

Date of Hearing: April 15, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
AB 2651 (Bonta) – As Amended April 9, 2026

[Note: This bill has been double referred to the Assembly Committee on Health and was heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Informed Parents, Healthy Schools Act

SUMMARY: Requires the governing authority of public or private schools and childcare facilities to notify parents or guardians when immunization rates fall below safe levels, as established and communicated by the California Department of Public Health (CDPH). Specifically, **this bill:**

- 1) Requires the CDPH to establish the immunization rate necessary to prevent the spread of any communicable disease that children are required by California law to be vaccinated against before attending school or enrolling in a childcare program.
- 2) Requires the CDPH to notify the governing board of a school or childcare facility when immunization rates fall below the established safe levels. Requires the notification to be translated into any language spoken by 15% or more of students enrolled at the school or childcare facility. Authorizes the CDPH to apply de-identification methodologies to protect the anonymity of students enrolled at small schools. Specifies the notification shall include:
 - a) The immunization rates determined to be safe by the CDPH;
 - b) The immunization rate of each disease that has fallen below the established safe threshold;
 - c) Evidence-based explanations regarding the importance of maintaining immunization rates at levels sufficient to prevent disease transmission, and the increased risk of outbreaks and spreading of communicable diseases when immunization rates fall below these levels;
 - d) Information, developed or approved by the CDPH, regarding accessible locations where pupils and their families can obtain required immunizations, including but not limited to the local health department and internet websites that provide immunization location information.
- 3) Requires the governing board of a school or childcare facility, upon receiving notification from CDPH that immunization rates of enrolled students have fallen below the CDPH-established safe levels, to provide the notification to all parents or guardians of enrolled students.
- 4) Clarifies that these provisions apply to all public or private elementary or secondary schools, childcare centers, day nurseries, nursery schools, family daycare homes, or development centers, but do not apply to a student in a home-based private school or a student enrolled in

an independent study program that does not receive classroom-based instruction, in accordance with existing law.

EXISTING LAW:

- 1) Prohibits a public or private elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center to admit a student to that institution unless they have been fully immunized against the following diseases:
 - a) Diphtheria;
 - a) Haemophilus Influenzae Type B.
 - b) Measles;
 - c) Mumps;
 - d) Pertussis (whooping cough);
 - e) Poliomyelitis (polio);
 - f) Rubella;
 - g) Tetanus;
 - h) Hepatitis B;
 - i) Varicella (chickenpox); and
 - j) Any other disease deemed appropriate by the CDPH, taking into consideration recommendations of the U.S. Department of Health and Human Services Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, and the American Academy of Family Physicians. (Health and Safety Code (HSC) 120335)
- 2) Requires the governing board of each school district or institution to require documentary proof of each entrant's immunization status. Requires the governing board to prohibit from further attendance any student who failed to obtain the required immunization within legally specific time limits, unless the student is legally exempted. (HSC 120375)
- 3) Requires the county office of education (COE) or governing board of a school district to exclude a student who has not been properly immunized. Requires the governing board to provide a notification to the parent or guardian that they have two weeks to provide evidence of immunization or exemption. Requires the notification to include information on where immunizations can be given, including the student's usual source of medical care, the county health department, or a school in the district, as appropriate. (EC 48216)
- 4) Exempts a student who is in a home-based private school or a student who is enrolled in an independent study program, as specified, and does not receive classroom-based instruction, from immunization requirements. (HSC 120335)
- 5) Exempts a student who has a legally compliant medical exemption. (HSC 120370)

