

ADVOCACY DAY

VOTE NO OR ABSTAIN ON AB 1940

AB1940: Turns "school-based health centers" provided at or near local education agencies into "student-focused health clinics located at or near school campuses to provide primary medical care, behavioral health services, and dental care services on campus and/or through mobile or telehealth.

- AB1940 shifts public school priorities to non-education services (medicine, coordinating treatment and care), and jeopardizes parents' and guardians' legal and ethical obligations to ensure the health and safety of their children.
- School and education are compulsory in California. Therefore, parents / guardians who do not want their child to receive or be exposed to medical services on-campus will not be able to avoid this risk, which will lead to increased unenrollment.
- Expanding public school priorities to include medicine, especially where learning losses are currently so great, will further erode trust in the public education system.
- LAUSD underestimated the cost of COVID-19 testing *five fold* in 2021-2022, requesting \$150M in funds and spending in excess of \$500M. This was for *one* medical service. How will already understaffed, underfunded, and under-enrolled schools pay for the cost of all the medical services anticipated for over 6M public school students?
- How will schools pay for multi-million dollar judgments that will be entered for injuries suffered as a result of medical care that is recklessly or intentionally poorly performed, or exceeds to scope of consent and is not covered by MICRA?
- Expansion, reality of implementation:
 - Are we going to be building hospitals on school campuses?
 - How distracting will this be?
 - How much will this cost?
 - Will all necessary equipment, staff, protections, etc. be made available at every school clinic?
 - Who and how much will it cost to inspect and ensure the high caliber of services and equipment families deserve?
- Will all clinics be the same?
- Will all clinics provide the same standard of care?
 - Isn't it true that schools in more affluent areas that pay more taxes will receive more funding for their clinics, thereby perpetuating disparate healthcare standards due to income, race, geography, etc.?
- Will funding be based upon the number of services rendered? Won't this create a perverse incentive for school clinics to provide potentially unnecessary and/or excessive treatments and care?
- Free public health centers already exist near local educational agencies in underserved areas.
 - Why do these centers now need to be on campus?
 - Why aren't our limited resources being spent on improving these existing centers, than diluting these funds across more clinics, some of which do not need the support?

UNINTENDED CONSEQUENCES:

1. Removing parents from the decision-making as the primary caregiver and responsibly party for their child's health and well-being, which will also continue to erode trust in public education.
2. Increase unenrollment by parents who see the priorities of the school systems shifting and are concerned about the availability of medical treatment on campus without their knowledge or consent.
3. Although some children will finally be given access to medical care, the majority of children will be exposed to new medical risks they would not otherwise be exposed to without their parent or guardian signing multiple Waivers of Liability and Consent Forms.
4. When combined with other bills currently being considered by the California Legislature and current minor consent laws, these health clinics may seal minors' medical records from parents/guardians, coordinate services without parental knowledge or consent, and place children's medical information into permanent state databases.
 - a. **SB66** (reducing the age of consent to vaccines), **SB1419** (allowing minors to seal medical records where receive treatment without parents' knowledge or consent), **SB1296** (viral surveillance), **SB1479** (perpetual testing), **AB1797** (mandatory, state-wide immunization registry), **AB2098** (medical misconduct)
5. Financial incentives for campus clinics will lead to compromising the purpose of education and incentivize schools to coerce and pressure students to receive services to obtain additional funding.
6. AB1940 includes immunization services but fails to include parental authorization for immunization services, which is in direct violation of Federal Law.
7. Undermines vital guardrails provided by primary care doctors, who know what's best for a child's primary medical care in partnership with a child's guardians.

A BETTER SOLUTION:

Provide funding to improve access and support of existing medical clinics to improve overall public health, education, and trust.

ADVOCACY DAY

VOTE NO OR ABSTAIN ON SB1479, SB1419, SB1100

SB1479: COVID19 testing in schools: COVID19 testing plans. ~~PASSED.~~ Headed to Governor's desk for review. Contact Newsom.

- Testing at school does not prevent the spread of disease. If the child is at school, the child has exposed the school. This bill does nothing to actually make schools safer.
- The federal government sending test kits to homes is an ideal solution that allows for families to test as needed before coming to school campuses.
- SB1479 is the gateway to perpetual testing and digital data collection for the State as a condition to receiving an education in California, a constitutionally protected right. This bill is overreaching.
- Why is this a permanent law for a temporary problem? Why is there no sunset clause for Covid-19 testing?
- Implementing SB1479 will cost billions of dollars annually, with no end in sight, for a disease over 75% of children and 70% of adults have already had, using tests that detect individuals with SARS-CoV-2 particulate matter in their noses, regardless of if they are infectious or not. LAUSD went 400 million dollars over their 150 million dollar testing budget in the 2021-2022 school year with no improved public health stats and higher than average chronic absenteeism.
- SB1479 is dangerous, expensive, and ineffective. The proper solution is to encourage children not to come to school with certain symptoms, as they have always done with other infectious, communicable and even more dangerous diseases (I.E.: pneumonia, RSV) and to encourage people to be healthy.

