



Association of
Immunization
Managers

AIM Legislative Round-up: May 30, 2025

Vaccine-related legislated movement has slowed significantly as most state sessions end. While AIM will continue to monitor remaining bills and will summarize all vaccine-related legislation in a forthcoming cumulative report, **this will be our last bi-weekly Legislative Roundup of 2025.**

A summary of new legislative movement over the last two weeks, for the **546** vaccine-related bills AIM is tracking, is provided below.

Legislation Enacted (5 bills):

- [AL SB 101](#): States that minors under the age of 18 can't consent to medical services (including vaccination) unless they are married, divorced, pregnant, emancipated, or living independently (current law states minors who are 14 and older can consent to their own medical care)
- [HI HB 72](#): Requires that pharmacy technicians be registered to perform their duties (including administering vaccinations)
- [IA HF 299](#): Requires any public communications about vaccine requirements to include information about vaccine exemptions
- [MD HB 1315](#): Requires health insurers cover all costs associated with childhood and adolescent immunizations, as well as specifies vaccines that pharmacists can administer vaccines
- [MD HB 974](#): Allows the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)

Legislation Passed Both Chambers (8 bills):

- **IL HB 1073**: Would amend the college/university Tdap vaccine requirement to allow 1 dose in the last 10 years (instead of all 3 required doses) if the student is in the process of completing catchup
- **IL SB 2494**: Would specify that respiratory care practitioners with appropriate training are allowed to vaccinate those 18 and older
- **TX HB 1306**: Would require any coroner, medical examiner, or death investigator employed by the state be offered preventative immunizations (for diseases their duties might expose them to) be provided to them at no-cost
- **TX HB 1586**: Would require a blank vaccine exemption form be added to the health department website, and prohibit collecting/maintaining personally identifiable data of anyone who uses the form
- **TX HB 3441**: Would make vaccine manufacturers liable for any vaccine injuries in the state
- **TX HB 4076**: Would prohibit utilizing one's immunization status to make organ transplant decisions

- **TX HB 4535:** Would require an informed consent process before COVID-19 vaccine administration that specifically includes risks of COVID-19 vaccination, the expedited speed in which vaccines were developed, whether long-term studies have been conducted, whether vaccine manufacturers have product liability and VAERS information
- **TX SB 269:** Would authorize disciplinary action by the Texas Medical Board for failure to report suspected vaccine adverse events into VAERS

Legislation Passed First Chamber (6 bills):

- **CA SB 290:** Would repeal the requirement that children be immunized to receive CalWORKs benefits (cash assistance and other benefits to qualified low-income families)
- **CT SB 11:** Would direct the Commissioner of Public Health to establish and convene a Vaccines and Related Biological Products Advisory Committee (VRBPAC) for the purpose of coordinating seasonal vaccine production with manufacturers
- **LA HB 400:** Would specify that informed parental consent is necessary for any medical treatment for minors before they turn 18
- **LA HB 690:** Would authorize the surgeon general to promulgate new rules regarding the administration of products under emergency use authorization (EUA) (including vaccines)
- **NY S 6744:** Would allow dentists to administer influenza and COVID-19 vaccines during a declared public health emergency
- **NY A 4346:** Would add mpox to the list of vaccines that pharmacists and certified nurse practitioners can administer

Legislation Newly Introduced (2 bills):

- **OH HB 289:** Would establish a universal "Ohio Health Care Plan" for state residents, including coverage for immunizations
- **RI HB 6373:** Would require Medicaid reimbursement for immunization administration be no less than 100% of Medicare's reimbursement rate

Please note: AIM is striving to monitor fast-moving state legislative developments. The information included in this summary may not be comprehensive and is subject to change. If you are aware of missing information, **please contact the Association of Immunization Managers** (info@immunizationmanagers.org).