Date: May 7, 2021

To: CEOs Listserv
CSSOs Listserv
CBOs Listserv

From: Marc LeForestier
General Counsel

2021-01 Advisory - Mandated COVID-19 Vaccinations in California community colleges

It is more than a year since the onset of the COVID-19 pandemic, which has infected more than 32 million Americans, and killed more than 572,000 of us. In response to the pandemic, California community colleges have operated almost entirely remotely and taken numerous steps to adapt to our new reality. There are signs that California will return to some semblance of normal in the not-too-distant future.

As of today, California has administered 12 million vaccinations, and 30.3 percent of the population is fully vaccinated. All people above the age of 16 are now eligible for vaccination,¹ and California has the lowest infection rate of any state in the Nation. According to a recent New York Times report, 89 vaccines are in human clinical trials and 23 are in the final testing phase. The Governor has announced a June 15 target date for full reopening, depending on vaccination supply and a low and stable hospitalization rate.

¹ The Pfizer vaccine is authorized and recommended for individuals 16 years of age and older. The Moderna and Janssen (Johnson & Johnson) vaccines are authorized for individuals 18 years of age and older. News reports indicate approval of the Pfizer vaccine for 12-15 year olds is anticipated within days. And today, Pfizer announced that it is requesting priority review of its vaccine for approval, and within a few weeks the FDA will set a goal date for approval. Under the priority review process, FDA action generally occurs within 6 months.
This positive news is somewhat offset by other developments. Around the World, and in the United States, more contagious and potentially dangerous variants of the virus continue to spread. Existing vaccines appear to be effective in protecting against variants, but this is not certain. Questions remain about whether vaccinated individuals may spread the virus. In addition, 37 percent of adults under 40 in the United States population claim they will refuse vaccination for religious, medical, political, or other reasons, likely providing a viral reservoir as an ongoing source of re-infection and new variants.

Colleges and universities around the country are now grappling with whether to impose a vaccination requirement as a condition for individual students and employees to return to campus. Widespread vaccination will be the most effective way to ensure campus safety, yet the emergency status of the vaccines and implementation concerns have prevented a clear consensus about the advisability of such mandates. The vast majority of institutions of higher education are at least “strongly encouraging” all members of their respective communities to be vaccinated, but it is likely that a significant number of students and employees will remain unvaccinated. On April 23, the University of California and the California State University both announced that they would impose a vaccination requirement upon students, faculty, and staff at the beginning of the fall 2021 term, provided a vaccine has obtained regular approval from the Food and Drug Administration, and is sufficiently available.²

This advisory provides community college districts with an explanation of their authority to impose a vaccination requirement, surveys factors districts should consider when determining whether and how a vaccine mandate could be implemented, and directs districts to resources for more in-depth consideration of the issues a vaccine mandate will raise.

Note that this advisory is not formal legal advice. Whether and how a vaccine mandate should be implemented within a community college district, or on a campus, will require consideration of many local, college-specific, and individual factors. It will be critical for districts to consult with their legal counsel to address the delicate issues a vaccine requirement will raise.

A. Vaccination Authority Rests with Community College Districts

Provisions of California law, taken together, indicate that the responsibility for determining whether to impose a vaccination requirement is within the authority of community college districts. First, the California Constitution and the Education Code make clear that community college districts have authority to “act in any manner that is not in conflict with or inconsistent with, or preempted by, any law and that is not in conflict with the purposes for which community college districts are established.” (Ed. Code, § 70902, subd. (a)(1); Cal. Const., art. IX, § 14.) We are aware of no California law that is inconsistent with community college districts having authority over the vaccination of their campus populations. To the contrary, where the Legislature has enacted relevant statutes, it has refrained from regulating community college district authority over vaccinations, but has identified community college districts as having authority over communicable diseases.

The Health and Safety Code states that the California Department of Public Health must adopt regulations over the enforcement of vaccine requirements “in consultation with the Trustees of the California State University, and the Regents of the University of California.” This section makes no reference to consultation with the California Community Colleges Board of Governors or the Chancellor’s Office, implying this authority rests with community college districts. (Health & Safety Code, § 120390.) The Legislature has also mandated that the University of California and California State University “require the first-time enrollees at those institutions who are 18 years of age or younger . . . provide proof of full immunization against the hepatitis B virus prior to enrollment.” (Health & Safety Code, § 120390.5.) Again, this provision does not purport to regulate community colleges districts.

