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Informational Hearing
Medical Exemptions for Immunization Requirements: What Do the Data Say?
November 12, 2026 – 10a.m.

Background & Purpose. Vaccination is a well-established public health strategy to prevent the spread of infectious diseases in communities. California requires children attending in-person schools and childcare facilities to be vaccinated against certain diseases, while allowing medical exemptions (MEs) for children with qualifying medical conditions. When the state eliminated personal belief exemptions (PBEs) through SB 277 (Pan and Allen, Chapter 35, Statutes of 2015), ME rates increased, prompting the Legislature to pass a standardized statewide ME form and review process under SB 276 (Pan, Chapter 278, Statutes of 2019). These policies have raised questions for some about balancing individual medical needs, physician discretion, and public health protections, prompting legislation in 2026 (SB 1377, Jones) that sought to substantially change California's ME policy. This hearing will review California's ME data, oversight processes, and public health trends to provide context for ongoing policy discussions and questions about whether the current medical exemption system needs adjustment.

Vaccines and immunization. According to the Centers for Disease Control and Prevention (CDC), immunization is the process of making a person immune or resistant to an infectious disease, typically by administering a vaccine. Vaccines work by introducing antigens—weakened or dead bacteria or viruses, their surface proteins, genetic material, or inactivated toxins—that stimulate an immune response without causing disease.[1] The body's immune cells respond to the antigen by producing antibodies, proteins that identify and neutralize the antigen. When the initial immune response resolves, some of these cells become long-lived memory cells that can more quickly produce the same antibodies upon future exposures, reducing the risk of severe illness or death. Immunization is a proven tool for controlling and eliminating more than 30 life-threatening infectious diseases and is estimated to avert between 3.5 million and five million deaths each year.[2] According to the World Health Organization, immunization is one of the most cost-effective health investments, with strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups, can be delivered effectively through outreach activities, and does not require any major lifestyle change.

Vaccination contraindications and precautions. According to the CDC's General Best Practice Guidelines for Immunization, persons who administer vaccines should screen patients for contraindications and precautions before administering each vaccine dose.[3] A

contraindication is a condition in a patient that increases the risk of a serious adverse reaction to a vaccine. When a contraindication is present, the vaccine should not be administered. For example, severely immunocompromised persons generally should not receive live vaccines, and pregnant women generally should not receive live, attenuated virus vaccines. A precaution is a condition in a recipient that might increase the risk of a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity. For example, the moderate or severe acute illness is a precaution against the administration of all vaccines. In general, vaccinations should be deferred when a precaution is present, although a vaccination may still be appropriate if the benefit of protection from the vaccine outweighs the risk of an adverse reaction. The decision to administer or delay vaccination depends on the severity of symptoms and the cause of the condition. According to the Guidelines, persons with moderate or severe acute illness should be vaccinated as soon as the illness has improved, unless a contraindication is present. Because many contraindications and precautions are temporary, vaccinations often can be administered later when the condition no longer exists.

California immunization requirements. The U.S. Constitution gives state and local governments the authority to set school vaccination requirements, and currently all 50 states and DC require at least the MMR, DTaP, polio, and varicella vaccines for school attendance.[4] Under California's Health and Safety Code (HSC) Section 120335, child care facilities and schools are required to check immunization records for all admitted children at each age or grade checkpoint (Table 1). According to the CDPH Immunization Branch's Shots for School website, students admitted to kindergarten need records of five doses of the DTaP vaccine (four doses acceptable if one given on or after fourth birthday), four doses of the polio vaccine (three doses acceptable if one given on or after fourth birthday), two doses of the MMR vaccine, three doses of the Hep B vaccine, and two doses of the varicella vaccine.[5] Students advancing to 7th grade additionally need records of one dose of a pertussis booster (Tdap) that is usually given at age 11 or older.