- 6) Requires the CDPH to develop a standardized, electronic immunization medical exemption form. Requires the form be used by licensed physicians or surgeons and transmitted directly to the CDPH California Immunization Registry (CAIR). Requires the form to include, among other items, a description of which immunizations the student should be exempted from, the medical basis for the exemption, and whether the exemption is permanent or, if temporary, when it is expected to expire. (HSC 120372)
- 7) Requires the governing authority of a school district or institution to file a written report, on at least an annual basis, on the immunization status of new entrants to the school with the CDPH and the local health departments on prescribed forms. Clarifies that the local health department shall have access to the complete health information as it relates to immunization of each student in order to determine immunization deficiencies. (HSC 120375)
- 8) Requires the CDPH to create a standardized system to monitor immunization levels in schools and institutions, and to monitor patterns of unusually high exemption form submissions from a particular physician and surgeon. (HSC 120372)
- 9) Requires the CDPH to, at minimum, annually review immunization reports from all schools and institutions. Requires a clinically trained CDPH staff member to review all medical exemptions from any of the following:
 - a) Schools and institutions with an overall immunization rate of less than 95%;
 - b) Physicians and surgeons who have submitted five or more medical exemptions in a calendar year; and
 - c) Schools or institutions that do not provide reports of vaccination rates to the department. (HSC 120372)
- 10) Requires the governing board of a school district to cooperate with the local health officer in measures necessary for the prevention and control of communicable diseases in school-age children. (EC 49403)
- 11) Requires the CDPH, in consultation with the CDE, to adopt and enforce all regulations necessary to carry out the Educational and Child Care Facility Immunization Requirements. (HSC 120330)
- 12) Requires the county health officer of each county to organize and maintain a program to make immunizations available to all required students. (HSC 120350)
- 13) Authorizes the governing board of a school district to permit a licensed health care practitioner to administer immunizations to students, and use any additional funds, property, or personnel as needed. (EC 49403)
- 14) Authorizes a credentialed school nurse to conduct immunization programs with schools and ensure that every student's immunization status is in compliance with the law. (EC 49426)
- 15) Authorizes the superintendent to provide grants to local education agencies (LEAs) to provide, among other things, immunizations to students, under the Health Start Support Services for Childcare Act. (EC 8804)

FISCAL EFFECT: This bill has been keyed as a possible state-mandated local program by the Office of Legislative Counsel.

COMMENTS:

Need for the bill. According to the author, “Parents deserve to have easy access to the information that keeps their children safe. AB 2651 requires the CDPH to notify parents when a school’s vaccination rate falls below herd immunity levels. By ensuring parents have this knowledge, this bill gives parents additional tools to make informed decisions about their children’s well-being. With this knowledge, parents are better equipped to care for their immunocompromised children and family members. Thirty-nine states saw kindergarten vaccination rates fall below the herd immunity threshold for measles, mumps, and rubella (MMR) in the 2023-24 school year. AB 2651 reinforces California’s commitment to giving parents the resources they need to make educated decisions for their children’s health, without changing current vaccination requirements.”

Vaccinations and herd immunity. The World Health Organization (WHO) describes vaccines and herd immunity as follows:

Vaccines train our immune systems to create proteins that fight disease, known as ‘antibodies’, just as would happen when we are exposed to a disease but – crucially – vaccines work without making us sick. Vaccinated people are protected from getting the disease in question and passing on the pathogen, breaking any chains of transmission...

'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and death.

Vaccines are widely recognized as one of the most effective and affordable public health interventions available. According to an analysis by in the CDC *Morbidity and Mortality Weekly Report*:

Among children born during 1994–2023, routine childhood vaccinations will have prevented approximately 508 million cases of illness, 32 million hospitalizations, and 1,129,000 deaths, resulting in direct savings of \$540 billion and societal savings of \$2.7 trillion... Childhood immunizations continue to provide substantial health and economic benefits and promote health equity. (Zhou et. al., 2024)

California currently requires 10 childhood vaccines. California has maintained immunization requirements for school children since 1889, when districts were required to maintain a list of schoolchildren not vaccinated against smallpox, and were authorized to exclude them (SB 92, Briceland, Chapter 24).

Current state law requires children to be vaccinated against 10 diseases before attending school and childcare settings. Evidence of immunization is collected for all children when they first enter a school or childcare setting, and additionally when they enter transitional kindergarten, kindergarten, and seventh grade.

Each of the 10 required immunizations was added to California code through legislative action. All of the diseases for which California requires school vaccinations are very serious conditions that pose significant risk to the lives and health of children.

California allows limited childhood vaccine exemptions. Current state law only allows children to remain unvaccinated if they meet one of the following conditions:

- a) **Medical**: the child has received a medical exemption from a licensed physician or surgeon. The exemption must include which immunizations the student should be exempted from; the medical basis for the exemption; and whether the exemption is permanent or, if temporary, when it is expected to expire. CDPH data shows 0.1% of kindergarteners had medical exemptions in 2024-25.

In order to prevent fraudulent medical exemptions, the CDPH is required to investigate any physician or surgeon who issues more than five medical exemptions per year, as well schools or institutions in which 5% or more of attendees are under-vaccinated, including those with medical exemptions.