In contrast, the Education Code expressly contemplates community college district responsibility over the management of communicable diseases. Governing boards of community college districts are required “to cooperate with the local health officer in measures necessary for the prevention and control of communicable diseases in students”
“(Ed. Code, § 76403) and “may exclude … students suffering from contagious or infectious diseases” (Ed. Code, § 76020, subd. (a)). Districts must also require newly-employed faculty to demonstrate they are free from communicable diseases, and may require a medical exam for this purpose. (Ed. Code, § 87408.) Taken together these responsibilities demonstrate that decisions regarding on-campus control of disease, including matters related to vaccination, has been left to the local governance of community college district officials, according to their local policy structures, and in coordination with local health officials.

B. Mandating an FDA Approved Vaccine Would be Lawful

United States Supreme Court precedent and federal and state laws provide a strong basis for districts to impose a vaccine mandate on their employees and students to protect public health and safety. It has been established for at least 100 years that vaccine mandates are a lawful public safety measure that will withstand challenges based on civil liberty concerns. (*Jacobson v. Massachusetts*, 197 U.S. 11 (1905).) In addition, federal and state occupational safety laws impose a general duty upon employers to keep the workplace free from recognized hazards likely to cause death or serious physical harm. (See, e.g., 8 Cal. Code Regs. § 3203.) Recent guidance from the Equal Employment Opportunity Commission (EEOC) indicates that a mandatory COVID-19 employee vaccination program would be lawful, but that employers must make reasonable accommodations for employees with medical conditions or sincerely held religious beliefs that prevent vaccination.

One of the difficult legal questions that surrounds a COVID-19 vaccine mandate relates to an individual’s right to refuse vaccination under federal regulations related to the emergency use of vaccines. All available COVID-19 vaccines are “unapproved,” but distributed under a Federal Drug Administration “emergency use authorization.” The FDA may authorize unapproved medical products for use on an emergency basis to prevent life-threatening conditions caused by biological threats, provided certain criteria are met and there are no adequate, approved, and available alternatives. (12 U.S.C., § 21 U.S.C. § 360bbb-3(e).) One of these criteria is that individuals must be informed that they may refuse a vaccine made available under an emergency use authorization. (21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(III).)

The American Council on Education has stated that even under the emergency use authorizations, “the legal right of institutions to require COVID-19 vaccination for students seems likely to be upheld as vaccine availability increases.” This conclusion is based on the
rationale that because students are on campus voluntarily, they are under no compulsion to be vaccinated. However, it is also possible that a vaccine mandate under the emergency use authorizations could be viewed as undermining an individual’s federal right to refuse, if educational benefits or employment rights would be adversely affected by a refusal. In addition, such a vaccination requirement may invite litigation alleging that the district is facilitating unlawful human experimentation. Accordingly, colleges and universities may decide to impose a vaccine mandate only after vaccines receive regular approval, and there is adequate availability. According to the Chronicle of Higher Education, regular vaccine approval might begin to occur in the late spring or summer, 2021, but there is no clear timeline that assures vaccinations will the approved prior to the fall term, 2021.

C. Implementing a Vaccine Mandate

Although districts may impose a vaccine requirement, whether such a step should be taken will depend on the unique circumstances facing each college district. In addition, the circumstances surrounding the pandemic will continue to evolve over time, as will recommendations from federal, state, and local health officials. Districts should consult the latest available information when considering vaccination requirements, their implementation, and other mitigation measures.

District officials will want to consider how the risks and benefits of a vaccine requirement should be weighed against a number of factors, including administrative burdens, enforcement, the campus population, enrollment, collective bargaining, the availability of other safety measures, and the views of campus stakeholders.

3 An organization calling itself “California Educators for Medical Freedom” has sued the Los Angeles Unified School District, contending that the school district’s COVID-19 vaccine mandate violates the prohibition against nonconsensual human experimentation, and analogizes Nazi medical experimentation during the Second World War. (CEMF v. LAUSD, United States District Court, Central District of California, Case No. 21-cv-02388.) The district court will hear CEMF’s preliminary injunction motion on May 17, 2021.
1. **Litigation Risk**

One of the prominent themes in vaccine mandate discussions is the threat of litigation, and its avoidance. Realistically, because COVID-19 vaccination has been politicized, litigation risk will not be reduced to zero, no matter what decisions colleges make surrounding a vaccine mandate. The anti-vaccination community and others may look for test cases involving vaccine mandates; and individuals may sue if they believe they acquired an infection on campus due to the absence of a mandate, or to lax enforcement of a mandate.

Districts should focus decision-making on their core mission to serve the educational interests of their students, and to do so in a safe and secure environment for learning. If these considerations are central to district decision-making, are memorialized in district policies based on rational criteria, and supported by training that requires consistent application across campus units, districts will position themselves well to defend against litigation. These policies should be widely communicated so that students, faculty, and staff are aware of the measures taken to protect them, the limitations of such measures, and understand their own obligations to protect themselves and others.