Requirements	Age or Grade when Admitted	Number of Doses Required of Each Immunization
Child Care Immunization Requirements	2-3 Months	1 Polio, 1 DTaP, 1 Hep B, 1 Hib
	4-5 Months	2 Polio, 2 DTaP, 2 Hep B, 2 Hib
	6-14 Months	2 Polio, 3 DTaP, 2 Hep B, 2 Hib
	15-17 Months	3 Polio, 3 DTaP, 2 Hep B, 1 Varicella On or after 1st birthday: 1 Hib*, 1 MMR
	18 Months-5 Years	3 Polio, 4 DTaP, 3 Hep B, 1 Varicella On or after 1st birthday: 1 Hib*, 1 MMR
K-12 School Immunization Requirements	K-12 Admission	4 Polio, 5 DTaP, 3 Hep B, 2 Varicella, 2 MMR
	7th Grade Advancement	4 Polio, 5 DTaP, 3 Hep B, 2 Varicella, 2 MMR, 1 Tdap

Table 1. California Child Care and K-12 School Immunization Requirements.[5,6]
Polio = inactivated polio vaccine (IPV) (oral polio vaccine does not count)
DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hib = Haemophilus influenzae, type B vaccine *One Hib dose must be given on or after the 1st birthday, regardless of previous doses. Required only for children younger than 5 years old.

Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

According to CDPH's 2024-2025 Kindergarten Summary Report, 93.7% of all kindergarten students were reported as receiving all required immunizations, similar to 2023-2024, but lower than the 94.1% rate in 2022-2023 (Figure 1).[7] In 2024-2025, vaccination rates by vaccine for all kindergarteners were 95.1% for 4+ doses of DTaP, 96% for 3+ doses of polio, 96.1% for 2+ doses of MMR, 97.2% for 3+ doses of Hep B, and 95.7% for 2+ doses of varicella, exceeding the national average for each vaccine by about 3% to 4%. CDPH reports that although statewide immunization levels among kindergarten students remained high, regional differences persisted, with 26% of counties reporting kindergarten MMR rates below 95%, the approximate threshold necessary to prevent measles transmission.

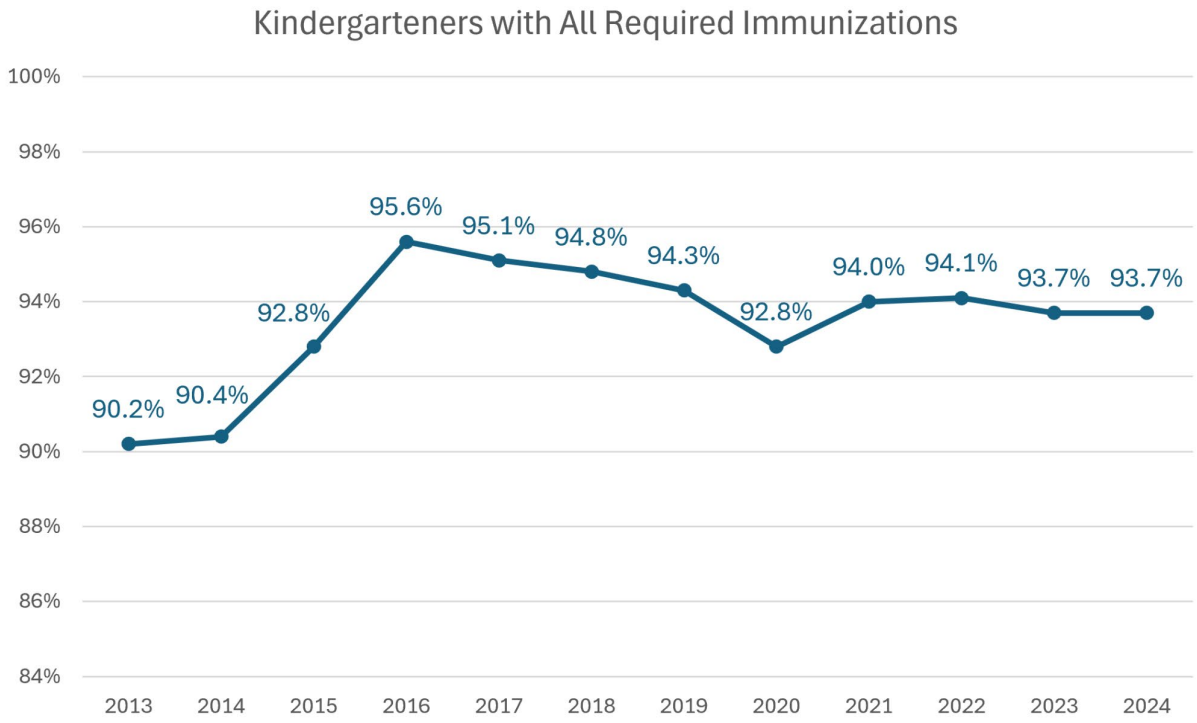


Figure 1. Kindergarteners with All Required Immunizations.[7]