- b) **Homeschool**: the child only participates in home-based private school or independent study and does not receive classroom-based education. CDPH data shows 3.1% of kindergarteners had these exemptions in 2024-25.
- c) **Conditional acceptance**: Certain students may be conditionally admitted to school for 30 days, even if they are under-vaccinated or unable to provide vaccine records. These include youth in foster care, youth experiencing homelessness, youth transferring from other states, or youth that have had at least one dose of each required vaccine and are not yet overdue for the next dose. If after 30 days conditionally accepted students have not provided proof of full vaccination, they may be excluded from attendance. CDPH data shows 1.9% of kindergarteners had conditional exemptions in 2024-25.

Religious exemptions were eliminated by the Legislature in 2016, partially due to a 2014-15 Disneyland measles outbreak. According to the CDC, there were over 600 measles cases in California in 2014, compared 13 cases in 2013. The Disneyland outbreak resulted in 131 cases of measles in Californians, and is linked to 176 cases in individuals from other states or countries (Worden et al., 2020). The CDC found that 45% of California patients were unvaccinated, and 43% had no documented vaccination status.

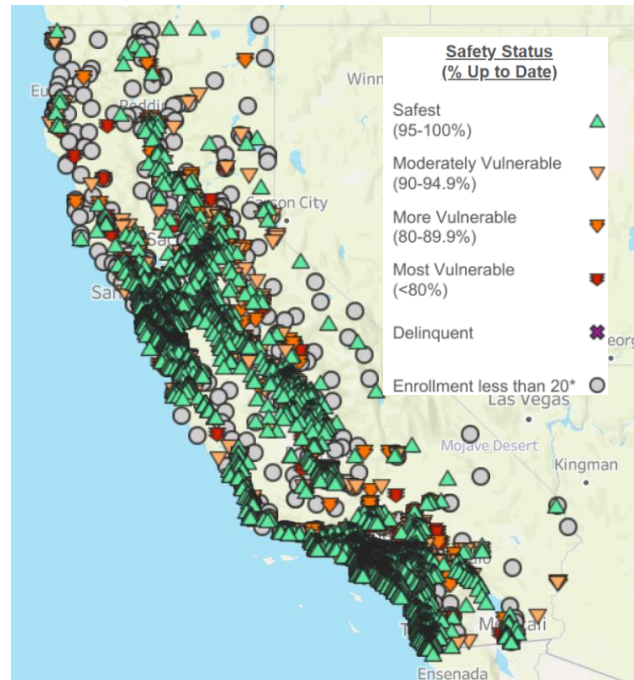
The CDPH currently tracks vaccination status in California schools and childcare facilities, but does not provide feedback to parents and guardians. Current law requires childcare facilities and schools, including public and private, to document vaccination status of all children attending childcare, transitional kindergarten, kindergarten, and 7th grade. This data is then reported annually to the CDPH. The CDPH is required to annually review these reports, and investigate any facility that does not report or reports vaccination rates under 95%. Both the CDPH and local health departments are required to monitor immunization status of all children.

This process generates detailed, local immunization data for all schools and childcare facilities in California. The results can be viewed at the CDPH *Shots for School* website, which includes data files and a map entitled *How is Your School Doing?* The map (pictured below) shows vaccination status for each school or facility for children in childcare, kindergarten, or 7th grade.

Downloadable data files are available up to 2025-26 for childcare and kindergarten facilities, and to 2021-22 for 7th grade.

After receiving vaccination information the CDPH provides schools and institutions with a summary report, including overall immunization status, rates for each disease, and the number of enrollees with exemptions. The report also assigns the institution a color-based grade based on overall vaccination rate:

- Green (safest): 95-100% vaccinated
- Yellow (moderately vulnerable): 90-94.9% vaccinated
- Orange (more vulnerable): 80-89.9% vaccinated
- Red (most vulnerable): less than 80% vaccinated



Source: “How is your school doing?,” CDPH

Thus, there is a robust process in place for schools and institutions to report vaccination status. However, there is currently no requirement for CDPH or schools/facilities to notify parents and guardians when a low vaccination rate is documented. This bill would address that missing feedback loop.

Potential impacts of a low vaccination rate notification. This bill would require schools and childcare facilities to notify parents and guardians if vaccination rates fall below what the CDPH determines to be a safe level. For example, the herd immunity rate for measles is commonly cited as 95%. Data from the CDPH shows 9% of schools with kindergartners (585 out of 6,614) had MMR immunization rates below 95% in the 2025-26 school year, and would have been required to distribute a notification under this bill.

Parents and guardians that receive this notification may react in a number of ways.

