

**First Regular Session  
Seventy-Seventh General Assembly  
STATE OF SAN ANDREAS**

**REVISED**

LLS NO. 26-0744.03 Josh Harris x1047

**HOUSE BILL 26-035**

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**SENATE SPONSORSHIP**

**Guzman, Quintana**

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**Gomez, Weiss**

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**House Committees**

Health & Human Services

**Senate Committees**

Health, Education & Human Capital

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**A BILL FOR AN ACT**

**CONCERNING THE PROTECTION OF MINOR CHILDREN THROUGH EMERGENCY  
MEDICAL INTERVENTION AUTHORITY AND THE REGULATION OF VACCINE  
EXEMPTIONS, AND, IN CONNECTION THEREWITH, ENSURING ACCESS TO  
LIFE-SAVING TREATMENT AND SAFEGUARDING PUBLIC HEALTH.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <https://saleg.uscgov.com>)*

This bill strengthens the state’s ability to protect children from life-threatening medical risks by authorizing health care providers to administer emergency treatment without parental consent when delay would likely result in death or serious harm. The measure

**Shading denotes HOUSE amendment. Underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words or numbers indicate deletions from existing law.**

specifically ensures that interventions such as rabies post-exposure prophylaxis can be administered immediately, while providing legal protections for providers and allowing limited court oversight when feasible. It also clarifies that refusal of such critical care may constitute medical neglect, enabling child welfare agencies to intervene when necessary.

Additionally, the bill reforms vaccination policy by eliminating non-medical exemptions and limiting exemptions strictly to legitimate medical necessity, consistent with standards used in states such as California. It establishes stronger oversight of medical exemptions, requires periodic review, and allows for exclusion of unvaccinated children during outbreaks. Together, these provisions aim to increase immunization rates, prevent disease spread, and ensure that no child is denied life-saving care due to parental refusal.

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1 *Be it enacted by the General Assembly of the State of San*  
2 *Andreas:*  
3 **SECTION 1. SHORT TITLE.** This act shall be referred to as the  
4 “Child Immunization Protection Act.” **SECTION 2.**  
5 **LEGISLATIVE DECLARATION.** The General Assembly hereby  
6 finds and declares that: (a) The state has a compelling interest in  
7 protecting the life, health, and welfare of minor children; (b)  
8 Certain diseases, specifically including rabies and bacterial  
9 meningitis, are almost universally fatal without timely medical  
10 intervention, yet are preventable through established medical  
11 treatment; (c) Delays in administering post-exposure prophylaxis  
12 or other emergency care may result in irreversible harm or death;  
13 (d) While parents and legal guardians, or persons standing in loco  
14 parentis retain fundamental rights concerning the upbringing of  
15 their children, such rights do not extend to decisions that place a  
16 child at substantial risk of serious harm, death, or permanent  
17 disability; (e) Maintaining high community immunity through  
18 vaccination are necessary to protect public health and prevent  
19 outbreaks of communicable diseases; and (f) It is necessary to  
20 establish clear standards governing when the state may intervene

1 to provide life-saving care and to ensure that vaccine exemptions  
2 are limited to legitimate medical necessity. **SECTION 3.**  
3 DEFINITIONS. As used in this act, unless the context otherwise  
4 requires: (a) “Emergency medical condition” means a condition  
5 that, in the reasonable medical judgment of a licensed physician,  
6 physician assistant, licensed osteopathic physician or advanced  
7 practice nurse poses an imminent risk of death or serious bodily  
8 harm without immediate intervention. (b) “Post-exposure  
9 prophylaxis” means medically indicated treatment administered  
10 after exposure to a disease to prevent infection, including but not  
11 limited to rabies vaccination. (c) “Medical exemption” means a  
12 certification by a licensed physician that a specific immunization  
13 is contraindicated for a child, or the child's household contacts  
14 due to a recognized medical condition. (d) “Minor” means any  
15 individual under eighteen years of age. **SECTION 4.**  
16 EMERGENCY MEDICAL OVERRIDE AUTHORITY. (a) To  
17 the extent permitted by the state and federal constitutions and  
18 notwithstanding any provision of law to the contrary, a licensed  
19 physician or authorized health care provider acting within their  
20 scope of practice may administer medically necessary treatment to  
21 a minor without parental or guardian consent when: (b) The minor  
22 is determined to have an emergency medical condition; and (c)  
23 Delay in treatment would significantly increase the risk of death  
24 or serious bodily harm. (d) Treatment authorized under this  
25 section includes, but is not limited to: (I) Administration of  
26 post-exposure prophylaxis for rabies or other life-threatening  
27 communicable diseases; (II) Emergency vaccination necessary to  
28 prevent imminent harm; and (III) Any other intervention deemed  
29 medically necessary under prevailing standards of care. (e) When  
30 feasible, the provider shall make diligent and documented efforts  
31 to notify the parent or guardian; however, lack of consent shall not  
32 delay treatment. (f) A health care provider acting in good faith,  
33 and without ~~gross negligence~~ WILLFUL OR WANTON