Immunization exemptions. According to a 2026 KFF report, school immunization laws in all 50 states and DC allow for MEs, and all but five states (California, Connecticut, Maine, New York, and West Virginia) permit exemptions based on religious or personal beliefs.[4] Before January 1, 2016, Californians could request an exemption from immunization requirements based on either medical necessity (an ME) or personal beliefs (a PBE). At this time, an ME consisted of a doctor's note submitted to the school or childcare facility that described the medical circumstances that contraindicated the required immunizations, specified which vaccines were exempted, and indicated whether the exemption was permanent or temporary. PBEs consisted of a letter or affidavit filed by a parent or guardian with the school or childcare facility stating that the child is exempt from an immunization requirement because immunization conflicts with the beliefs of the child's parent or guardian. Beginning January 1, 2014, a PBE

also required a signed attestation from the parent, guardian, or responsible adult and a health care practitioner stating that they were provided information about the benefits and risks of the immunization and the communicable disease, although the form also allowed a religious exemption. SB 277 eliminated PBEs, so that beginning January 1, 2016, MEs were the only acceptable exemptions for immunization requirements.

SB 276 standardized the medical exemption process. Beginning January 1, 2021, all new MEs for school and child care entry were required to be issued via the California Immunization Registry-Medical Exemption website (CAIR-ME).[8] To apply for an ME using CAIR-ME, parents create an account and create a new exemption application for their child. Parents give the application number to their child's physician, who can also register for an account in CAIR-ME and log in to issue the ME.[9] The CAIR-ME form must include the following:

1. The name, California medical license number, business address, and telephone number of the doctor issuing the ME and the child's primary care physician.
2. The name of the child, name and address of the child's parent or guardian, and name and address of the child's school/ institution.
3. A statement certifying that the doctor has conducted a physical examination and evaluation of the child consistent with the relevant standard of care.
4. Whether the doctor who issued the ME is the child's primary care physician. If not, the issuing doctor must explain why they are completing the ME instead of the child's primary care physician.
5. How long the doctor has been treating the child.
6. A description of the medical basis for the exemption for each individual immunization.
7. Whether the ME is permanent or temporary, including the date upon which a temporary ME will expire (cannot exceed one year).
8. An authorization for CDPH to contact the issuing doctor for purposes of this section and for the release of records related to the ME to CDPH, the Medical Board of California (MBC), and the Osteopathic Medical Board of California (OMBC).
9. A certification by the issuing doctor that the information is true, accurate, and complete.

Physicians may not charge for completing an ME form or performing a physical to renew a temporary ME. When the ME is issued, the physician prints the form and provides a copy to the parents to give to the child's school or childcare facility. SB 276 required that any ME authorized before 2021 be submitted to a statewide database to remain valid and renewed through CAIR-ME upon entry into the next grade span. "Grade spans" are defined as birth to preschool, kindergarten through grade 6, and grades 7 to 12.

