



July 5, 2019

The Honorable Lorena Gonzales
Chair, Assembly Committee on Appropriations
State Capitol, Room 2114
Sacramento, CA 95814

RE: OPPOSE SB 276 (Pan): MEDICAL EXEMPTIONS

Dear Assembly member Gonzalez and Members of the Assembly Appropriations Committee:

On behalf of A Voice for Choice Advocacy, I urge you to oppose SB 276 (Pan) because of the large, unnecessary, and on-going impact the bill will have on the CA General Fund.

We estimate the cost of SB 276 to be in excess of \$50 million in the first year and in excess of approximately \$35 million in each subsequent year, with an additional approximately \$650 million potential loss in school ADA and/or approximately \$5 billion potential increased healthcare costs. All to go after an extremely small and unquantified number of “unscrupulous” doctors and to mitigate the 11 cases of measles in California children this year. There has to be a better, more cost effective way. SB 276 is not that.

The intent of SB 276 is to identify and take action against any licensed physician writing fraudulent vaccine medical exemptions not in compliance with the medical exemption guidelines outlined in SB 277 (Chapter 36; Statutes of 2015) or “selling” medical exemptions without the proper patient intake, medical history, etc. We fully agree with the intent of the bill, but SB 276 penalizes the child, penalizes innocent physicians, legislates the practice of medicine and does not address the underlying issue, while spending millions of the CA General Fund. Therefore A Voice for Choice Advocacy feels this bill is unnecessary and would be a waste of the CA General Fund, negatively impacting many more than those this bill intends to help.

There are over 140,000 MD and over 8,000 DO physicians licensed in California. According to the Medical Board of California (MBC), there are 153 investigations of licensed physicians with respect to medical exemptions to date of which many have been closed, but some are still ongoing. MBC is able to subpoena all patient records if they have good cause to and is able to reprimand doctors who are found guilty of writing fraudulent medical exemptions or “selling” them. SB 276 suggests that having the California Department of Public Health (CDPH) as a middle man to determine if vaccine medical exemptions are valid would be better. In a May 2019 board meeting, the MBC expressed concern about CDPH having jurisdiction over those they license. If for some reason the MBC does not have adequate tools, we would support a bill which just focused on expanding their ability to get patient medical records for those cases, where there is good cause but they are blocked from getting the records. This would be significantly less costly than the current bill.

Fiscal Concerns to SB 276 include:

- Significant bureaucracy
- Database and IT costs
- Unprecedented health record examinations by the State
- Likely significant appeals & legal costs for denied exemptions
- Significant costs for vaccine injury resulting from revoked medical exemptions



SB 276 also changes the criteria allowed for a valid vaccine medical exemption to only CDC Contraindications and Precautions (<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>). This means that the majority (estimated 98%) of vaccine medical exemptions would be denied because current medical exemptions take significantly more information into consideration, including, but not limited to, personal medical history, family medical history and genetics. Therefore, the majority of the children with valid medical exemptions under SB 277 would be denied the right to a free and public education, unless their parents chose to vaccinate them against their doctor's recommendation. It is estimated that approximately 53,900 children that would be denied access to school based on the criteria outlined in SB 276. If these children were homeschooled or moved out of state, the result would be a loss in Current Expense of Education per average daily attendance (ADA) to schools of over \$650,500,000 per year.

SB 276 also requires CDPH to create and maintain a database of medical exemption requests, approvals and denials, including previously granted medical exemptions. They would, at minimum, have to provide database access to public health officers, physicians and schools.

Finally, CDPH will need to acquire liability insurance for the inevitable vaccine injury that will result in their denying a medical exemption. Neither the vaccine manufacturers, nor those administering vaccines are liable for vaccine injury under the 1986 National Childhood Vaccine Injury Compensation Act. However, if CDPH denies a medical exemption and subsequently that child is vaccinated in order to attend school and suffers from a severe adverse reaction, the parents will sue CDPH and the state for vaccine injury due to forced vaccination.

