

2022 Legislative Bills Talking Points and summaries.

AB 1993

Employment: COVID-19 vaccination requirements. (Wicks)

This bill would require an employer to require each person who is an employee or independent contractor, and who is eligible to receive the COVID-19 vaccine, to show proof to the employer, or an authorized agent thereof, that the person has been vaccinated against COVID-19. This bill would allow for medical and religious exemptions.

- An employee's personal health information should remain private and not reflect their job status.
- It should not be an employer's responsibility to monitor their employee's vaccine status.
- This bill creates a clear invasion of privacy between employer and employee.
- **The bill is arbitrary:** There is no scientific evidence that requiring the COVID-19 vaccine of all employees in California will reduce infection, transmission or severity of cases and number of deaths within the workplace or the local community.
 - **The outcome of the bill will not prevent COVID-19 infection or transmission:** Available vaccines were not designed to stop the transmission of COVID-19, greatly evidenced by the omicron variant's infection and transmission among fully vaccinated persons.
 - **The outcome of the bill will not protect employees and the community:** Again available vaccines do not prevent transmission, and so vaccinating employees will not affect COVID-19 rates in the community.
 - **The bill does not account for natural immunity:** Over 20% of Californians have tested positive with COVID-19, and many more likely have unknowingly had asymptomatic COVID-19. According to a new report from the U.S. Centers for Disease Control and Prevention <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm> natural immunity was six times stronger during the delta wave than vaccination. While there is no conclusive data available yet, omicron infection may provide even greater immunity via infection because it apparently infects the cells differently.
- **The bill creates undue burden on employers:** The California workforce is already stretched beyond capacity with local businesses struggling to stay operational, due to staff shortages. Adding a vaccine requirement which would restrict about 25% of employees who are unvaccinated (or significantly more if boosters are required) from working, would cripple employers, as we have seen in places such as Santa Clara which has required boosters of all healthcare workers, causing significant staff shortages. (<https://www.mercurynews.com/2022/01/26/in-a-joint-letter-six-unions-from-across-county-sectors-say-boosters-will-harm-staffing/>). Employers should not be burdened with collecting private medical data, and enforcing such a law.
- **The bill is unnecessary:** The Local County Public Health Officers have the statutory ability to require take any and all actions they deem necessary if there is a threat of an endemic. Over the past two years different parts of California have been affected by COVID-19 at different times and to varying degrees. Given the continued uncertainty of what COVID-19 and COVID-19 vaccines hold for the future, legislation is not needed at this time.

- **The bill discriminates on race and income:** COVID-19 vaccine uptake is lower among lower income, and ethnically diverse families, largely due to government mistrust. These communities have also been disproportionately affected by the virus, which means those communities could now be disproportionately armed with naturally-acquired immunity. Preventing these employees from working would put these individuals and their families at an even greater disadvantage than they are already at.
- **The bill needs to ensure equity is given to those with medical, disability and/or religious beliefs:** Per the Title VII of the Civil Rights Act, employers must offer exemptions to those with medical, disability and/or religious beliefs, with reasonable accommodations (<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>). While most employers have been accepting exemptions, there is a wide diversity in reasonable accommodations offered. Employers in California are likely to see a significant increase in legal suits because they are unaware that unlike federal laws which excuse employers from providing religious accommodations if the business would suffer "minimal hardship", in California, an employer must prove that the religious accommodation in question causes a "significant difficulty or expense" to the business. This cannot be hypothetical. It must be based in fact.
- Worldwide COVID-19 is transitioning from a pandemic to an endemic, and the World Health Organization has warned against immune system overload with continued COVID-19 boosters (<https://www.who.int/news/item/11-01-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition>)

AB 2098

Physicians and surgeons: unprofessional conduct. (Low)

This bill would designate the dissemination or promotion of misinformation or disinformation related to the SARS-CoV-2 coronavirus, or “COVID-19,” by a physician or surgeon as unprofessional conduct, allowing the Medical Board to take action against such physician or surgeon.

- Board will base their consideration on “applicable standard of care” and “contemporary scientific consensus” neither of which currently exist for COVID-19.
- This will create a witch hunt for doctors and will drive more experienced doctors out of CA
- **This bill goes after our trusted doctors and surgeons who understand that the science is never settled and continue to seek and share the best treatment practices for their patients.** Additionally, it infringes on a doctor's right to make educated and individualized decisions about their patient's health and treatment, with the constant worrying that they will be subject to disciplinary action for thinking outside the box.

SB 866

Minors: vaccine consent. (Wiener)

This bill would authorize a minor 12 years of age or older to consent to vaccines.