ME rates in California have fluctuated with the elimination of the PBE and the implementation of CAIR-ME (Figure 2). According to CDPH data, in the five years before SB 277 was implemented, 0.2% of kindergarteners had a permanent ME.[7] After the PBE was eliminated, the rate of kindergarteners with a permanent ME more than doubled to 0.5% in 2016 and steadily increased to 1% in 2019. With the implementation of CAIR-ME in 2021, the permanent ME rate fell to 0.3% and has since declined to 0.1%.[7,10] CDC data show that national ME rates have held steady over the past 15 years, with ~0.2% of kindergarteners with one or more MEs.[10] The national increase in children with one or more immunization exemptions is instead driven by non-MEs, which rose from 2.2% to 4% from 2019 to 2025 among kindergarteners.[11]

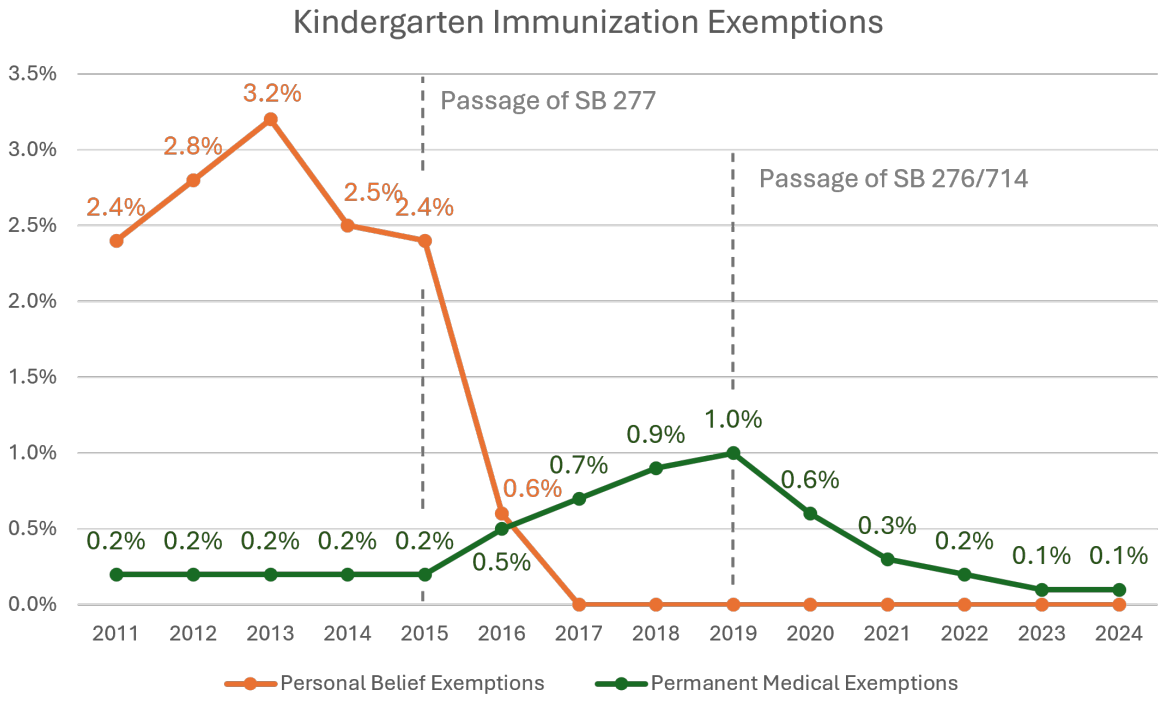


Figure 2. Kindergarten Immunization Exemption Rates.[7]

State ME review and oversight. Under SB 276, a clinically trained doctor or registered nurse in CDPH's Immunization Branch is required to review MEs from qualifying schools or institutions that fail to provide vaccination rate reports to CDPH, qualifying schools or institutions that have an immunization rate below 95%, or doctors who write five or more MEs per year. CDPH may also review any other exemption in CAIR-ME as necessary to protect public health. According to CDPH, physicians issued 32,781 MEs from January 1, 2021 to September 30, 2026, and CDPH reviewed 21,297 (65%).

When reviewing a ME, CDPH clinical staff verify that the ME aligns with either the American Academy of Pediatrics (AAP) criteria for appropriate medical exemptions or other contraindications or precautions (including family medical history), if documentation supports that the ME is consistent with the relevant standards of care. If the ME does not align with these criteria, or if there is missing or erroneous information in the ME, the State Public Health Officer (or a doctor designated by the State Public Health Officer) can revoke the ME. MEs issued prior to January 1, 2020 cannot be revoked unless the exemption was issued by a doctor who has since been subject to disciplinary action by the MBC or OMBC. Of the 21,297 MEs CDPH reviewed from January 1, 2021 to September 30, 2026, 3,057 (14.4%) were revoked.