SB1419: Health information: concealing test results

- SB1419 creates a more permanent and dangerous divider between children and the adults who are legally obligated to provide their care.
- The surface of this bill states this is for tests relating to reproductive health, but the Senate Judiciary bill analysis states this is related to SB866, concealing medical treatment from parents beyond test results.
- Doctors will not be able to answer questions of parents / legal guardians who call to inquire about their child's symptoms. This prevents the parent / guardian from providing needed care, most of which is time sensitive.

SB1100: Public hearings

- SB1100 is redundant. Government Code, section 54957.9 already provides: "In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, the members of the legislative body conducting the meeting may order the meeting room cleared and continue in session."
- Similarly, California Penal Code provides:
 - Section 415: Disturbing the Peace: it is a crime (infraction or misdemeanor) to challenge another to / fight in a public space, willfully and maliciously making loud and unreasonable noise, and/or using offensive words in a public place.
 - Section 242: Battery: it is a crime (misdemeanor, felony) to willfully touch another in a "harmful or offensive manner" without their consent.
 - Section 240: Assault: it is a crime (misdemeanor, felony) to attempt to willfully touch another in a harmful or offensive manner if you had the clear intent and present ability to do so.
- There is no language in the bill to protect minority groups from biased treatment.

ADVOCACY DAY

VOTE NO OR ABSTAIN ON AB2098

AB2098: Establishes that it is unprofessional conduct for physicians to provide COVID-19 information and treatment that contradicts then-current standard of care.

California Code, Business and Professions Code - BPC 2234.1

(a) A physician and surgeon shall not be subject to discipline pursuant to subdivision (b), (c), or (d) of Section 2234 solely on the basis that the treatment or advice he or she rendered to a patient is alternative or complementary medicine, including the treatment of persistent Lyme Disease, if that treatment or advice meets all of the following requirements:

(1) It is provided after informed consent and a good-faith prior examination of the patient, and medical indication exists for the treatment or advice, or it is provided for health or well-being.

(2) It is provided after the physician and surgeon has given the patient information concerning conventional treatment and describing the education, experience, and credentials of the physician and surgeon related to the alternative or complementary medicine that he or she practices.

(3) In the case of alternative or complementary medicine, it does not cause a delay in, or discourage traditional diagnosis of, a condition of the patient.

(4) It does not cause death or serious bodily injury to the patient.

(b) For purposes of this section, alternative or complementary medicine, means those health care methods of diagnosis, treatment, or healing that are not generally used but that provide a reasonable potential for therapeutic gain in a patient's medical condition that is not outweighed by the risk of the health care method.

(c) Since the National Institute of Medicine has reported that it can take up to 17 years for a new best practice to reach the average physician and surgeon, it is prudent to give attention to new developments not only in general medical care but in the actual treatment of specific diseases, particularly those that are not yet broadly recognized in California.

- AB2098 will punish doctors even if the patient benefits from the care. This is unreasonable when there are already laws in place to reprimand doctors for malpractice.
- AB2098 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.
- This bill is The Semmelweis reflex, a reflex-like tendency to reject new evidence or new knowledge because it contradicts established norms, beliefs, or paradigms. This was coined from a Hungarian physician, who discovered in 1847 that handwashing between patients and surgery reduce infections and deaths. He was rejected and persecuted for this discovery.
- AB2098 allows the government to interfere in the doctor-patient relationship by regulating professionals who undergo extensive training and education that gives them the knowledge and ability to act in the best interest of their individual patients with differing needs and concerns.
 - For example, a physician may believe a particular patient's risk of experiencing myocarditis (heart inflammation) is not worth getting the COVID-19 vaccine. The provisions of this bill could result in such a physician being punished, even if the doctor is right.
- AB2098 will jeopardize development of medical practice in new areas that are not up-to-date or widely accepted in standards of care (e.g. Gender Identity Treatment and Care). Furthermore, your ability to get a second opinion from a doctor will be disrupted.

ADVOCACY DAY

VOTE NO OR ABSTAIN ON AB1797 AND AB1940

AB1797: Creates a state-mandated digital immunization registry for every vaccine.

This bill will “require” health care providers and other agencies, including schools, childcare facilities, family childcare homes, and county human services agencies to disclose specified immunization information”

“(1) the information listed in subdivision (c) may shall be shared with local health departments and the State Department of Public Health.”

Unless all mentioned agencies provide an “opt out” or permission form for every individual before any information is shared, then this requirement will override:

- California Code, Health and Safety Code - HSC § 120440(e) A patient or a patient’s parent or guardian may refuse to permit record sharing.
- Education Code section 49076 (which is California's version of FERPA) (a) A school district shall not permit access to pupil records to a person without written parental consent or under judicial order except as set forth in this section and as permitted by Part 99 (commencing with Section 99.1) of Title 34 of the Code of Federal Regulations) .
- Cal. Civ. Code §§ 56-56.37

Furthermore, A statewide database of medical information creates opportunity for invasions of privacy and abuses that far outweigh any benefits. You can lock your records, but your data will still be in the system, subject to data breach. Authorized users will have access to private medical information for patients and students they do not know, teach, or treat; there are already records that have already been sent to the wrong recipients.