First, parents or guardians of unvaccinated children may feel prompted to seek immunizations. Multiple studies have found that text-message reminders to parents and guardians improve childhood vaccination rates, including in high-risk populations (Rosen et al., 2025; Milkman et al., 2021; Hofstetter et al., 2018). One study found that the most effective reminders came from patients’ health care providers as part of expected, routine communications, and inferred that a vaccine or vaccine appointment was already in place for them (Milkman et al., 2021). It is possible that school notifications may similarly have a positive effect on vaccination rates.

Second, parents or guardians of vaccinated children may feel alarmed, and want to know what the school is doing to address low immunization rates.

Third, these notifications may sow discord among school communities. Parents that support vaccination may feel low immunization rates threaten their children’s health; parents that are against vaccines or vaccine hesitant may feel stigmatized.

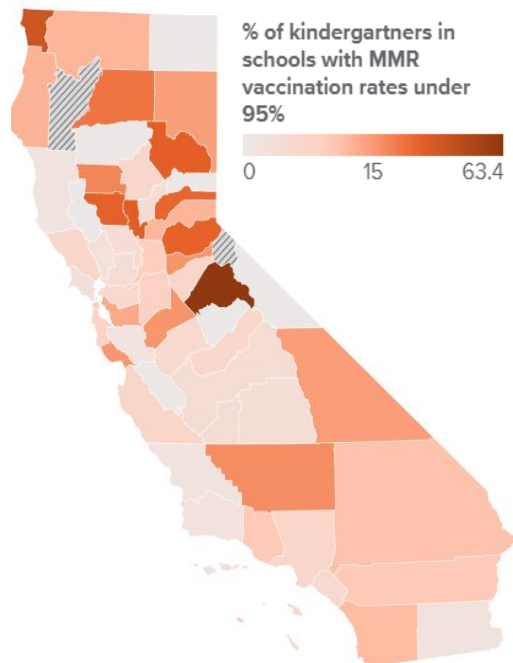
An important consideration is whether releasing immunization rates for schools with small class sizes may inadvertently identify students with medical or conditional exemptions. **Staff recommends the bill be amended** to require the CDPH to apply de-identification protocols when developing the notification, such as giving a range rather than exact percentage for class sizes less than 20.

Notifications may protect very young or medically fragile children. Full vaccination is recommended for the majority of children. However, children that are experiencing serious illness can become immunocompromised, and vaccination may no longer be recommended. According to the St Jude Children’s Research Hospital:

Some children with cancer or other medical conditions are immunocompromised (have weak immune systems). Treatments such as chemotherapy, immunotherapy, radiation therapy, stem cell transplant, and some medicines can weaken the immune system. A vaccine must cause a good immune response to be most effective. Vaccines may not work well in someone with a weak immune system. This is because the weak immune system may not be able to respond fully to the vaccine.

A vaccine can provide some protection against severe illness even in people who are immunocompromised. Children with weak immune systems can generally get all of the routine vaccines except the attenuated, live-virus vaccines.

The CDPH estimates that 1,000 students in the state have medical exemptions. These children are highly susceptible to contagious diseases, and even a mild illness can cause severe or fatal injury. Similarly, infants who have not yet received a vaccine are at greater risk of developing a severe disease if exposed to infectious agents. For these children, herd immunity amongst their peers provides critical protection, as it reduces the likelihood that they will be exposed to a potentially fatal illness.



School Vaccination Rates Vary across California. PPIC, 2026

Parents and guardians of these children may want to know if their school is below safe vaccination levels, so they can make informed decisions about their child’s health.

High overall vaccination rates mask statewide variation. According to a report by the Public Policy Institute of California, California maintains some of the highest vaccination rates in the country. For example, more than 96% of kindergartners were fully vaccinated for MMR in 2024-25, compared to 92.5% nationally (Mustala and McConville, 2026). However, vaccination rates vary across the state, with some counties reporting less than 65% of

kindergartners are fully vaccinated against MMR. The herd immunity rate for measles is commonly cited as 95%.

Nationally, the U.S. experienced the highest number of measles cases (2,286) in 2024 since the disease was declared eradicated in 2000 (CDC). As of April 2, 2026, 1,671 confirmed measles cases have been reported this year by the CDC across 33 states. In that same time period, 35 confirmed measles cases have been reported in California by the CDPH. 83% of Californian cases this year occurred in individuals under 20 years old; 94% occurred in individuals that were unvaccinated or of unknown vaccination status.