- The 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. 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.
- **S.B. 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.
- **S.B. 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 Covid-19 vaccine, and possibly more in the future, including boosters and new vaccines.
- It is also modeled on the San Francisco order allowing minors aged 12 years and up to get a COVID-19 vaccine if a parent is not reachable.
- **S.B. 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!**
- SB 866 will inadvertently allow authorities such as medical practitioners and school personnel to be able to entice, pressure, and coerce our children to take the shot. **There will be no regard to parental concerns or seeking family medical history, contraindications, or prior reactions to vaccines that could cause injury.**
- Important Questions to Consider
- **If this passes, to what extent should parents have authority over other medical decisions for their minor children they are responsible for? SB866 sets a precedent for medical care among children and young adolescents. We have a social responsibility to protect our children as well as public health.**
- Who will be responsible for monitoring the child post vaccination?
- Who will be responsible for the child if they suffer a severe or mild reaction that requires medical care?
- Why rush a EUA (Emergency Use Authorization) product on our youngest population?
- How many other products will children be forced to take that are still in clinical trials?
- How will a vaccine provider ensure that the choice is not made under coercion, duress, or undue influence?
- Who will be responsible for documenting any reaction the child may have into the federal VAERS database?
- Who will be liable if harm or injury occurs on the child?
- Do minors have the mental maturity and sound judgment to give informed consent?
- Pro-vaccine, Vaccine Hesitant, and Californians opposed to vaccines are all concerned about a fairly new vaccine for developing children. The rotavirus vaccine is an example of a vaccine that was taken off the market soon after it was introduced. **Sufficient safety data is essential for all parents to have a choice in the medical decisions they make for their children.**

[SB 871](#)

Public health: immunizations. (Pan)

This bill would add COVID-19 to the list of diseases for which a child must be immunized in order to attend school or daycare. This bill would also remove the personal belief exemption for any additional vaccine requirements added by the California Department of Health.

Reasons you can state to oppose S.B. 871:

- Healthy children are not an at-risk population for hospitalization or death from covid-19, they have almost zero risk.
- Reports of adverse effects from Covid-19 vaccines show that children have experienced anaphylactic reactions, blood clotting, Myocarditis, Guillian-Barre Syndrome, and even death, according to the CDC Vaccine Adverse Events Reporting System (VAERS).
- No other vaccine that has been required for the school vaccine schedule has been on the market for less than 6years, and had been extensively tested for safety before being put on the market.
- **Covid vaccines have only recently been approved, through fast-tracked proceedings, and long-term effects are unknown. There is only one recently authorized Covid vaccine for ages 16 and up, on the market in the US. All others are investigational and experimental.**
- S.B. 871 does not allow testing to show whether children who have already had Covid-19 to prove natural immunity, and be exempted from the mandate.
- No personal/religious exemptions are allowed for Covid-19 and all future mandated vaccines which removes the right of parents to control the health and safety of their children, a violation of moral law and civil rights.
- The bill is arbitrary: There is no scientific evidence that requiring the COVID-19 vaccine for all school children from daycare to 12th grade in California will reduce infection, transmission, severity of cases or number of deaths within schools or the local community.
- The outcome of the bill will not prevent COVID-19 infection or transmission: Available vaccines were not designed to stop the transmission of COVID-19, greatly evidenced by the omicron variant's infection and transmission among fully vaccinated school children.
- The outcome of the bill will not reduce severe symptoms and death in children: It should be celebrated that data has consistently shown that children are not at significant risk from COVID-19 and that the risk of serious side effects or death from COVID-19 for 0-17 year olds is close to zero. Therefore, vaccinating children will not significantly change their outcomes of COVID-19.
- The outcome of the bill will not protect teachers and the community: Again available vaccines do not prevent transmission, and so vaccinating children will

not affect COVID-19 rates in the community.

- The bill does not account for natural immunity: Over 15% of children have tested positive with COVID-19, and many more likely have unknowingly had asymptomatic COVID-19. According to a new report from the U.S. Centers for Disease Control and Prevention¹ natural immunity was six times stronger during the delta wave than vaccination. While there is no conclusive data available yet, omicron infection may provide even greater immunity via infection because it apparently infects the cells differently.
- The bill discriminates on race and income: COVID-19 vaccine uptake is lower among lower income, and ethnically diverse families, largely due to government mistrust. These communities have also been disproportionately affected by the virus, which means those communities could now be disproportionately armed with naturally-acquired immunity. Preventing these children from attending in-person school would put these children at an even greater disadvantage than they are already at.
- The bill discriminates on religious and conscientious beliefs: Article One of the California Constitution recognizes every person's "right to the free exercise and enjoyment of religion without discrimination or preference," describing this right as "liberty of conscience." The Civil Rights Act of 1964 grants employees in every state the right to religious accommodations to vaccines that are required as a condition of employment, but this protection is not currently extended to students who attend public and private schools in California. Equity should be given to parents who have sincere religious beliefs to prevent their children from being excluded from in-person education.
- The bill will have a significant fiscal impact on schools: Parents who have not vaccinated their children thus far, are unlikely to do so and therefore will remove their children from in-person school. Those CA school districts who prematurely implemented COVID-19 vaccine mandates have had to back-pedal and push their mandate out because the number of students that remain unvaccinated is too large (e.g. 44% 12-17 year olds in Sac City Schools² and 34,000 12-17 year olds at LAUSD³), their independent study programs are not robust enough to support them, and their budgets would be significantly impacted by the loss of these students from their enrollment.
- The bill removes the rights of private schools: Per the California Department of Education "Private schools function outside the jurisdiction of the California Department of Education (CDE) and most state education regulations. Private schools do not participate in California's educational accountability system and are directly accountable to students and their parents or guardians, based on the terms of the private school enrollment contract." Many schools are non-profits and/or religious based and do not wish to implement the COVID-19 vaccine requirement without personal, religious and/or conscientious belief exemptions. Under the definition of a private school, they should be accountable to their students, staff and parents, and not the government when it comes to the safety of their schools.
- The bill would give CDPH the unfettered ability to add vaccines to Daycare-12th grade requirements: In 2015, during the legislative process, SB277 was amended to include the

