

INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS
The Attorney General of California has prepared the following circulating title and summary
of the chief purposes and points of the proposed measure:

(21-0025A2) LIMITS GOVERNMENT AUTHORITY TO PROTECT PUBLIC HEALTH AND PROHIBITS CERTAIN GOVERNMENT PUBLIC HEALTH MEASURES INCLUDING VACCINATION REQUIREMENTS. INITIATIVE CONSTITUTIONAL AMENDMENT AND STATUTE. Prohibits range of government public health measures, including vaccination requirements and fluoridation of drinking water. Repeals laws permitting governmental intervention if parents fail to provide necessary medical care to children. Creates new constitutional right called "medical freedom" and other new constitutional rights related to public health interventions and medical treatments. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: Highly uncertain fiscal effects on state and local governments, ranging from relatively minor to very significant potential costs. The magnitude of the potential costs depends heavily on the way provisions of the measure would be interpreted by the courts, how certain provisions would be implemented, and how various economic sectors and individuals might respond in the long term.

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ALL signers of this petition must be registered to vote in _____ County This column for official use only

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DECLARATION OF CIRCULATOR (to be completed after signatures have been obtained)

I, _____, am 18 years of age or older. My residence address is _____. I circulated this section of the petition and
(print full name) (address, city, state, zip)
witnessed each of the appended signatures being written. Each signature on this petition is, to the best of my information and belief, the genuine signature of the person whose name it
purports to be. All signatures on this document were obtained between the dates of _____ and _____. I certify under penalty of perjury under the laws of the
(month, day, year) (month, day, year)
State of California foregoing is true and correct. Executed on _____, at _____. Signature of Circulator: _____
(month, day) (year) (place of signing) (signature of circulator)

To the Honorable Secretary of State of California

We, the undersigned, registered, qualified voters of California, residents of the County (or City and County) referenced on the signature page of this petition, hereby propose amendments to the Constitution of California, the Health and Safety Code & the Government Code, relating to Fully Free and Informed Health Decisions, and petition the Secretary of State to submit the same to the voters of California for their adoption or rejection at the next succeeding general election or at any special statewide election held prior to that general election or as otherwise provided by law. The proposed constitutional and statutory amendments read as follows:

Fully Free and Informed Health Decisions Act of 2022 The People of California do enact as follows: **SECTION 1. TITLE.** The act shall be known, and may be cited as, the **Fully Free and Informed Health Decisions Act of 2022.** **SECTION 2. PURPOSE AND INTENT.** a) The people of California have the right to make fully free and informed health decisions. b) In order for health decisions to be fully free and informed, the person must make the choice, being fully informed. c) In order to be fully free and informed, a person must make his/her own health decisions. The health decision cannot be made secretly, or carried out without the person’s knowledge or consent. d) In order to be fully free and informed, no coercion may be applied to health decisions, otherwise the person is not truly making a fully free and informed health decision. **SECTION 3. SEVERABILITY.** (a) If any provisions in this act, or any part thereof, are for any reason held to be invalid or unconstitutional, the remaining provisions shall not be affected, but shall remain in full force and effect, and to this end, the provisions of this act are severable. **SECTION 4. CONSTITUTIONAL AMENDMENTS** **Section 1 of Article I is amended to read as follows: (deletions denoted in strikeout type and additions denoted in italicized type)** All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, *medical freedom* and privacy. **Section 8 of Article I is amended to read as follows: (deletions denoted in strikeout type and additions denoted in italicized type)** A person may not be disqualified from entering or pursuing a business, profession, vocation, or employment because of sex, race, creed, color, or national or ethnic origin. *A person may not be disqualified from entering or pursuing a business, education, profession, vocation, employment because of the person’s refusal to get a tattoo, mark, symbol, mutilation or implant upon or in their body, or for any medical choice they make such as undergoing a medical procedure or refusing a medical procedure.* **Section 33 is added to Article I to read as follows:** *Every person shall have the right to make fully free and informed health decisions. Nothing shall be done to hinder the enforcement of this right. No coercion shall be applied in any way, shape or form, to health decisions weather from a healthcare practitioner, medical system, business, employer, hospital system, school system, employer, government entity or any other individual, entity, service provider, government, part of government, person employed, volunteering in any government capacity, whether elected, appointed or not, organization or any other individual or entity. Some examples of coercion include (but are not limited to): (a) Making healthy people act as if they are sick or infected with a disease (b) Segregation based on a health decision that is made (c) Charging higher insurance premiums, canceling health insurance or subtracting money from a persons pay check based on a person’s exercise of their rights to refuse or make a health