Estimated Costs associated with SB 276:

- **Approximately \$2,000,000** CDPH officer salaries in first year of implementation and **approximately \$220,000** thereafter, plus health insurance, training, office space, IT equipment, etc.:
 - At least once annually reviewing vaccination status of all schools and medical exemption status of all physicians.
 - Review of all incoming medical exemptions from doctors writing 5+ a year and from schools with vaccination rates of less than 95%. – Approximately 2,000 a year based on current vaccine medical exemption rates. Estimated to take at least 20-30 minutes per review – approximately 100 days (based on 8-hour day).
 - Retroactive manual review and data input for all current medical exemptions on file. Approximately 55,000 based on approximately 4,000 per grade, for 12 grades, plus approximately 2000 per year of daycare. Estimated to take at least 20-30 minutes per review – approximately 2900 days (based on 8-hour day).
 - Therefore for the first year approximately 10 full time employees would need to be hired to review the entering kindergartners, as well as the current vaccine medical exemptions on file, and at least one full time employee thereafter.
 - Current salary offerings for an Assistant Public Health officer are \$160,000-\$225,000. ([https://www.sandiegocounty.gov/content/dam/sdc/hr/jobs/Deputy Public Health Officer.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hr/jobs/Deputy%20Public%20Health%20Officer.pdf)).
- **Significant unknown additional personnel costs in excess of \$4,000,000 in the first year and in excess of \$1,000,000 per year thereafter** for Infrastructure Requirements
 - The three CAIR databases would have to be significantly upgraded to allow for medical exemption input. A fourth database would also have to be created and fast tracked for the uploading of retroactive medical exemptions filed before January 1, 2021.
 - In the California Immunization Registry (CAIR 2) Project Update (2016), the Immunization Branch of the California Department of Public Health <http://www.ph.lacounty.gov/lp/ICLAC/materials/CAIR2.pdf>



noted the following staffing requirements and functions, other than public health officers (mentioned above):

- Technical Team
- Central and Local User Support
- Training Staff
- Project Manager
- Data (Migration and Cleaning)

Functions performed by the above include Hardware/Software (Delivery and Build, Application), Establishment of Requirements (Development, Quality Assurance Testing, User Acceptance Testing), Data Migration (Planning/Script Development, Testing Validation, Production Data Migration), Training (Material Development, Training for the Trainer(s), Support), Implementation (Roll Out)

- 2013-2018 Immunization Information System (IIS) Functional Standards (<https://www.cdc.gov/vaccines/programs/iis/func-stds-table.pdf>) state all functional standards are intended to identify operational, programmatic and technical capacities that all IIS should achieve by the end of 2018. There is no current infrastructure or description to ensure this database will meet basic CDC requirements of IIS systems.
- **Approximately \$33,100,000 in the first year** for database creation, management and end site user costs, and **approximately \$30,283,000 for each subsequent year**, plus the costs for installation and access on multiple computers at each site and also access for each physician or health care network.
 - In their study, The Cost of Doing Business: Cost Structure of Electronic Immunization Registries (2002), representatives from the Partnership for Immunization Providers of UCSD School of Medicine Pediatrics, Kaiser Permanente and the President of International Health Systems, Inc, funded by an award grant from the CDC, predicted the true cost of developing and maintaining an electronic immunization registry. “The effort requires four man-years of technical effort or approximately \$250,000 in 1998 dollars. Costs for maintaining a registry were approximately \$5,100 per end user per three-year period.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1464026/>. With inflation \$250,000 in 1998 would be worth approximately \$385,000 today and \$5,100 would be worth \$7,856.72 (<http://www.in2013dollars.com/1998-dollars-in-2018>).
 - SB 276 now has a combination of upgrading the three CAIR databases and creating a new database. It is unclear the cost for this, so \$385,000 may be conservative.
 - There are 58 County Health Departments, 1026 School Districts, 10,473 schools. <https://www.cde.ca.gov/ds/sd/cb/ceffingertipfacts.asp>, totaling 11,557 vaccine medical exemption database end user sites. At \$7,856.72 per end site user that would total approximately \$90,800,000 for 3 years or \$30,250,000 per year.
 - In Costs of immunization registries: experiences from the All Kids Count II Projects (2000), the authors from the All Kids County National Program Office determined “When the registries are fully operational, the average cost per child for the 16 AKC II projects will be \$3.91 (range, \$1.60 to \$6.23; interquartile range, \$2.91 to \$4.81) per year.” With inflation \$3.91 in 2000 would be worth approximately \$5.70 today (<http://www.in2013dollars.com/2000-dollars-in-2018>). In 2018 approximately 4,000 kindergarten vaccine medical exemptions would cost approximately \$23,000 per year, after an initial cost of approximately \$2,465,000 in the first year.
- **Significant unknown additional costs for new appeal process:**
 - For those parents/doctors who are a denied vaccine medical exemption, there is the option to appeal the determination. It is not clear from the current bill wording how this process will work – whether it