2. **Federal and state law requires vaccine mandate exemptions and accommodations.**

Federal and state civil rights laws will require that any district vaccine mandate must include exemptions for medical necessity and sincerely held religious beliefs.\(^4\) Whether to extend exemptions to other students will be within the discretion of district officials. Whatever threshold a district chooses for offering an exemption, they will impose potentially significant administrative burdens on community colleges. These burdens may be exacerbated if anti-vaccine sentiment causes significant numbers of students and staff to claim these exemptions without having a medical necessity or a sincerely held religious belief.

\(^4\) The rationale and legal standards applicable to these exemptions and their accommodation are explained in guidance provided by the Equal Employment Opportunity Commission (EEOC) that has been echoed in legal memoranda circulated throughout the California Community Colleges. These details are not repeated here, but the EEOC materials are linked in the resources section below.
Among the exemption-related issues college districts will need to consider, are the following:

- whether to allow a “personal exemption” in addition to medical and religious exemptions;
- identifying the individuals entitled to claim these exemptions;
- whether to require a doctor’s note, or disclosure of religion to verify a person’s entitlement to an exemption;
- whether to allow self-certification of an exemption, or an opt-out under which the basis of an exemption is not stated;
- how to address marginalized groups and individuals who may be distrustful of the vaccines due to our history of discrimination;
- how to reduce barriers to vaccination experienced by non-traditional or low-income students;
- for individuals claiming an exemption, the district will need to provide an individualized interactive process to identify appropriate accommodations, which may involve adjustments to job duties, remote work or learning, isolation of individuals in campus locations, ventilation, limiting interactions, mask requirements, social distancing, testing, symptom reporting, and contract tracing;
- how to minimize burdens on students in the accommodations process to reduce the risk of creating new barriers to student success;

5 Several conditions may prevent an individual from being vaccinated, including underlying medical conditions that currently may include HIV, comorbidities, autoimmune disorders, immunocompromised, pregnancy and breastfeeding, and serious allergic reactions. Districts need not inquire into what medical condition an individual may have; if proof will be required, it is sufficient that a medical doctor indicate their patient is exempt.

VUMC, Immunizations & Religion (available at https://www.vumc.org/health-wellness/news-resource-articles/immunizations-and-religion, last visited Apr. 2, 2021). Although consideration of a religion’s formal tenets might be a reasonable starting place to evaluate a person’s sincerely-held religious beliefs, the EEOC advises employers to assume that assertions of sincerely-held religious beliefs are made in good faith, unless there is an objective basis for questioning the beliefs. If a district intends to pursue this inquiry, there are multiple factors to consider that are outlined in the EEOC guidance linked in the Resources Section below.
• how accommodations should change based on local community or campus transmission rates;
• whether accommodations issues can be avoided by designating positions or classifications of employees as remote; and
• whether the framework for accommodations will require positions or classifications to be designated as requiring in-person, on campus work.

One issue that has been widely discussed is that some employees will contend that because they have performed their work remotely during the pandemic, remote work should become their permanent norm. In some circumstances, this contention may be at odds with the mission of the college and the interests of students, which should be at the center of these decisions. Districts should apply rational criteria to determine whether job duties can be performed as remote work, or should be performed in-person or may be performed as a hybrid.

3.  Enforcement of a Vaccine Mandate

Districts that choose to adopt a vaccine mandate will need to consider how to enforce the mandate. One obvious implication of a mandate is that districts should assume that the college population is returning to campus in reliance upon a higher level of safety than if no vaccine mandate was imposed. Accordingly, districts will want to establish how the vaccine mandate will be enforced, draft formal enforcement policies that are shared with the campus community.

Aspects of enforcement districts should consider include the following:

• whether non-vaccinated people can rely upon an honor system of vaccine reporting;
• whether to require proof of vaccination (copy of vaccination card, personal attestation, or other);\(^7\)
• whether vaccination should be required as a condition of enrollment;
• whether and how vaccination records will be maintained;

\(^7\) Confirmation that someone has been vaccinated does not require the disclosure of confidential medical information.
• how to coordinate a vaccine requirement with local K-12 districts for dual enrollment students;
• whether and what form of discipline should be imposed on students and employees who violate the mandate;
• what administrative process will ensure due process leading to the imposition of discipline for violations, how long it will take, how much it will cost, and how likely it will contribute to litigation risk;
• how to ensure district policies will be applied uniformly to avoid discrimination allegations;
• how the mandate will apply to, and be enforced against, a general public that is accustomed to having access to community college campuses;
• who will be responsible for various elements of enforcement; and
• how enforcement procedures should be adjusted based on local community or campus transmission rates.