When an ME is revoked, the parents, physician, school or institution, and local public health officer are notified. To remain in attendance at their school or institution, the child must either be vaccinated or appeal the revocation to the Secretary of California Health and Human Services (CalHHS) within 30 days. CalHHS establishes an independent expert review panel of three licensed doctors, with relevant knowledge, training, and experience in primary care or immunization, who evaluate appeals consistent with AAP guidelines or the relevant standard of

care. If the appeal is upheld by the independent panel, the parent is notified and no further action is required; the child may continue attending the school or institution unvaccinated until either the temporary ME expires or the child enters the next grade span. If the appeal is denied, the child needs to be vaccinated to attend the school or institution. Of the 3,057 MEs revoked from January 1, 2021, to March 31, 2026, 866 (28.3%) were appealed. Of the appeals to the CalHHS independent panel, 684 revocations were upheld, 131 were overturned in favor of the parent or guardian, 18 were withdrawn by the parent or guardian, and 33 are still pending review.

CDPH must report doctors to their licensing board (either the MBC or OMBC) if they have five or more MEs revoked in a calendar year or if CDPH determines that their practice contributes to a public health risk. Furthermore, CDPH cannot accept MEs from doctors whom they have determined are contributing to a public health risk or those with pending accusations against them with their licensing board relating to immunization standards of care, doctors on probation for an action related to immunization standards of care, or whom CDPH has otherwise determined are contributing to a public health risk. According to the MBC, this means that physicians with pending accusations, those on probation related to immunization standards of care, or those who are revoked, surrendered, suspended, or otherwise not permitted to practice are locked out of the CAIR-ME platform and prevented from issuing MEs. According to CDPH, 6,249 unique physicians have issued at least one ME between January 1, 2021, to September 30, 2026. During this time, no physician has been reported to MBC or OMBC for contributing to a public health risk, and 101 (1.6%) have been reported to the MBC or OMBC for five or more revoked MEs in a calendar year (Table 2). Of the physicians reported to the MBC or OMBC, 34 have been disciplined by their licensing board, and five have accusations pending, as of October 20, 2026. The disciplinary actions taken by the boards against these physicians include two license surrenders, 12 probations, eight public reprimands, and 12 public letters of reprimand.

Year	Physicians licensed in California who issued 1+ MEs	Physicians with 5+ MEs revoked in the calendar year	Physicians determined by CDPH to contribute to a public health risk
2021	2134	24	0
2022	2186	29	0
2023	2430	14	0
2024	2263	13	0
2025	2144	25	0
2026 (1/1/26 – 9/30/26)	1573	1	0
Total number of individual physicians from 2021-2026*	**6249**	**101**	**0**

Table 2. Annual Number of Physicians Issuing Medical Exemptions and Those Reported to Licensing Boards for Specified Concerns (2021–2026). *Deduplicating physicians qualifying in multiple years

Outbreaks of vaccine-preventable disease. Measles, a highly contagious viral illness, causes high fever, cough, runny nose, conjunctivitis, and a characteristic rash, and can lead to

complications like ear infections, diarrhea, pneumonia, encephalitis, and death, particularly for those under five years old.[12] In 2014, Orange County was the site of the state's largest measles outbreak in decades, with an exposure at Disneyland infecting over 130 Californians in an outbreak that spread to six other states, Canada, and Mexico, according to CDPH.[13] This outbreak was cited by the authors of SB 277 as a reason for introducing the bill. Measles outbreaks in early 2019, which included over 600 confirmed cases across 19 states over a four-month period, the second-highest number of cases reported in the U.S. since measles was eliminated in 2000, also motivated the introduction of SB 276.

