *more* vaccination, not less.

Q: Do young people really need the vaccine? Isn't COVID-19 usually mild for them?

A: COVID-19 can cause serious and prolonged illness, and even death, in unvaccinated children. A recent study of 445 youth between the ages of 12 and 17 published in the New England Journal of Medicine found that almost all teenagers who needed intensive care for COVID-19 were unvaccinated and all 7 who died were unvaccinated. These hospitalizations and deaths are preventable.

Q: Instead of vaccinating students, shouldn't we just keep schools remote until the pandemic is over?

A: We may be living with an endemic version of COVID-19 for a long time. For their emotional, social, and educational development, children must be able to go to school in person. Widespread vaccination for all eligible students keeps schools safer for everyone, and helps keep schools open.