decision. (d) Refusing an organ transplant, blood transfusion, healthcare or other life saving procedure based on a person’s other health decisions. (e) Subtracting a portion of an employees payment because of their health decisions. (f) Requiring a person to purchase healthcare insurance where that purchase may limit the person from purchasing another health care option that they want. (g) A hospital preventing a patient from having visitors who may influence their health decisions or preventing a patient from getting a treatment that the patient wants and can afford to pay for, or is covered by the patient’s insurance. (h) A hospital preventing a patient from leaving to pursue alternative treatment. (I) A hospital trying to use mental health procedures to prevent a patient from leaving when the patient entered the hospital for other reasons when the patient declines a procedure or doesn’t want to go along with the hospital’s treatment plan for the patient. (j) Implying that making a health related decision is mandatory, required or legally required. No person shall have any part of their body removed, altered, harmed, or mutilated without their full and informed consent. Every person shall be free from covert medical treatments and experimentation. Every person shall be free to make the decisions that affect their health. No person may be mandated or required to have any medical procedure done, or not done. Every person shall have the absolute right to refuse any tattoo, mark, symbol, mutilation or implant. Every person shall have the absolute right not to wear any device that restricts his/her vision, hearing, smell, taste, breathing or any other bodily sense. No person may forcibly be given chemotherapy, surgery, drugs or radiation treatment if it is against their will. No child shall be removed from their parents or guardians for refusing the above. No medical procedure or experiment may be performed on any person, free or incarcerated, in secret, or without their consent. No medical procedure shall be grounds for a lesser punishment, release from jail or prison, or as a condition for or of parole or probation, or as a condition for the restoration of any rights, except for treatment related to mental health conditions as a part of mental health court. No pharmaceutical product shall be self-spreading, such as a vaccination or gene therapy that spreads disease, or a vaccination or gene therapy that changes or affects people who did not directly choose to get that procedure done. No person may be discriminated against in any way based on the exercise, or not of the above rights. The exercise of the above rights shall never be grounds for confinement, psychiatric or psychological treatment or evaluation, quarantine, or restriction, sanction or reprimand. Every child born within the State of California shall have the absolute right to be born in a humane manner, free of harm or torture, and whose parents know, understand and consent to the procedures performed on the child at birth. This right shall not be used as the basis for forcing a specific birthing procedure, medical procedure, treatment, surgery, implant, tattoo, marking, pharmaceutical product, immunization, DNA Test, medical test or genetic therapy on the newborn or the parents. Every person who is not in custody for a criminal offense, who has a child within the State of California shall have the absolute right to plan out the birth of their child, and birth the child in the manner and location they see fit so long as it does not interfere with the child’s rights above. In no circumstances shall a parent be forced to give birth at a hospital or birthing facility if they chose to have a home birth or birth by alternative means. Every person who has a child within the State of California shall have the absolute right to know in advance all procedures that will be carried out during the child’s birth, whether at a hospital or other location, and refuse or consent to any of them without penalty, harassment or sanctions. No person may perform any medical procedure on a newborn baby without the consent of their parent or legal guardian. This shall not prohibit the use of emergency medical procedures that are immediately necessary to save the life or health of the baby or parent. All birthing procedures carried out on newborn babies shall be done in the presence of the baby’s parents or legal guardian. This shall ensure that the parents or legal guardians have the opportunity to question and refuse or consent to any procedures. This shall include all routine procedures including but not limited to, vaccination, immunization, injection, the application of cream, ointment, gel, lotion, powder, weighing, genetic testing, health screening or testing, the insertion of eye drops, the dispensing of any medication or drugs, the taking of blood, photographing, fingerprinting, hand printing, foot printing, the taking of DNA or any other similar procedures. This shall not prohibit the use of emergency medical procedures that are immediately necessary to save the life or health of the baby. No baby shall be separated from its parents or held in a nursery, unless there is a medical need such as the need for incubation, additional medical care or at the request of the parents or legal guardian. Every person in the State of California shall have the right to know what is in their medicine, food, water as well as how these products are produced. Every person in the State of California shall have the right to know what is in the air they breathe. Every person in the State of California shall have the right to know what is in their clothing, underwear, socks, shoes, or any other product that is for the use on or in the body including but not limited chemicals, dyes, preservatives, irritants, fragrances or any other component that could affect the health of the person. No ingredient or additive shall be excluded from the ingredient list of any pharmaceutical product, no matter how small the quantity