

## **2022 Legislative Bills Talking Points and summaries.**

### **OPPOSE**

**Mandate bills will not reduce cases and deaths, nor help mitigate infection. Contrary to the argument the authors are using to push all of this.**

- **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.

SB 1100 requires the presiding member to issue a warning, but then says that the legislative body can remove a member of the public. This implies that the legislative body must take the action to remove the individual, not the presiding member. For the legislative body to take the action, it must generally post the item in advance, or with a 2/3 vote determine that the immediate action is necessary and was unknown to the legislative body before posting the agenda. It seems unlikely that a legislative body would have the prior knowledge necessary to include the removal of an individual or group on its agenda posted prior to the meeting. Nor does it seem reasonable for the legislative body to include the removal of an individual or group on an agenda before any disruption has actually occurred. The Committee may wish to consider amending the bill to clarify that the presiding officer, not the legislative body, can both issue the warning and order the removal.

## **SB 866**

### **Minors: vaccine consent. (Wiener)**

Senate Judiciary Committee

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

SB 866 has been referred to the Senate Committee on Judiciary.

The Senate Judiciary Committee position letter submission deadline is the Tuesday before a hearing at 12:00 PM, unless stated otherwise. [Click here](#) to visit the committee page and submit a position letter using the link provided on the committee page.

#### TALKING POINTS

- 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.**
- This bill would allow minor children 12 years and up to consent on their own to vaccination without parental consent.
- Vaccines are pharmaceutical products that carry a risk of injury and death. Minor children may not be aware of family and their own personal history of vaccine reactions or personal contraindications to relay to the vaccine administrator.
- If a minor child consents to vaccination without parental knowledge and has a reaction, the parent may not recognize vaccine reaction symptoms and the reason for the child's sudden personality change and decline in physical, mental, or emotional health. This lack of knowledge could be life threatening for the child.
- This lack of knowledge about the fact that the child was given a vaccination may very well prevent the parent from seeking immediate medical care.
- Children and adolescents are vulnerable to peer and authority-figure persuasion. Some doctors, who are frustrated with having to spend time talking with educated parents about vaccines, have identified minor consent as a way to coerce children into consenting to vaccines on their own.
- Medical practitioners, schools, and others should never be permitted to coerce impressionable minor children into a medical procedure that is capable of causing injury or death behind their parents' backs.
- Federal legislative history provides evidence that Congress never intended for a minor child to make decisions to get a vaccine without parents' knowledge or consent. When the National

Childhood Injury Act of 1986 was passed, the Act clearly stated that before the administration of vaccines to a child, a health care provider shall give a copy of the CDC's vaccine information materials to the "parent or legal representative of any child to whom the provider intends to administer such vaccine..."

- The CDC confirms that there is a requirement that their Vaccine Information Statement (VIS) is provided to the parent/legal guardian prior to vaccination of a minor child on their VIS Q&A page. Under the question, "is there a requirement to verify that parents/legal representatives have actually received and reviewed the VIS," the answer is a clear "YES."
- These requirements under federal law for a parent to be educated with CDC materials prior to their minor child being vaccinated will not be met if a child is allowed to make these decisions on their own.
- Under the National Childhood Vaccine Injury Act of 1986, Congress gave partial liability protection to vaccine manufacturers and then added an amendment giving vaccine administrators liability protection from vaccine injury lawsuits in 1987. In 2011, the U.S. Supreme Court judges in Bruesewitz et al v. Wyeth et al affirmed that government licensed and recommended childhood vaccines were "unavoidably unsafe" and effectively removed all remaining liability from vaccine manufacturers.
- Today, pharmaceutical companies making and selling vaccines and doctors and other vaccine administrators have no legal accountability or financial liability in civil court when a mandated vaccine causes permanent injury or death. Children consenting to vaccination on their own are not likely to understand that just by consenting to vaccination, they are waiving their right to a trial by jury should they become injured from vaccination.
- Unlike medical, school, or other personnel administering vaccines, parents are legally accountable and financially responsible for the healthcare and education of a minor child when that child experiences a vaccine reaction and becomes chronically ill or disabled.
- There is scientific evidence that the physical, mental, and emotional development of children, including adolescents, varies and is often not sufficient to enable children to make well-reasoned decisions about risk taking involving their health and well-being.
- Children do not have the same kind of critical thinking skills or emotional maturity required to make a well-informed vaccine benefit-risk decision compared to an adult. Vaccines can cause injury and death as evidenced by the creation of a federally operated Vaccine Injury Compensation Program (VICP), which has paid out approximately \$4.7 billion dollars to vaccine victims.
- The legal right of parents to give their informed consent for minor children to take medical risks, which can result in injury or death, trumps the goals of government health agencies or vaccine corporations and medical organizations, whose employees, stockholders, or members profit or professionally benefit from increased, widespread vaccine use.
- Children under 18 cannot even get a tattoo in the state of California, even with parental consent. Why then should they be able to consent to getting a vaccine?