- will be a more senior CDPH officer or an administrative law judge, both of which will increase the cost significantly.
- It is unclear how many vaccine medical exemptions will be appealed, but even with 10% appealed this will increase the number of personnel budget by at least 10-20%.
 - **Significant additional unknown costs in the first year for physician outreach:**
 - It is standard process, when a significant new statute is created that physicians are informed of the new law and requirements for them to comply with it. Materials, websites, email outreach would all need to be included in such outreach.
 - **Significant additional unknown costs in liability for vaccine injury:**
 - It is inevitable that there will be children who experience serious adverse events and injury from vaccines, as a result of vaccine medical exemptions being revoked by CDPH. The parents will sue CDPH and the state of California. Therefore CDPH and the state will need liability insurance since they are not included under the National Childhood Vaccine Injury Act of 1986.
 - There is also an unknown out of pocket cost of lawsuits for CDPH, but would be estimated to be at least \$100,000 per case, plus any lifelong injury compensation.
 - **Approximately \$650,500,000 potential loss to schools in ADA funding per year (mutually exclusive with next point)**
 - It is estimated 98% of those children who have a current valid medical exemption under SB277 would be denied a medical exemption if only CDC contraindications and precautions are allowed under SB276. It is unlikely that these parents will go against their doctor's advice and vaccinate their children. Instead they will homeschool them or move out of the state. This could result in approximately 53,900 kids ($55,000 \times 0.98$) fewer children in the CA schools. Currently the average Current Expense of Education per average daily attendance per child in California is \$12,068. <https://www.cde.ca.gov/ds/fd/ec/currentexpense.asp>.
 - **Approximately \$5,930,000,000 potential cost in increased healthcare of schooling, aides, etc. of vaccine injured children (mutually exclusive with previous point).**
 - If the vaccine medical exemption is denied by CDPH and parents choose to have their children vaccinated against their doctor's recommendation but at the recommendation of CDPH, the children's likelihood for a vaccine reaction is high – their doctor told them not to vaccinate for that reason. The cost of their healthcare, schooling, aides, etc for a severely vaccine injured child is estimated to average over \$100,000 a year. This could result in approximately 53,900 vaccine injured children.

A Voice for Choice Advocacy requests you oppose this bill because it is unnecessary, redundant and the fiscal impact on the CA General Fund, as well as the loss in school ADA is extremely high to address an issue which may affect an extremely small number of doctors.

Thank you for your time and consideration.

Sincerely,

Christina Hildebrand

Christina Hildebrand, President, A Voice for Choice Advocacy, Inc.

christina@avoiceforchoiceadvocacy.org

Giving issues a voice, A Voice for Choice Advocacy advocates for people's rights to be fully informed about the composition, quality, and short- and long-term health effects of all products that go into people's bodies, such as food, water, air, pharmaceuticals and cosmetics.