4. Collective Bargaining

The Educational Employment Relations Act (EERA) of 1976 requires collective bargaining within California community college districts. The scope of employee representation includes wages, hours of employment, and other “terms and conditions of employment” which is broadly defined and would include most of the issues referenced in this advisory that would impact community college district employees. (Gov. Code § 3543.2, subd. (a)(1).)

Just as districts entered into negotiations with their employee organizations to adjust the terms and conditions of employment at the beginning of the pandemic, to the extent districts need to modify the terms and conditions of employment to prepare for a return to campus, further negotiations will be required. Special attention should be given to whether the accommodation and enforcement of a vaccine requirement will necessitate employees performing new or non-traditional duties.

5. Other OSHA and Workers’ Compensation Considerations.

The Occupational Safety and Health Act generally requires employers to maintain a workplace free of hazards that may cause death or serious injury. (29 U.S.C. § 654(a)(1).) Mandating or strongly encouraging employees to receive the COVID-19 vaccine may be
required under this general duty. Employees may not refuse to comply with a valid safety rule and expect to be protected from discipline. (29 Code. Fed. Regs. § 1977.22.) However, an employee who refuses vaccination based on a “reasonable belief” that their medical condition creates a real danger of death or serious injury from a vaccine may be protected under OSHA’s anti-retaliation provisions.

OSHA requires districts to maintain records of work-related injuries. A vaccine mandate will likely establish that an adverse reaction to a required COVID-19 vaccine will constitute a work-related injury that triggers this record-keeping requirement. (29 Code Fed. Regs. § 1904.7.)

Similarly, adverse reactions to a mandated COVID-19 vaccine will very likely be a compensable injury under California’s workers’ compensation laws. (Maher v. Workers’ Compensation Appeals Bd. (1983) 33 Cal.3d 729, 734-735; Roberts v. U.S.O. Camp Shows, Inc. (1949) 91 Cal.App.2d 884, 885.) This factor probably should not weigh heavily in a district’s decision to require vaccination. First, the value to a workers’ compensation award for the typical adverse reaction would likely be insignificant to negligible. Secondly, it is not clear that eschewing a mandate in favor of a “strong recommendation” of vaccination would protect districts from workers’ compensation awards for adverse reactions.

6. What vaccines should satisfy a vaccine mandate?

Any vaccine that is approved by the FDA or authorized by the FDA for emergency use should satisfy a district vaccine mandate. However, another category of vaccines should also be considered. As more vaccines are approved around the World, international students may receive vaccines that are not distributed or widely known in the United States. The World Health Organization is tracking the development of vaccinations internationally, and maintains a guidance document that shows their approval status. ⁸ Presumably, these vaccinations will also provide a level of protection that should satisfy a district mandate.

In contrast, the Federal Trade Commission has issued a number of advisories warning the public about scam COVID-19 cures. Districts obviously should not view scam treatments as satisfying a vaccine mandate. Familiarity with the latest guidance from the Center for Disease Control, the World Health Organization, and the Federal Trade Commission should help districts distinguish between legitimate international vaccines and scam treatments.

7. **Communications with the Campus & Policy Adoption.**

Districts that choose to implement a campus vaccine mandate should continue to remain apprised of the latest available information about the safety, effectiveness, and availability of vaccines. Districts should adopt and regularly update policies that explain their vaccine requirements, the benefits of their adoption, their limitations, and the responsibilities of students and employees to assist in their implementation. Information about COVID-19, vaccinations, and district policies should be widely distributed and available, and all members of the campus community should have meaningful avenues to express their concerns.

8. **Supporting Administrative and Enforcement Costs.**

Community college districts should also consider the immediate and ongoing funds necessary to support the administrative and enforcement costs of a vaccine requirement. State funding is available in the form of unrestricted state general funds, California State Lottery funds for technology, and the COVID-19 Response Block Grant. The federal government has also provided substantial funding in the institutional portion of the three tranches of the Higher Education Emergency Relief Fund (HEERF).

D. **Additional Resources**

Community college districts should remain up-to-date on COVID-19 related developments, including local conditions. The California Department of Public Health website includes a

---

page that identifies local health department. This, and other important resources, are linked below.


- California Department of Public Health (CDPH), Local Health Departments Page, available here: https://www.cdph.ca.gov/Pages/LocalHealthServicesAndOffices.aspx, last visited Apr. 1, 2021.


- CDC, Workplace Vaccination Program, available at: https://www.cdc.gov/coronavirus/2019-


###