## **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.

Senate Health and Education Committees

#### TALKING POINTS

- **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.
- 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 Prevention<sup>1</sup> 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 Schools<sup>2</sup> and 34,000 12-17 year olds at LAUSD<sup>3</sup>), 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.
- This bill would mandate COVID-19 vaccines for all students attending a public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center.
- No personal, conscientious or religious exemptions would be allowed and there are no exemptions for those students who have recovered from COVID-19 and have natural immunity.
- Current law requires any new vaccines added by the health department to the list of vaccines mandated for school provide for both medical and personal exemptions. This bill removes that section so there will be no personal exemptions allowed for any additional vaccines mandated by the health department in the future.
- Children are not prone to serious COVID-19 infections, and have also been found not to be major transmitters of the virus.
- One study published in The Lancet, a well-known medical journal, indicated that daycare centers are not hubs for transmission of COVID-19.
- The risk of children dying from COVID-19 is very low. One summary consisting of public health data from 45 states, New York City, Puerto Rico, and Guam indicated that only 0.00%-0.03% of COVID-19 cases in children resulted in death as of November 11th, 2021. CDC data shows that four different age groups of children (0-4 years, 5-11 years, 12-15 years, and 16-17 years) each account for either 0.1% or less than 0.1% of the total percentage of COVID-19 deaths in the nation.
- The long-term effects of mRNA COVID-19 vaccines are not yet fully known. A new Swedish study is raising concerns after it demonstrated that mRNA from the COVID-19 vaccine converts into DNA in human liver cells. The vaccines may also produce symptoms of Long COVID in some cases.
- In addition, a study by the New York State Department of Health discovered that the Pfizer-BioNTech vaccine was only 12% effective against the omicron variant in children ages 5-11.



## **SB 920**

### **Medical Board of California: investigations: record requests**

This bill would authorize the medical board to inspect a doctor's office and records without patient's consent.

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](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB920))

Sen Business, Professions and Economic Development Committee: **April 4th**

Senate Judiciary Committee:

#### **TALKING POINTS**

- Violating Doctor Patient Privacy
- Violates **California health and medical privacy laws**
- **Obtains PHI without patient consent or subpoena.**
- **Removes due process.**

## **SB 1184**

### **Confidentiality of Medical Information Act: school-linked services coordinators**

This bill will change the California Medical Privacy act to authorize a health care provider or service plan to disclose your child's medical information to a school-linked services coordinator.

*Existing law, the **Confidentiality of Medical Information Act**, prohibits a provider of health care, a health care service plan, or contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan **without first obtaining an authorization, except as prescribed**. The act authorizes a provider of health care or a health care service plan to disclose medical information in **certain circumstances**, including by*

*authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities **for purposes of diagnosis or treatment of the patient.** [LIMITED USE]*

#### NEW AMENDMENT

*This bill would additionally authorize a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed. The bill would define the term “**school-linked services coordinator**” as ~~any of certain individuals or entities, including a licensed educational psychologist~~, an individual that holds a services credential with a specialization in pupil personnel services, as specified, located on a school campus or **under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families.***

Senate Judiciary Committee

#### TALKING POINTS

- “Due to new amendments to SB 1184, this bill is no longer necessary, as the amendment now repeats existing law requiring the written authorization .”
- Expands circumstance under which can request and share information
  - o Yes, pending receipt of written authorization
  - o HOWEVER, if most parents electronically sign the re-enrollment papers without reading, they are likely going to sign these.
- Expands recipients – before psychologist, school nurse, and clinical social worker.
  - o NOW any person with a credential that allows him or her to perform “school counseling, school psychology, child welfare and attendance services, and school social work” at any grade level.
    - See Education Code, Section 44266

## **SB 1390**

### **Social media disinformation (PAN)**

This bill would prohibit a social media platform, as defined, from amplifying harmful content in a manner that results in a user viewing harmful content from another user with whom the user did not choose to share a connection. The bill would define “amplify” to mean to take action, either through manual or automatic means; that has the effect of increasing the viewership of certain material. The bill would provide that harmful content includes libel or slander, as specified, threats of imminent violence against governmental entities, and disinformation or misinformation, including, but not limited to, false or misleading information regarding medicine or vaccinations, false or misleading information regarding elections, and conspiracy theories.