of that ingredient is, as this would be considered covert medical treatment. All adventitious agents, or possible adventitious agents in any pharmaceutical product shall be listed on the insert with the pharmaceutical product, and this information shall be freely and easily available to the public, to prevent treatment from covert adventitious agents. The production and manufacturing process of any immunization product shall not be kept secret from the public, as keeping this secret constitutes covert medical treatment. Any pharmaceutical product that may affect protein expression, genetics or may contain DNA, RNA, mRNA, or is created from, or used any genetically modified organism must disclose: any modifications, genetic sequences added, and the effects of the above, intended or side effects, as not disclosing this constitutes covert medical treatment. All information submitted in order to approve any pharmaceutical products shall be freely and easily available to the public. This shall not be hidden or withheld for any reason, as withholding this information constitutes covert medical treatment. Lithium, pharmaceuticals or fluoride may not be added to any water supply, reservoir, water distribution system, lake, aqueduct or aquifer, as this would constitute forced medical treatment. Every item designed, sold, grown, produced or manufactured for human or animal consumption shall be free from any pharmaceutical, gene therapy, vaccination, immunization or similar product unless it is sold and marketed as such, as this would constitute covert medical treatment. Pharmaceuticals, gene therapy, vaccinations, immunization or similar products shall never covertly be put into food, water, candy, beverages, clothing, shoes, soaps, creams, gels, hair care products, shampoos or any product that the public may inadvertently inhale, touch or absorb through the skin, as this would constitute covert medical treatment. Covertly includes secretly adding, adding to a product where it is not prominently labeled or the use of such product such as spraying in the air in a public location where the public is not warned and has a chance to avoid the ingestion of such product, whether by breathing or any other means such as being sprayed on a shopping cart or basket. Every person in the State of California not under criminal sanctions shall be free from being placed in forced labor camps, quarantine camps, quarantine facilities, quarantine hotels, as this could be a form of coercion intended to influence a person’s medical decisions. Every person in the State of California not under criminal*

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sanctions shall be free from forced confinement or servitude in any way, shape or form, under medical order, or otherwise, as this could be used to apply pressure to a person in order to make a certain medical decision. No person shall be required to purchase any health related product or service, including insurance if the person believes that the purchase could possibly restrict the right to medical freedom. The above shall not be questioned and shall not need explanation. In an emergency situation where a person is unable to give consent for treatment these rights shall not prevent or hinder the administration of first aid or emergency medical treatment to save a persons life or health. These rights shall not hinder a person's ability to defend them self. For example, the use of pepper spray or other weapon for self defense shall not be considered violating this section. These rights shall not prevent law enforcement from conducting chemical tests for drugs or alcohol. These rights shall not prevent employers, sports leagues, halfway houses or any other person or entity who has the legitimate need to administer a drug test from doing so by breath, urine, hair analysis or oral fluid so long as these tests are only used to test for drugs and are not used to test for a medical condition and are not used to collect any kind of genetic sample such as DNA or RNA.

SECTION 5. AMENDMENTS TO HEALTH AND SAFETY CODE Section 116409 is amended to read as follows: (deletions denoted in ~~strikeout type~~ and additions denoted in *italicized type*) *The People of the State of California finds and declares all of the following: (a) Fluoridation of the water supply is a medical treatment and that fluoridation of the water supply constitutes a forced medical treatment. (a) Promotion of the public health of Californians of all ages by protection and maintenance of dental health through the fluoridation of drinking water is a paramount issue of statewide concern. (b) It is the intent of the Legislature in enacting this article to preempt local government regulations, ordinances, and initiatives that prohibit or restrict the fluoridation of drinking water by public water systems with 10,000 or more service connections, without regard to whether the public water system might otherwise be exempt from Section 116410 or the requirements of this section, pursuant to Section 116415. (c) It is further the intent of the Legislature in establishing this article to decrease the burden the Medi-Cal and the Denti-Cal programs place upon the state's limited funds. Section 116410 is amended to read as follows: (deletions denoted in ~~strikeout type~~ and additions denoted in *italicized type*) (a) No public water supply or any water supply that provides water to peoples' homes may include any added fluoride to the water supply. (b) Adding fluoride to a public water supply shall be considered tampering with a public water system as defined in Section 116750 of Health and Safety Code. (a) Each public water system with at least 10,000 service connections and with a natural level of fluorides that is less than the minimum established in the regulations adopted pursuant to this section shall be fluoridated in order to promote the public health of Californians of all ages through the protection and maintenance of dental health, a paramount issue