The State is auditing 428 California schools for low vaccination rates. Schools who fail to report student immunization rates to the CDPH, or who report that over 10% of kindergarten or 7th grade students are not fully vaccinated, are subject to audit findings. According to reporting by EdSource, 428 California schools reported low vaccination rates and are being audited in 2025-26 (Lambert and Willis, 2026). In 2023-24 there were 570 schools audited, suggesting some improvement. However, 110 of these schools have been on the audit list for the last three years, suggesting persistent unvaccinated or under-vaccinated populations.

The audit list includes both schools in rural and urban districts. Districts with the highest rates of unvaccinated kindergartners include ones in Fresno, San Bernadino, Trinity, Los Angeles, and Humboldt counties; districts with the highest rates of unvaccinated seventh graders include ones in San Bernadino, Alameda, Los Angeles, Stanislaus, and Mariposa counties.

Schools found to be out of compliance with state immunization requirements may lose average daily attendance (ADA) funding for unvaccinated students. Between 2021 and 2024, 62 schools lost some funding due to low vaccine rates.

Federal guidance for childhood immunizations is changing. The 10th Amendment of the U.S. Constitution grants states primary responsibility for enacting and enforcing laws to promote health, safety, and general welfare. Multiple court decisions have interpreted this to mean that states, not the federal government, impose and enforce vaccine requirements.

However, the federal government influences vaccine policy through two agencies overseen by the Department of Health and Human Services (HHS):

- The Food and Drug Association (FDA): Oversees review of the safety and efficacy of vaccine candidates, and monitors vaccine performance. Only vaccines that are FDA approved can be legally administered in the US.
- The Centers for Disease Control and Prevention (CDC): Provides vaccine recommendations to the public, including issuing the childhood immunization schedule. This schedule provides guidance on which vaccines children should receive, and at what ages and doses. The CDC also oversees the Vaccines for Children program, which provides free vaccines to uninsured and underinsured children.

The Advisory Committee on Immunization Practices (ACIP) is an external review body of medical and scientific experts that review current vaccine evidence and make recommendations to the CDC.

Although ACIP findings are only recommendations, the Association of State and Territorial Health Officials found that nearly 600 statutes and regulations across 49 states reference ACIP, including some school immunization programs. California state laws directs the CDPH to consider ACIP recommendations when updating immunization requirements.

In the last two years, the Trump administration has moved to alter national vaccine policy in three key ways:

- Reduce the number of recommended childhood vaccines from 17 to 11. Six vaccines (Influenza, COVID-19, Rotavirus, Hepatitis A, Hepatitis B, and Meningococcal) were moved from the routine schedule to a category called “shared clinical decision making.” This means the CDC no longer broadly recommends them for all children, but rather suggests parents and doctors decide based on individual risk. Of the 10 vaccines required in California, proposed federal changes affect two: influenza and Hepatitis B;
- In 2025, HHS Secretary Kennedy dismissed the existing 17 members of ACIP and replaced them with new appointees; and
- Beginning in 2026, the administration announced that states will no longer be required to report immunization status for children enrolled in Medicaid or CHIP.

Ongoing legal challenges have delayed implementation, including a lawsuit brought by the American Academy of Pediatrics, and a similar one brought by a coalition of 15 states, including California. On March 16, 2026, a federal judge in Massachusetts issued a preliminary injunction that blocked the new ACIP members from meeting, and stayed the new vaccine recommendations.

Arguments in Support. According to the California Academy of Family Physicians, “Vaccines remain one of the most significant public health achievements, preventing an estimated 508 million illnesses, 32 million hospitalizations, and over 1.1 million deaths from 1994 to 2023 while generating substantial cost savings. However, sustaining these gains depends on continued adherence to evidence-based practices and maintaining high vaccination rates. Public health experts have raised concerns that recent changes to the federal childhood immunization schedule may create confusion and contribute to increased vaccine hesitancy among parents. This situation highlights the critical need for accurate and timely school-based notifications that keep families informed and engaged in preventive care.

AB 2651 (Bonta) ensures that parents have the timely, school-specific information they need to make informed decisions about their children’s health, without creating additional reporting requirements for schools. By leveraging data already collected and maintained by CDPH, this bill provides a streamlined approach to communication that does not require school staff to submit new forms or allocate significant resources. This thoughtful design recognizes the critical role schools play in supporting public health while respecting their operational constraints and administrative capacity. The potential benefits of this approach are significant, by increasing awareness of vaccination coverage at the local level, schools, families, and communities can proactively prevent disease outbreaks, maintain higher immunization rates, and foster a culture of health and safety that extends beyond the classroom.