#### TALKING POINTS

This bill prohibits social media *platforms* from **amplifying harmful content** in a manner that results in a user viewing harmful content from another user ***with whom the user did not choose to share a connection***; to establish a complaint process; to track each complaint in a **database that is shared with the Attorney General**;

- “Amplify” = take action to increase viewership of certain material
- “Harmful content” = libel, slander, threats of imminent violence against governmental entities, and “disinformation or misinformation, including but not limited to, false or misleading information regarding **medicine** or vaccinations, false or misleading information regarding **elections and conspiracy theories**.
- “Violation” of bill is if continue to amplify after 24 hours notice after violation
- Penalties = civil action by AG, civil penalties (not to exceed \$100,000)

### **PROBLEMS:**

- Violates Cal. Const. Sec. 2 and U.S. Const. 1st Am.: freedom of speech
- Violates Cal. Const. Sec. 17 and U.S. Const. 8th Am.: no excessive fines
- Violates Cal. Const. Sec. and U.S. Const. 5th and 14th Ams: right to due process (notice and opportunity to be heard before punished)
  - o Slander (spoken defamation, speaking false statements of fact about something that are not true) and libel (written defamation) need to be proven at trial before can take action against the speaker / writer.
  - o If you are punished before it is even determined whether or not what you spoke or wrote was (1) false (2) a statement of fact vs. opinion (3) about a NON-PUBLIC figure [this is a defense or different standard in law]
- Who is deciding what “harmful content” means?
  - o MEDICINE?
  - o ELECTIONS?
- HOW ARE PLATFORMS GOING TO CONTROL?
- WHY DATA BASE SHARED WITH AG *FOR COMPLAINTS*?
  - o Why any data base shared, but, again, why of just complaints. Willy-nilly, could be nothing complaints?
  - o MAYBE shared database of ACTUAL established violations that the AG is going to prosecute. But WHY THE CONTINUOUS, UNIMPEDED GOVERNMENT ACCESS AND *MONITORING* OF SOCIAL MEDIA INTERACTIONS.

### **SB 1464**

**Requires sheriffs and local officials to enforce local health orders, removes state funds if they oppose.**

This bill would instead require those sheriffs and peace officers to enforce the public health orders. By expanding the duties of local law enforcement, this bill would create a state-mandated local program. The bill would additionally prohibit state funds from being provided to any law enforcement agency that publicly announces that they will oppose, or adopts a policy to oppose, a public health order.

Senate Health and Public Safety Committees

Senate Health Hearing: **March 30th**

Senate Public Safety Hearing:

The Senate Public Safety Committee position letter submission deadline is 3:00 PM on Tuesday of the week before a hearing. [Click here](#) to visit the committee page and submit a position letter using the link provided.

You should submit position letters to both committees and gear your talking points to include points relevant to the subjects of the committee.

## TALKING POINTS

- This bill requires city and county sheriffs to enforce local health orders.
- Existing law states that the sheriff of each county, or city and county *may* enforce all orders of the local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. SB 1464 changes the word "*may*" to "*shall*."
- Some local health orders during the pandemic fell outside the constitution and were unreasonably strict. This bill would automatically draft law enforcement to be the enforcer of local health officials who overreact or issue illegal orders. Law enforcement should not be commandeered by power hungry local public health employees.
- The bill states that law enforcement agencies may not receive state funding if they publicly announce that they will oppose, or adopt policies to oppose, public health orders. Sometimes opposition to these health orders is not only justified, but necessary to protect the constitutional rights of law-abiding citizens.
- The bill covers all public health orders, which would include vaccine passports and mandates. NVIC Advocacy does not take a position on other health orders that don't involve vaccines.
- NVIC advocacy does not support either vaccine mandates or requirements for them to be enforced.
- This bill could require already-strained sheriff departments (the Los Angeles County department was forced to terminate 4,000 unvaccinated deputies) to enforce harmful vaccine mandates instead of dealing with public safety issues affecting Californians.