of statewide concern. The department shall adopt regulations pursuant to Chapter 3.5 (commencing with Section 11340) of Division 3 of Title 2 of the Government Code, requiring the fluoridation of public water systems. By July 1, 1996, and at 10-year intervals thereafter, each public water system with at least 10,000 service connections shall provide to the department an estimate of the total capital costs to install fluoridation treatment. The regulations adopted by the department shall take effect on January 1, 1997. Capital costs estimates are no longer required after installation of the fluoridation treatment equipment. (b) The regulations shall include, but not be limited to, the following: (1) Minimum and maximum permissible concentrations of fluoride to be maintained by fluoridation of public water systems. (2) The requirements and procedures for maintaining proper concentrations of fluoride, including equipment, testing, recordkeeping, and reporting. (3) Requirements for the addition of fluorides to public water systems in which the natural level of fluorides is less than the minimum level established in the regulations. (4) A schedule for the fluoridation of public water systems with at least 10,000 service connections, based on the lowest capital cost per connection for each system. (c) The purpose of the schedule established pursuant to paragraph (4) of subdivision (b) is not to mandate the order in which public water systems receiving funding from private sources must fluoridate their water. Available funds may be offered to any system on the schedule. (d) The estimates provided to the department pursuant to subdivision (a) of this section and subdivision (g) of Section 116415 of the total capital and associated costs and noncapital operation and maintenance costs related to fluoridation treatments and the similar estimates provided to those sources offering to provide the funds set forth in paragraph (1) of subdivision (a) of Section 116415 shall be reasonable, as determined by the department. A registered civil engineer recognized or employed by the department who is familiar with the design, construction, operation, and maintenance of fluoridations systems shall determine for the department whether the costs are reasonable. (e) As used in this section and Section 116415, “costs” means only those costs that require an actual expenditure of funds or resources, and do not include costs that are intangible or speculative, including, but not limited to, opportunity or indemnification costs. (f) Any public water system with multiple water sources, when funding is not received to fluoridate all sources, is exempt from maintaining otherwise required fluoridations levels in areas receiving any nonfluoridated water. The exemption shall be in effect only until the public water system receives funding to fluoridate the entire water system and the treatment facilities are installed and operational. Section 116415 is amended to read as follows: (deletions denoted in ~~strikeout type~~ and additions denoted in *italicized type*) (a) A “pharmaceutical user” shall be defined as a person who purchases a pharmaceutical product, or is given any pharmaceutical with the intent to use the product for their own use, or the use of a person whom they are assisting. A pharmaceutical user shall not include any manufacturers, labs, health care systems, hospitals, clinics or doctors' offices. (b) Manufacturing, disposing, storing, or dumping pharmaceuticals in a way in which any pharmaceutical or pharmaceutical waste ends up in the public water supply shall be considered tampering with a public water system, as defined in Section 116750 of Health and Safety Code. This shall not be construed to prevent a pharmaceutical user from disposing of the unused portion of their pharmaceuticals. (a) (1) A public water system is not required to fluoridate pursuant to Section 116410, or the regulations adopted thereunder by the department, in any of the following situations: (A) If the public water system is listed on the schedule to implement a fluoridation program pursuant to paragraph (4) of subdivision (b) of Section 116410 and funds are not offered pursuant to a binding contractual offer to the public water system sufficient to pay the capital and associated costs from any outside source. As used in this section, “outside source” means a source other than the system's ratepayers, shareholders, local taxpayers, bondholders, or any fees or charges levied by the water system. (B) If the public water system has been offered pursuant to a binding contractual offer the capital and associated funds necessary for fluoridation as set forth in subparagraph (A) and has completed the installation of a fluoridation system, however, in any given fiscal year (July 1-June 30, inclusive) funding is not available to the public water system sufficient to pay the noncapital operation and maintenance costs described in subdivision (g) from any outside source other than the system's ratepayers, shareholders, local taxpayers, bondholders, or any fees or charges levied by the water system. A binding contractual offer to provide funds for 12 months, without regard to fiscal year, of noncapital operation and maintenance costs shall render a water system unqualified for an exemption under this subparagraph for that year. (C) If the funding provided by an outside source for capital and associated costs is depleted prior to completion of the installation of a fluoridation system and funds sufficient to complete the installation have not been offered pursuant to a binding contractual offer to the public water system by an outside source. In the event of a disagreement between the public water system and an outside funding source about the reasonableness of additional capital and associated costs, in order to qualify for an exemption under this subparagraph the costs overruns must be found to be reasonable by a registered civil engineer recognized or employed by the department who is