1 MISCONDUCT under this section shall be immune from civil  
2 and criminal liability. (g) The state or a designated agency may  
3 seek an expedited court order affirming the necessity of the  
4 medical intervention, but such order shall not be required when  
5 immediate action is necessary. (h) this section shall not apply to  
6 minors aged ~~sixteen or seventeen~~ SEVENTEEN who expressly  
7 object to the treatment or vaccination, regardless of parental  
8 consent or medical necessity. **SECTION 5. LIMITATION ON**  
9 **VACCINE EXEMPTIONS.** (a) A minor shall be required to  
10 receive all immunizations mandated by the Department of Public  
11 Health as a condition of school or licensed childcare facility  
12 attendance, unless a valid medical exemption is provided. ~~(b)~~  
13 ~~Religious exemptions. Religious exemptions are permitted only~~  
14 ~~upon submission of a sworn statement by the parent or guardian~~  
15 SWORN AFFIDAVIT CERTIFIED BY A NOTARY PUBLIC  
16 AND SIGNED BY THE PARENT OR LEGAL GUARDIAN  
17 ~~attesting to a sincere and long-standing religious belief; personal~~  
18 ~~belief exemptions are hereby prohibited.~~ (b) PHILOSOPHICAL  
19 AND CONSCIENTIOUS EXEMPTIONS. NON-MEDICAL  
20 EXEMPTIONS, INCLUDING RELIGIOUS, PERSONAL  
21 BELIEF, PHILOSOPHICAL, OR CONSCIENTIOUS  
22 EXEMPTIONS, SHALL BE AUTOMATICALLY GRANTED  
23 UPON THE SUBMISSION OF A SIGNED STATEMENT BY  
24 THE PARENT OR GUARDIAN. (c) A medical exemption shall:  
25 ~~(I) Be issued by a licensed physician;~~ (I) BE ISSUED BY A  
26 LICENSED PHYSICIAN WHO HAS TREATED THE MINOR  
27 WITHIN THE PRECEDING TWELVE MONTHS; (II) Specify  
28 the medical condition justifying the exemption; (III) Be consistent  
29 with guidelines issued by the Department of Public Health and  
30 recognized national medical authorities, including the Centers for  
31 Disease Control and Prevention; and (IV) Be subject to periodic  
32 review and renewal as determined by the department. ~~(d) The~~  
33 ~~Department of Public Health may audit medical exemptions and~~

1 ~~revoke any exemption found to be inconsistent with~~  
2 ~~evidence-based clinical guidelines~~ ACCEPTED MEDICAL  
3 STANDARDS. (d) AUDIT PROTECTIONS. THE  
4 DEPARTMENT OF PUBLIC HEALTH IS PROHIBITED FROM  
5 AUDITING, REVIEWING, OR REVOKING MEDICAL  
6 EXEMPTIONS ISSUED BY A LICENSED INDEPENDENT  
7 MEDICAL PROFESSIONAL, AND THE EXCLUSIVE  
8 AUTHORITY FOR SUITABILITY RESIDES WITH THE  
9 ISSUING PHYSICIAN. (e) A minor with a valid medical  
10 exemption may be excluded from school or childcare settings  
11 during an outbreak of a communicable disease. **SECTION 6.**  
12 **ENFORCEMENT AND CHILD PROTECTIVE PROVISIONS.**  
13 (a) The refusal of a parent or guardian to consent to treatment for  
14 an emergency medical condition as defined in this act may  
15 constitute medical neglect under state law WHERE A MEDICAL  
16 PROFESSIONAL CERTIFIES THAT THE REFUSAL  
17 CREATES AN IMMEDIATE, LIFE-THREATENING DANGER  
18 TO THE CHILD. (b) Child protective services may take  
19 appropriate action, including temporary protective custody, when  
20 necessary to ensure access to life-saving care. **SECTION 7.**  
21 **RULEMAKING AUTHORITY.** The Department of Public Health  
22 shall promulgate rules in accordance with the State  
23 Administrative Procedure Act necessary to implement this act,  
24 including standards for medical exemptions and procedures for  
25 emergency intervention. **SECTION 8. SEVERABILITY.** If any  
26 provision of this act or its application is held invalid, such  
27 invalidity shall not affect other provisions or applications of the  
28 act. **SECTION 9. SAFETY CLAUSE.** The General Assembly  
29 hereby finds, determines, and declares that this act is necessary  
30 for the immediate preservation of the public peace, health, and  
31 safety, and therefore shall take effect immediately after being  
32 signed by the Governor.