personal belief exemption for any future vaccines that were added by CDPH, to ensure no vaccines were added to the daycare/school requirements without legislative due process. As you Pan said in the press conference launching this bill “the judges have certainly made it clear legislators have the authority to pass laws to make our community safe including increasing vaccination rates to keep schools open and safe and therefore legislators need to act.” Those same judges made it clear that government organizations, such as OSHA and CDPH do not have this authority.

- Children are highly unlikely to be hospitalized for COVID-19, and even less likely to die from the illness. The vaccine does not prevent illness or transmission. The risks of the vaccine outweigh the benefits.
- The outcome of the bill will not prevent COVID-19 infection or transmission. Many people, including children, have already recovered from a COVID-19 infection and have long lasting natural immunity.
- There are many safety concerns surrounding the Covid-19 vaccine, including myocarditis, Guillain-Barre, and blood clots.
- Parents who have not vaccinated their children for COVID-19 yet, are unlikely to do so in the future. This bill will only cause a further decline in school enrollment as parents continue to take their kids out of school and look to homeschooling as an alternative.

[AB 2539](#)

Public health: COVID-19 vaccination: proof of status. (Choi)

This bill would require a public or private entity that requires a member of the public to provide documentation regarding the individual’s vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

- We shouldn’t have any type of passports system,
- This bill may be used to reinforce Vaccine passport legislation.
- Doesn’t include natural immunity.

[AB 2516](#)

Health care coverage: human papillomavirus. (Aguiar-Curry)

This bill would require a health care service plan contract or health insurance policy to cover the cost of HPV vaccination.

[SB 1479](#)

COVID19 testing in schools: COVID19 testing plans. (PAN)

Requires schools to continue COVID19 testing. This bill would require each school district, county office of education, and charter school to create a COVID-19 testing plan and designate one staff member to report information on its COVID-19 testing program to the department. The bill would require that all COVID-19 testing data be in a format that facilitates a simple process by which parents and local educational agencies may report data to the department. By imposing new obligations on local educational agencies, the bill would impose a state-mandated local program. The bill would also authorize each school within a school district to name a staff member to lead its COVID-19 testing program. The bill would require the department to determine which COVID-19 tests are appropriate for the testing program.

- There is no end date.
- Why are we creating a law for a temporary issue?

[AB 1797](#)

Development of a state immunization registry. (Weber)

Modernize California's Immunization Registry (Spot Bill with no language currently https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1797):

Would merge the three CA Immunization Registry tracking systems to create one statewide system and all vaccines will be required to be entered into the CA Immunization Registry (CAIR). Schools and other entities would have access to all vaccine records, rather than just those of their students/patients or the particular vaccines required for school.

No talking points yet. As language is not filled in yet

- **Current laws do not allow districts to verify students' COVID-19 vaccination status. While not mandating the COVID vaccine, the legislation would add the vaccine to the registry.**
- Additionally, not every city takes part in the California Immunization Registry (CAIR), however, under this legislation, those registries would merge into one system to make records more accessible statewide. The full text of the bill is not available as of 2/17/2022.
- **CA already tracks your child's vaccine status in regards to the vaccines required by SB277 for school. However, this bill takes it two steps further by including the Covid-19 vaccine, as well as, forcing all schools to use the CAIR system for their vaccine records.**
- Schools and other entities would have access to all vaccine records, rather than just those of their students/patients or the particular vaccines required for school.

SB 920

Medical Board of California: investigations: record requests (Hurtado):

Would authorize a Medical board investigator and a medical consultant, at the discretion of the board, to inspect the business location and records of a physician or surgeon, including patient and client records, without patient's consent. Also allows complainants the opportunity to provide a statement to be considered after final adjudication for purposes of setting generally applicable policies and standards. This is a serious breach of privacy and goes against HIPAA. It also does not go far enough and does not give a voice to complainants, which is missing from the entire Medical Board complaint process. (https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB920)

(You can find more info on all current vaccine legislation at NVIC and AVFCA)