familiar with the design, construction, operation, and maintenance of fluoridation systems. (2) Each year the department shall prepare and distribute a list of those water systems that do not qualify for exemption under this section from the fluoridation requirements of Section 116410. This list shall include water systems that have been offered, have received, or are expected to receive, sufficient funding for capital and associated costs so as to not qualify for exemption under subparagraph (A) of paragraph (1), and have either (A) been offered or have received, or anticipate receiving, sufficient noncapital maintenance and operation funding pursuant to subdivision (g), or (B) have not yet completed the installation of a fluoridation system, so that they do not qualify for exemption under subparagraph (B) of paragraph (1). (3) Any water system that has been offered pursuant to a binding contractual offer the funds necessary for fluoridation as set forth in subparagraph (A) of paragraph (1), and is not included in the list pursuant to paragraph (2), may elect to exercise the option not to fluoridate during the following fiscal year pursuant to subparagraph (B) of paragraph (1) by so notifying the department by certified mail on or before June 1. (4) The permit issued by the department for a public water system that is scheduled to implement fluoridation pursuant to paragraph (4) of subdivision (b) of Section 116410 shall specify whether it is required to fluoridate pursuant to Section 116410, or whether it has been granted an exemption pursuant to either subparagraph (A) or subparagraph (B) of paragraph (1). (b) The department shall enforce Section 116410 and this section, and all regulations adopted pursuant to these sections, unless delegated pursuant to a local primary agreement. (c) If the owner or operator of any public water system subject to Section 116410 fails, or refuses, to comply with any regulations adopted pursuant to Section 116410, or any order of the department implementing these regulations, the Attorney General shall, upon the request of the department, institute mandamus proceedings, or other appropriate proceedings, in order to compel compliance with the order, rule, or regulation. This remedy shall be in addition to all other authorized remedies or sanctions. (d) Neither this section nor Section 116410 shall supersede subdivision (b) of Section 116410. (e) The department shall seek all sources of funding for enforcement of the standards and capital cost requirements established pursuant to this section and Section 116410, including, but not limited to, all of the following: (1) Federal block grants. (2) Donations from private foundations. Expenditures from governmental sources shall be subject to specific appropriation by the Legislature for these purposes. (f) A public water system with less than 10,000 service connections may elect to comply with the standards, compliance requirements, and regulations for fluoridation established pursuant to this section and Section 116410. (g) Costs, other than capital costs, incurred in complying with this section and Section 116410, including regulations adopted pursuant to those sections, may be paid from federal grants, or donations from private foundations, for these purposes. Each public water system that will incur costs, other than capitalization costs, as a result of compliance with this section and Section 116410, shall provide an estimate to the department of the anticipated total annual operations and maintenance costs related to fluoridation treatment by January 1 of each year. (h) A public water system subject to the jurisdiction of the Public Utilities Commission shall be entitled to recover from its customers all of its capital and associated costs, and all of its operation and maintenance expenses associated with compliance with this section and Section 116410. The Public Utilities Commission shall approve rate increases for an owner or operator of a public water system that is subject to its jurisdiction within 45 days of the filing of an application or an advice letter, in accordance with the commission's requirements, showing in reasonable detail the amount of additional revenue required to recover the foregoing capital and associated costs, and operation and maintenance expenses. Section 120325 is amended to read as follows: (deletions denoted in ~~strikeout type~~ and additions denoted in *italicized type*) In enacting this chapter, but excluding Section 120380, and in enacting Sections 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide: (a) A means for the eventual achievement of total immunization of appropriate age groups who do not have a religious, personal or medical objection to immunization against the following childhood diseases: (1) Diphtheria. (2) Hepatitis B. (3) Haemophilus influenzae type b. (4) Measles. (5) Mumps. (6) Pertussis (whooping cough). (7) Poliomyelitis. (8) Rubella. (9) Tetanus. (10) Varicella (chickenpox). (11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians. (b) That the persons required to be immunized be allowed to obtain immunizations from whatever medical source they so desire, subject only to the condition that the immunization be performed in accordance with the regulations of the department and that a record of the immunization is made in accordance with the regulations. (c) Exemptions from immunization for any personal belief, religious belief or medical reasons. (d) For the keeping of adequate records of immunization so that health departments, schools, and other institutions, parents or guardians, and the persons immunized will be able to ascertain that a child is fully or only partially immunized, and so that appropriate public agencies will be able to ascertain the immunization needs of groups of children in schools or other institutions. (e) Before each immunization is administered and on each informed consent form, each person must be informed of their right to object to immunization based on