## SB 1479

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

Senate Health and Education Committees

Senate Health Committee Hearing: **March 30 -PASSED**

Senate Education Committee Hearing:

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.

#### TALKING POINTS

#### **PROBLEMS:**

- Doesn't work! Data.
- If your kid is at school, it's too late, s/he's exposed, regardless of testing.
- If your kid is at school and someone tests positive in the school testing program, it's too late, s/he's exposed.
- **If you want to prevent spread at school, spend money sending free tests home to prevent positive kids from coming to school.**
- Why does data need to be reported to state?
- Why does need to be digital?
- Why does it need to be genomically sequenced? [they are going to say it's to monitor and predict the variants and where it is going]
- **This is not more deadly than flu and we have never tested, quarantined, locked down, masked or anything to our children before.** We have been killing each other's grandmas for years without knowing it.
- **THE ONLY SUPPORT THAT CALLED IN WERE THE LABS THAT ARE DOING THE TESTING!!!!**
  - o *Can we trace the contracts to representatives? Show financial interests?*

- There is no end date. **Permanent “law” – codified in the legislature** (PAN, he said, “It doesn’t mean your kids ARE going to get tested, just that they CAN and schools will have a structure to do so if they do] – **for temporary problem.**
  - Why are we creating a permanent law for a temporary issue?
  - **Do they have plans to require genetic testing as a condition to in person learning forever?**
- Financial costs will be billions per year indefinitely.

## **AB 1797**

### **Development of a state immunization registry. (Weber)**

Assembly: not assigned yet

**Modernize California’s Immunization Registry** (Spot Bill with no language currently [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB1797](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.

- **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.

EXISTING LAW: local health officers and the State Department of Public Health operate “immunization information systems.” Health care providers, schools, childcare facilities, family childcare homes, human

services agencies CAN disclose specified immunization information to the local depts and State DPH and each other.

THIS BILL *REQUIRES* health care providers and the “other agencies” (schools, facilities, homes, agencies, etc.) to disclose immunization information (shots, adverse reactions, etc.) and race or ethnicity to the local health officers and State DPH, “**imposing a state-mandated local program.**” AND

AUTHORIZES the agencies to use the information “in the event of a **public health emergency**, to perform **immunization status assessments** of pupils, adults, and clients **to ensure health and safety.**

### **PROBLEMS:**

- Why does data need to be reported to local health officers and state?
  - o Isn't the concern the *school* and *district* having the information?
- Right to privacy? Immunization information arguably fair game for kids in school but...
  - o Race / ethnicity?
  - o What about health or medical conditions that prevent immunization?
  - o What about adverse events?
- What is a “public health emergency”?
  - o What does that look like?
  - o What data will be used to ID and declare that?
  - o THREAT of one, or ACTUAL emergency?
    - *You know this will be used to control people and share their information and quarantine them and move them about society based on whatever new (alleged) bug is floating around.*
- What is an “immunization status assessment”?
  - o Who does it?
  - o When?
  - o How?
    - Privacy concerns
- What is “to ensure the health and safety”?
  - o What does that look like BC WE KNOW THAT LOOKS DIFFERENT FOR SOME PEOPLE vs. OTHERS
  - o Health and safety of WHO?
    - As written says “... perform assessment of pupils, adults, and clients to ensure health and safety.”
      - EVERYONE? In the WORLD?
- Before was voluntary, now compulsory – must share this information.

## **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.

This bill is sponsored by Assembly Members Wicks, Aguiar-Curry, Low, and Weber.

AB 1993 is not yet assigned to a committee. Watch for it to be referred to a committee and then submit a position letter to that committee. In the meantime, please contact your Assembly Member to OPPOSE.

#### TALKING POINTS

- 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-booster-mandate-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>)
- This bill would require both public and private employers to implement COVID-19 vaccine mandates on their employees or independent contractors.
- The provisions of the bill would be repealed once the CDC's Advisory Committee on Immunization Practices (ACIP) determines that COVID-19 vaccines are no longer necessary for the health and safety of individuals.
- This is a sweeping regulation that puts undue government restrictions on both employers and employees, who cannot wait around for ACIP to change its recommendations.
- Vaccine Mandates on employees are an intrusion into the personal autonomy of individuals to determine whether to put something into their own bodies.
- These mandates lay the groundwork for discrimination against individuals who are simply exercising personal discretion regarding their own medical choices. Often, these mandates include penalties for employees who choose not to comply, even if they do not pose any type of risk with coworkers, customers, or other individuals.