Due to increased global measles activity and declining MMR coverage among U.S. kindergarteners, the U.S. is experiencing the highest number of measles cases since 1991,[14] threatening the nation's measles elimination status.[15,16] As of November 5, 2026, the CDC has confirmed 5,182 measles cases nationwide—more than double the total from 2025—and has confirmed four deaths due to measles.[14] The states with the largest outbreaks (Pennsylvania, South Carolina, and Utah) have kindergarten MMR vaccination coverage below the CDC's and the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion's recommended 95% immunization rate required to prevent community transmission of measles.[14] According to a recent KFF report, only 10 states (including California) have achieved 95% MMR coverage in kindergarteners during the 2025-2026 school year.[11] Although California has no current measles outbreaks, it experienced multiple outbreaks in early 2026. According to CDPH, 92% of the state's measles cases this year were among children who were either unvaccinated or whose vaccination status was unknown.[13] CDPH 2024-2025 immunization data by school reveals that 585 California kindergartens with 20 or more students had measles vaccination rates below 95%, and an additional 292 schools did not report their measles vaccination rates to CDPH.[7]

Recently, San Diego State University reported a mumps outbreak among the football team. Mumps is a contagious viral illness that begins with fever, headache, muscle aches, fatigue, and loss of appetite, often followed by swollen salivary glands that cause painful swelling in the cheeks and jaw.[17] As of October 8, 2026, the outbreak comprised about 14% of the nation's annual mumps cases,[18] and as of October 21, 2026, the outbreak included 20 confirmed total cases, seven probable cases, and one suspected case.[19] In contrast to recent measles outbreaks, 92.6% of cases in this outbreak are fully vaccinated individuals experiencing waning immunity to the MMR vaccine.[20] According to San Diego County's Health and Human Services Agency, while two doses of the MMR vaccine are 88% effective at preventing mumps, immunity may decrease over time, meaning some people may no longer be protected against mumps later in life.[20] Therefore, during a mumps outbreak, getting a third dose of the MMR vaccine provides the best protection and helps stop the spread, as vaccinated people are less likely to contract the disease, and if they do, they are more likely to experience milder symptoms and are less likely to spread the disease to others.

Prior Legislation. SB 1377 (Jones of 2026) would have repealed existing law related to MEs, including provisions requiring CDPH to monitor immunization levels in schools. Instead, SB 1377 would have required physicians to use accepted standards of care when determining whether an ME is appropriate and would have prohibited requiring physicians to use CDPH-established criteria. SB 1377 would have prohibited an ME from being grounds for denying

admission to, or participation in, any education or childcare facility. SB 1377 would also have prohibited excluding, segregating, or otherwise treating a pupil with an ME differently from similarly situated pupils, and would have required CDPH to repeal or amend any regulation inconsistent with the bill's provisions.

AB 2651 (Bonta of 2026) would have required the CDPH to establish immunization rates necessary to prevent the spread of specified communicable diseases, and would have required CDPH to establish notification procedures to inform schools and other institutions when an immunization rate fell below the rate established by CDPH. AB 2651 would also have required schools and other institutions to distribute the CDPH notice to parents within ten days of receiving the notification.

SB 276 (Pan, Chapter 278, Statutes of 2019) requires CDPH to develop an electronic, statewide, standardized ME request form for immunization requirements. SB 276 requires CDPH to make the request form available for use by physicians and to be transmitted directly to a state database. SB 276 requires the request form to be the only ME documentation that a governing authority may accept. SB 276 requires CDPH to create a standardized system to monitor immunization levels in schools and institutions, and to monitor patterns of unusually high exemption form submissions by a particular physician.

SB 714 (Pan, Chapter 281, Statutes of 2019) allows a child who had an ME issued before January 1, 2020 to be allowed to continue enrollment until the next grade span, and prohibits, after July 1, 2021, a governing authority from unconditionally admitting or readmitting to these institutions, or admitting or advancing a pupil to 7th grade level, unless they have been immunized or have an ME. SB 714 removes the requirement that the statewide form be signed under penalty of perjury and changes which physicians can issue an ME.

SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminated the PBE from school and childcare vaccination requirements.

AB 2109 (Pan, Chapter 821, Statutes of 2012) requires a separate CDPH form to accompany a letter or affidavit to exempt a child from immunization requirements on the basis that immunization is contrary to beliefs of the child's parent or guardian, and attests that the responsible adult was provided with information regarding the benefits and risks of immunization and the communicable disease.

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