a personal belief, religious belief or medical reason. The right to object based on these reasons shall never be hidden from the person and it shall never be implied that the person will receive any negative consequence for refusing an immunization. (e) Incentives to public health authorities to design innovative and creative programs that will promote and achieve full and timely immunization of children. Section 120335 is amended to read as follows: (deletions denoted in ~~strikeout type~~ and additions denoted in *italicized type*) (a) As used in this chapter, “governing authority” means the governing board of each school district or the authority of each other private or public institution responsible for the operation and control of the institution or the principal or administrator of each school or institution. (b) The governing authority shall not unconditionally admit any person as a pupil of any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless, prior to his or her first admission to that institution, he or she has been fully immunized or states a medical, religious, or philosophical objection which need not be explained. The following are the diseases for which immunizations shall be documented: (1) Diphtheria. (2) Haemophilus influenzae type b. (3) Measles. (4) Mumps. (5) Pertussis (whooping cough). (6) Poliomyelitis. (7) Rubella. (8) Tetanus. (9) Hepatitis B. (10) Varicella (chickenpox). (11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the*

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of the chief purposes and points of the proposed measure:

(21-0025A2) LIMITS GOVERNMENT AUTHORITY TO PROTECT PUBLIC HEALTH AND PROHIBITS CERTAIN GOVERNMENT PUBLIC HEALTH MEASURES INCLUDING VACCINATION REQUIREMENTS. INITIATIVE CONSTITUTIONAL AMENDMENT AND STATUTE. Prohibits range of government public health measures, including vaccination requirements and fluoridation of drinking water. Repeals laws permitting governmental intervention if parents fail to provide necessary medical care to children. Creates new constitutional right called “medical freedom” and other new constitutional rights related to public health interventions and medical treatments. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: Highly uncertain fiscal effects on state and local governments, ranging from relatively minor to very significant potential costs. The magnitude of the potential costs depends heavily on the way provisions of the measure would be interpreted by the courts, how certain provisions would be implemented, and how various economic sectors and individuals might respond in the long term.

NOTICE TO THE PUBLIC: YOU HAVE THE RIGHT TO SEE AN “OFFICIAL TOP FUNDERS” SHEET. THIS PETITION MAY BE CIRCULATED BY A PAID SIGNATURE GATHERER OR A VOLUNTEER. YOU HAVE THE RIGHT TO ASK. THE PROPONENTS OF THIS PROPOSED INITIATIVE MEASURE HAVE THE RIGHT TO WITHDRAW THIS PETITION AT ANY TIME BEFORE THE MEASURE QUALIFIES FOR THE BALLOT.

United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians. (c) Notwithstanding subdivision (b), full immunization against hepatitis B shall not be a condition by which the governing authority shall admit or advance any pupil to the 7th grade level of any private or public elementary or secondary school. (d) The governing authority shall not unconditionally admit or advance any pupil to the 7th grade level of any private or public elementary or secondary school unless the pupil has been fully immunized against pertussis, including all pertussis boosters appropriate for the pupil's age, *or states a medical, religious or philosophical objection which need not be explained.* (e) The department may specify the immunizing agents that may be utilized and the manner in which immunizations are administered. (f) This section does not apply to a pupil in a home-based private school or a pupil who is enrolled in an independent study program pursuant to Article 5.5 (commencing with Section 51745) of Chapter 5 of Part 28 of the Education Code and does not receive classroom-based instruction. (g) (1) A pupil who, prior to January 1, 2016, submitted a letter or affidavit on file at a private or public elementary or secondary school, child day care center, day nursery, nursery school, family day care home, or development center stating beliefs opposed to immunization shall be allowed enrollment to any private or public elementary or secondary school, child day care center, day nursery, nursery school, family day care home, or development center within the state until the pupil enrolls in the next grade span. (2) For purposes of this subdivision, “grade span” means each of the following: (A) Birth to preschool. (B) Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten. (C) Grades 7 to 12, inclusive. (3) Except as provided in this subdivision, on and after July 1, 2016, the governing authority shall not unconditionally admit to any of those institutions specified in this subdivision for the first time, or admit or advance any pupil to 7th grade level, unless the pupil has been immunized for his or her age as required by this section. (h) This section does not prohibit a pupil who qualifies for an individualized education program, pursuant to federal law and Section 56026 of the Education Code, from accessing any special education and related services required by his or her individualized education program. **Section 120340 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** A person who has not been fully immunized against one or more of the diseases listed in Section 120335 may be admitted by the governing authority on condition that within time periods designated by regulation of the department he or she presents evidence that he or she has been fully immunized against all of these diseases, *or states a medical, religious or philosophical objection to immunization.