Arguments in Opposition. According to A Voice for Choice Advocacy, “In California, access to school without full vaccination is extremely limited. As a result, any public reporting of school or grade level vaccination rates effectively highlights a very small and identifiable population of students, the majority of whom have legitimate vaccine medical exemptions. This raises serious concerns regarding privacy, equity, and unintended targeting.

We respectfully request clarification on the following:

- How will students with valid vaccine medical exemptions be accounted for within the reported data
- Will students with individualized education plans, long term medical needs, or disabilities be included in a way that could disproportionately impact these populations
- How will temporary exemption populations, including foster youth and military families, be reflected in the data
- What safeguards will be in place to prevent the misuse of this information at the school or community level

Additionally, we are concerned about the reliance on data drawn from kindergarten and 7th grade cohorts, where small class sizes can result in significant statistical distortion. In many cases, one or two exempt students may dramatically shift percentages and lead to a school being flagged, without providing meaningful or accurate public health insight.

We also note that vaccination rate data is already publicly available through the California Department of Public Health. Given this, it is unclear what additional benefit AB 2651 provides, particularly when weighed against the potential risks to students.”

Recommended Committee amendments. *Staff recommends that the bill be amended* as follows:

- 1) Require LEAs to send the notification to parents and guardians within 10 business days of receiving notice from the CDPH that they are below herd immunity for one or more diseases.
- 2) Require the notification to include immunization rates of all diseases that require immunization, not just those below herd immunity.
- 3) Require the notification to include the following:
 - a) A description of the grade level the immunization rates pertain to;
 - b) A description of when the immunization rates were reported; and
 - c) A link or QR code to the CDPH Shots for School webpage
- 4) Require the CDPH to apply existing de-identification protocols when developing the notification, in order to protect anonymity for students in small classes or schools.
- 5) Authorize the CDPH to update herd immunity levels, as needed.
- 6) Clarify that the CDPH shall monitor and send the herd immunity notifications to LEAs annually.

Related legislation. SB 1377 (Jones) of the 2025-26 Session would repeal existing requirements for immunization medical exemptions.

AB 1797 (Weber), Chapter 582, Statutes of 2022, requires, instead of permits, a health care provider and specified entities to disclose certain information from a patient's medical record or the client's record, to local health departments operating countywide or regional immunization information and reminder systems and to the CDPH.

SB 871 (Pan) of the 2021-22 Session, among other provisions, would have deleted the requirement in current law that any immunization added to the list of mandatory immunizations for attendance at a school or childcare program added administratively, as deemed appropriate by the CDPH, allow for both medical and personal belief exemptions. This bill was held in the Senate Judiciary Committee.

SB 276 (Pan), Chapter 278, Statutes of 2019, requires the CDPH to develop an electronic, statewide, standardized medical exemption request form for immunization requirements in existing law.

SB 714 (Pan), Chapter 281, Statutes of 2019, prohibits the governing authority, on and after July 1, 2021, from unconditionally admitting or readmitting to any of the specified institutions for the first time, or admit or advance any pupil to seventh grade level, unless the pupil has been immunized as required, or the parent or guardian files a medical exemption form, as specified.

SB 277 (Pan), Chapter 35, Statutes of 2015, eliminates the personal belief exemption from the requirement that children receive specified vaccines for certain infectious diseases prior to being admitted to any public or private elementary or secondary school or day care center.

SB 2109 (Pan), Chapter 821, Statutes of 2012, requires, on and after January 1, 2014, a separate form prescribed by the CDPH to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to beliefs of the child's parent or guardian.

AB 354 (Arambula), Chapter 434 of the 2010 Session, authorizes the CDPH to update vaccination requirements for children entering schools and child care facilities and adds the American Academy of Family Physicians (AAFP) to the list of entities whose recommendations CDPH must consider when updating the list of required vaccinations.

REGISTERED SUPPORT / OPPOSITION:

Support

American College of Obstetricians & Gynecologists
California Academy of Family Physicians
California Chapter of the American College of Emergency Physicians
California Medical Association
California State Parent Teacher Association
California Federation of Teachers
California Primary Care Association Advocates, Subsidiary of the California Primary Care Association
County Health Executives Association of California

Opposition

A Voice for Choice Advocacy
Children's Health Defense
Freedom Angels
Natomas USD for Freedom
Protection of the Educational Rights of Kids
V Is for Vaccine

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