- What scientific data determined 2026 be a sufficient sunset date, rather than until the end of the COVID-19 state emergency declaration?
- What will happen to the information in the database after 2026?
- CA already tracks children’s vaccination status with respect to 10 vaccines currently required for school. AB1797 takes it further by: (1) forcing all schools to track using the digital CAIR system; (2) granting schools and other entities access to every child’s records, rather than just those of their own students or patients; and (3) including the Covid-19 vaccine. Why include county human services? As “Immunization Status Assessment” is not defined, can bill authors assure that there is no potential to deny providing health care benefits to WIC participants, etc.?

AB1940: School based health centers. This bill will place “student-focused health clinics” on or near schools to provide clinical health care services on site.

- Schools are institutions for education and child development. They are not intended as medical facilities.
- If California wants to support more equitable distribution of health services, a better bill would be to provide increased funding for community and neighborhood health clinics that already exist, not to impose more burdens on our already struggling schools.
- How are schools, most of which are already starved for funds and staff for educational purposes, supposed to establish entire new programs on campus?

ADVOCACY DAY

SB 866

Please Vote No or Abstain on SB866

Parents across California stand in solidarity

CMA and AAP Lobbyists Say

“This is just piggybacking medical procedures that minors are already able to consent for: mental health, substance abuse, sexual/reproductive health.”

“This is to address concerns of unreasonable parents who are “medically neglecting” their child/ren.

“A similar bill in DC was struck down in court, but SB866 will not be held unlawful in California.”

“SB 866 states in the bill that it’s for FDA approved vaccines”

What They Aren’t Telling You

Medical procedures minors may consent to are **extremely limited** and are only for **active conditions and symptoms**, for which the minor is involved in circumstances leading up to the need for care.

This is a broad solution for a perceived problem. In fact, this bill **goes against Democratic values by undermining women** as mothers and will have the most impact on **minority groups**. Rather than silencing parents of the minority groups we want to lift up, it would be better to educate and support them.

SB866 **violates the Federal National Childhood Vaccine Injury Act**, requiring parents to receive a Vaccine Information Statement (VIS) before giving consent for their minor child to be vaccinated. This protection was enacted when the federal government granted manufacturers immunity from liability. A minor consent bill **“conflicts with the [“NCVIA’s] structure and purpose.”** (Booth, Memorandum of Opinion)

During Judiciary committee Author Senator Scott Weiner stated it would also apply to Emergency Use Authorization (EUA) Vaccines, which are **NOT FDA approved.**

We understand that ensuring equitable access to healthcare, including vaccines, and preventing further harm by CV19 is a concern; however, SB866 as currently written is not the answer. SB866 is creating a growing concern among parents. Even pro-vaccine parents see SB866 as a slippery slope. Regarding vaping, tanning beds, and interrogation by police, science shows that minors do not have the mental capacity to weigh risks and benefits or make sound decisions. This bill has bipartisan opposition in both houses. Please vote NO or ABSTAIN on SB866.

 **PERK** Protection of the Educational Rights of Kids
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For more information: fltjlp.com/SB866-resources or PERK-Group.com/SB866

CALIFORNIA LEGISLATORS ALREADY RECOGNIZE MINORS' INABILITY TO APPRECIATE AND AVOID RISKS

AB2644 (Holden, 2022): will make it illegal to interrogate minors or adults up to 25 years old. (<25 years old).

AB1341 (Garcia, 2021): illegal to market or sell weight loss and diet pills to minors (<18 years old).

SB38, SB395 (2020, 2021) illegal to market or advertise vaping and tobacco use to minors (<18 years old).

BI-PARTISAN OPPOSITION TO SB866

“I consider myself a pro-vaxxer and have been vaccinated, boosted, and have had COVID-19 twice. Further, I support vaccination requirements for health purposes. However, SB866 is an overreach. Therefore, if and when SB866 comes up for vote on the Assembly Floor, I will not be support it for a number of reasons. First, parents have the primary role in raising their children and participating in their medical decisions; the state should be very cautious when attempting to infringe upon that. Further, we must ask ourselves if this bill is the beginning of a slippery slope... will more laws come forward to disallow parental involvement in making decisions about their minor children?”

-Assemblymember O'Donnell regarding SB866

“As to Senator Wiener’s bill, I will be abstaining on that bill... I understand, certainly, the parents’ concern as I am now a parent of now 4 grown adults, but at that age I’d be just as concerned about making sure that parents have their parental rights and I will be abstaining.”

-Assemblymember Quirk-Silva regarding SB866

“I have always been supportive of our vaccination and public health efforts. However, I believe taking parents out of the decision-making process is a step too far. As a father of four younger daughters, I would appreciate being a part of this process for them, and believe all parents should have the right to be a part of it as well for their own children.”

-Assemblymember Villapudua regarding SB866