* **Section 120341 is amended to read as follows (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*):** (a) The governing authority shall admit a foster child, as defined in subdivision (a) of Section 48853.5 of the Education Code, whose immunization records are not available or are missing. (b) This section shall not alter the obligation of the governing authority to obtain a foster child's immunization records pursuant to Section 48853.5 of the Education Code or to ensure the immunization of a foster child pursuant to this chapter. **Section 120380 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** It is the intent of the Legislature that the administration of immunizing agents by registered nurses in school immunization programs under the direction of a supervising physician and surgeon as provided in Sections 49403 and 49426 of the Education Code shall be in accordance with accepted medical procedure. To implement this intent, the department may adopt written regulations specifying the procedures and circumstances under which a registered nurse, acting under the direction of a supervising physician and surgeon, may administer an immunizing agent pursuant to Sections 49403 and 49426 of the Education Code. However, nothing in this section shall be construed to prevent any registered nurse from administering an immunizing agent in accordance with Sections 49403 and 49426 of the Education Code in the absence of written regulations as the department is authorized to adopt under this section. *Immunization agents shall not be administered to students while school is in session, or in a way where the student is led to believe there could be punishment or sanctions for the refusal of the immunization agent. If a student objects to immunization the student may not be immunized unless the student's parent or legal guardian is present and decides that the immunization is in the best interest of the student despite the student's objections.* **Section 120390.5 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** (a) Except as provided in subdivisions (b), (c), and (d), on or after January 1, 2000, the Trustees of the California State University, and the Regents of the University of California shall require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment, *or states a medical, religious or philosophical objection.* (b) A person who has not been fully immunized against the hepatitis B virus, *or states a medical, religious or philosophical objection,* as required by subdivision (a), may be admitted by the governing body of any of the institutions of higher education to which subdivision (a) is applicable on condition that, within a designated time period, the person will provide proof of full immunization against hepatitis B. (c) Immunization of a person shall not be required for admission to an institution of higher education to which subdivision (a) is applicable if any of the following persons files with the governing body of the educational institution a letter or affidavit stating that the immunization is contrary to the beliefs of either of the following, *or states a medical, religious or philosophical objection:* (1) The parent, guardian, or adult who has assumed responsibility for the care and custody of the person seeking admission, if that applicant is a minor who is not emancipated or who is 17 years of age or younger. (2) The person seeking admission, if that applicant is an emancipated minor or is 18 years of age. (3) If a person seeking enrollment in an institution of higher education to which subdivision (a) is applicable, or the parent or guardian of a person seeking enrollment, files with the governing body a written statement by a physician and surgeon that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization, that person shall be exempt from the requirements of subdivision (a). (d) *If a person seeking enrollment in an institution of higher education to which subdivision (a) is applicable, or the parent or guardian of a person seeking enrollment has a religious, philosophical or medical objection why they believe they are exempt from the requirement. In this situation the person shall only need to communicate their objection. The objection shall not need to be explained, and shall not be questioned. No additional forms or paperwork shall be required, no additional procedures shall be required, and no sanctions or restrictions shall be imposed based on the objection.* **Section 120392.2 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** (a) Each year, commencing October 1 to the following April 1, inclusive, every health care facility, as defined in subdivision (a) of Section 120392, shall may offer, pursuant to Section 120392.4, immunizations for influenza and pneumococcal disease to residents, aged 65 years or older, receiving services at the facility, based upon the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, and the latest recommendations of appropriate entities for the prevention, detection, and control of influenza outbreaks in California long-term care facilities. (b) Each health care facility, as defined in subdivision (a) of Section 120392, shall may offer, pursuant to Section 120392.4, pneumococcal vaccine to all new admittees to the health care facility, based on the latest recommendations of the ACIP. (c) The facility shall be reimbursed the standard Medi-Cal rate for an immunization provided to a Medi-Cal recipient, unless he or she is also a Medicare recipient whose coverage includes reimbursement for the immunization. (d) *The facility may not administer the immunizations to any resident who is not of sound mind without the consent of a person legally allowed to make decisions for that person under California law.* (e) *The facility must provide an informed consent form to the person being immunized.