- Vaccine mandates in the workplace shift the focus from health to vaccine status. They don't make sense because even the vaccinated can still catch and spread COVID-19.
- It is not unreasonable to implement certain common-sense health and safety policies in the workplace, such as directing employees to stay home if they are sick, or if they are exhibiting certain symptoms which indicate that coming to work would pose an unnecessary risk to themselves or someone else or that would prevent them from performing their duties. It is unreasonable to penalize perfectly healthy individuals who simply have not received a particular vaccine.
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## **AB 2098**

### **Establishes that it is unprofessional conduct for physicians to provide COVID-19 information and treatment outside the conventional standard of care. (Low)**

Assembly: Business and Professions Committee

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.

AB 2098 has been referred to the Assembly Committee on Business and Professions. This bill is sponsored by Assembly Member Low.

The Assembly Business and Professions Committee position letter submission deadline is 5:00 PM, eight days before a hearing. Click here to visit the committee page and submit a position letter using the link provided on the right side of the page.

#### TALKING POINTS

- 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.

- This bill states: "It shall constitute unprofessional conduct for a physician and surgeon to disseminate or promote misinformation or disinformation related to COVID-19, including false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety, and effectiveness of COVID-19 vaccines."
- This bill causes government interference in the doctor-patient relationship. Everyone has a different definition of "misinformation" and "disinformation." The provisions of this bill could result in physicians being punished simply for doing what they believe is best for their patients and sharing legitimate information necessary for their patient to make a true risk/benefit analysis but those who want everyone vaccinated no matter what would consider to be "misinformation." The bill creates unnecessary and egregious governmental interference and regulation on health care professionals who undergo extensive training and education which gives them the knowledge and ability to act in the best interest of their individual patients, who have 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 the vaccinated can still catch and spread COVID-19, and if a physician talks candidly about vaccine failures, this bill could result in the physician being sanctioned for professional misconduct.
- The bill's provisions aren't limited to the actual practice of medicine either. Terms such as "misinformation" and "disinformation" are not well-defined. This bill could punish a doctor simply for making his or her concerns, findings, or personal opinions public if they go against the status quo or CDC recommendations.
- There is already a trend of state medical boards sanctioning doctors for spreading "misinformation," when they have not necessarily committed medical malpractice or harmed anyone.

# **SUPPORT**

## **AB 1785, SUPPORT:**

### **Creates Parents' Bill of Rights establishing the right of parents to make healthcare decisions for their children and requires schools to publish information about vaccine mandates.**

AB 1785 has been referred to the Assembly Committees on Education and Judiciary. This bill is sponsored by Assembly Member Davies.

The Assembly Education Committee position letter submission deadline is 5:00 PM, the Tuesday of the week before the hearing. [Click here](#) to visit the committee page and submit a position letter using the link provided on the right side of the page.

The Assembly Judiciary Committee position letter submission deadline is 5:00 PM, seven days before the hearing. [Click here](#) to visit the committee page and submit a position letter using the link provided on the right side of the page.

You should submit position letters to both committees and gear your talking points to include points relevant to the subjects of the committee.

- This bill creates the Parent's Bill of Rights, and lists - among other items - the right of parents to make health care decisions for their children.
- In addition, the bill also requires schools to publish information on their websites regarding immunization requirements.
- While NVIC Advocacy does not take a position on the majority of the bill as it does not relate to vaccines, we support requiring schools to make vaccine mandate information clearly available so parents can make an informed decision about whether they want their child to participate in that school.
- NVIC Advocacy also strongly supports the right of parents to make health care decisions for their children, which can include decisions on vaccines, and supports the protection of parental informed consent.
- Protecting parental consent for children's healthcare is important, especially in a time when there is a growing push for minors to be vaccinated without it. This includes other legislation filed in California, as well as legislation in New York and the District of Columbia. This push also has support from the medical community, including a resolution supporting such legislation adopted by the America Medical Association.
- Further evidence of this push from the medical community entails an opinion piece expressing support for removing parental informed consent rights which was published in the New England Journal of Medicine.