* **Section 120396 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** Each degree-granting public postsecondary educational institution that provides on-campus housing in the state shall, beginning with the 2002–03 school year, may in a non-coercive manner do all of the following: (a) Provide information on meningococcal disease developed pursuant to Section 120395 to each incoming freshman who has been accepted for admission to the postsecondary educational institution and who will be residing in on-campus housing. The information shall include a response form with space in which to indicate that the incoming freshman has received the information about meningococcal disease and the availability of the vaccine to prevent one from contracting the disease. The form shall include space for the incoming freshman to indicate whether or not he or she has chosen to receive the vaccination, and a space for his or her signature. (b) Require each incoming freshman to return to the postsecondary educational institution a form with a response as to whether the person received the information, and whether or not the person chooses to receive the vaccination. *The form shall clearly and prominently state that the vaccine is optional and that no punishment or sanctions will be imposed for choosing not to get the vaccine.* (c) Maintain the completed forms received from students in accord with the institution's health care records policy. (d) Nothing in this section shall be construed to require the postsecondary educational institution to provide the vaccination to the students. **Section 120397 is amended to read as follows: (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*)** Each degree-granting private postsecondary educational institution that provides on-campus housing in the state shall adopt a policy to notify all incoming students, in a non-coercive manner, about meningococcal disease and the availability of the vaccination, beginning with the 2002–03 school year. The Legislature encourages those institutions to consider all of the following in adopting the policy: (a) Providing information on meningococcal disease developed pursuant to Section 120395 to each prospective student who has been accepted for admission to the postsecondary institution prior to the student's matriculation into the institution. The information may include a response form with space in which to indicate that the prospective student has received the information about meningococcal disease and the availability of the vaccine to prevent one from contracting the disease. The form shall include space for the prospective student to indicate whether or not he or she has chosen to receive the vaccination, and a space for his or her signature. (b) Requiring each prospective student to return to the postsecondary educational institution a form with a response as to whether or not the person received the information, and whether or not the person chooses to receive the vaccination. (c) Maintaining the completed forms received from students in accordance with the institution's health care records policy. (d) *Nothing in this section shall be construed to require the postsecondary educational institution to provide the vaccination to students.* **SECTION 5. DELETIONS FROM HEALTH AND SAFETY CODE Section 120338, 120370, 120372, 120372.05, 120375 & 120390.7 shall be removed.** **SECTION 6. AMENDMENTS TO GOVERNMENT CODE Section 100705 is amended to read as follows (deletions denoted in ~~strikeout~~ type and additions denoted in *italicized type*):** (a) For each month beginning on or after January 1, 2020, a California resident shall be enrolled in and maintain minimum essential coverage for that month, except as provided in subdivision (c). (b) For each month beginning on or after January 1, 2020, a California resident shall ensure and maintain minimum essential coverage for any person who qualifies as that California resident's applicable spouse or applicable dependent, except as provided in subdivision (c). (c) The following individuals shall be exempt, with respect to any month, from the requirements imposed by subdivisions (a) and (b): (1) An individual who has in effect a certificate of exemption for hardship or religious conscience issued by the Exchange under Section 100715 for that month. (2) An individual who is a member of a health care sharing ministry for that month. “Health care sharing ministry” has the same meaning as the term was defined in Section 5000A(d) (2)(B) of the Internal Revenue Code on January 1, 2017. (3) An individual who is incarcerated for that month, other than incarceration pending the disposition of charges. (4) An individual who is not a citizen or national of the United States and is not lawfully present in the United States for that month. (5) An individual who is a member of an Indian tribe, as defined in Section 45A(c)(6) of the Internal Revenue Code of 1986, during that month. (6) An individual for whom that month occurs during a period described in subparagraph (A) or (B) of Section 911(d)(1) of the Internal Revenue Code of 1986 that is applicable to the individual. (7) An individual who is a bona fide resident of a possession of the United States, as determined under Section 937(a) of the Internal Revenue Code of 1986, for that month. (8) An individual who is a bona fide resident of another state for that month. (9) An individual who is enrolled in limited or restricted scope coverage under the Medi-Cal program or another health care coverage program administered by and determined to be substantially similar to limited or restricted scope coverage by the State Department of Health Care Services for that month. (10) *An individual who believes that maintaining minimum essential coverage may restrict their ability to make fully free and informed health decisions. This belief shall not be questioned, shall not need to be explained and shall not be subject to examination or rejection.* (d) The requirements of subdivisions (a) and (b) shall be referred to as the Minimum Essential Coverage Individual Mandate. (e) An Individual Shared Responsibility Penalty shall be imposed for failure to meet the requirement of the Minimum Essential Coverage Individual Mandate pursuant to Part 32 (commencing with Section 61000) of the Revenue and Taxation Code.