

2024/2025 State Legislative Sessions

A REVIEW OF VACCINE-RELATED LEGISLATION

JULY 30, 2025

Summary Report



Contents

| | |
|--|-------|
| Introduction, Background, & Methodology..... | 2 |
| Executive Summary..... | 3-4 |
| Thematic Analysis Breakdown..... | 5-20 |
| Enacted Legislation Overview..... | 21-24 |
| Key Takeaways & Additional AIM Resources..... | 25 |
| Appendix 1: All Tagged Legislation by Theme..... | 26-62 |
| Appendix 2: All Tagged Legislation by State..... | 63-99 |

Introduction

The Association of Immunization Managers (AIM) is a nonprofit membership organization representing all 66 federally funded state, territorial, and local public health immunization programs. AIM's policy and government relations team is responsible for monitoring the immunization policy landscape and developing resources to support AIM members engaging in effective policy development.

The policy and government relations team also helps members respond (when permissible) to proposed vaccine-related policy in their jurisdiction. As a part of this process, AIM staff monitor and track all proposed vaccine-related bills at the state level. These are summarized for members in biweekly "[Legislative Round-ups](#)" during the legislative season and compiled annually. This report serves to provide a summary of these efforts.

Background

State legislative interest in vaccines has grown notably over the past several years. In 2019, lawmakers introduced more than 300 vaccine-related bills,¹ a figure that expanded dramatically during the COVID-19 pandemic. Legislative sessions in 2021, 2022, and 2023 saw 809, 594, and 690 bills proposed, respectively.² In 2024, AIM identified 363 effective vaccine-related bills, suggesting the surge driven by the pandemic might be subsiding.³ However, as this report demonstrates, 2025 brought a rebound of interest in state vaccine policy, with the introduction of 547 effective vaccine-related bills.

Methodology

From August 1, 2024-June 1, 2025 (capturing the vast majority of each state's 2025 legislative session), AIM staff flagged all proposed state-level legislation with the words "vaccine, vaccinate, vaccination, immunize, and immunization" utilizing FiscalNote software. All 50 states and Washington, DC, had legislative sessions [this year](#). All active jurisdictions' bills were analyzed and tagged if they were deemed potentially impactful to the 64 federally funded immunization programs, excluding bills focused on appropriations. Additional vaccine-related legislation was identified through member referrals, partner referrals, Google Alerts, and other health-related FiscalNote search terms. Each identified bill was then summarized and categorized by theme.

¹ 2019 State Policy Wrap Up. American Academy of Pediatrics. <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/2019StateAdvocacyWrapUp.pdf>. Accessed March 1, 2024.

² Using Data and Effective Messaging to Support Strong Vaccine Policy. Association of State and Territorial Health Officials. <https://www.astho.org/communications/blog/using-data-effective-messaging-to-support-strong-vaccine-policy/>. Accessed June 24, 2024.

³ 2023/2024 State Legislative Sessions Report. Association of Immunization Managers. <https://www.immunizationmanagers.org/resources/2023-2024-state-legislative-sessions-report/>. Accessed June 24, 2025.

Executive Summary

Total Bills

AIM tagged **668 total vaccine-related bills** that were introduced, considered, enacted, and/or vetoed between August 1, 2024, and June 1, 2025 [Figure 1]. This is 171 more bills than the 497 bills AIM tagged last year during the same period (34.4% increase).

In some states, it is commonplace for the same bill language to be introduced in both the House and Senate. Accounting for this “duplicative” legislation, AIM identified **547 effective vaccine-related bills** [Figure 2]. This is 184 more effective bills than the 363 AIM tagged last year during the same period (50.7% increase). Seventy-two bills (13.16%) still involve COVID-19 vaccines.

Figure 1: Total Vaccine-Related Legislation, August 1, 2024 - June 1, 2025

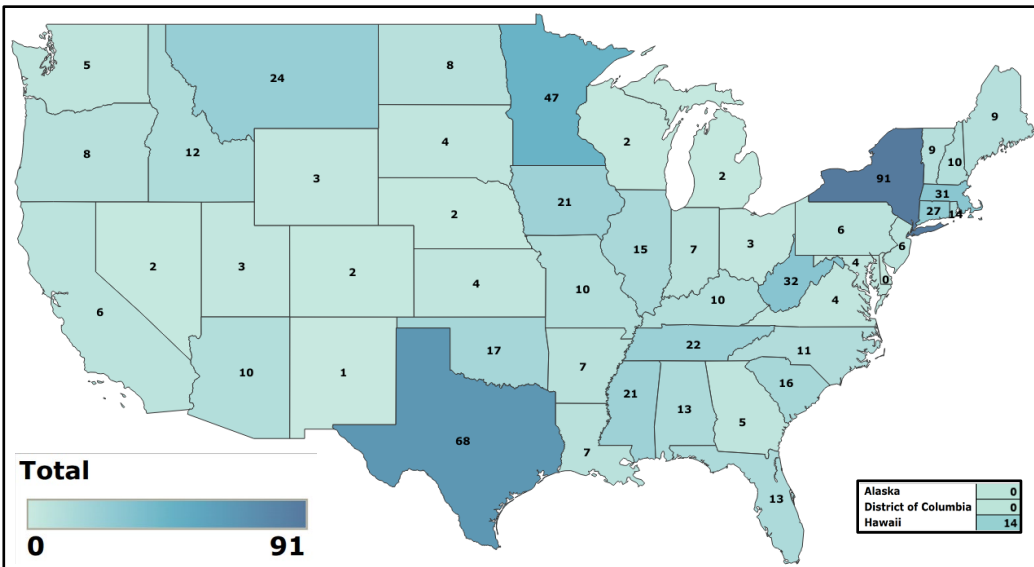


Figure 3: Ten States with Highest # of Effective Vaccine-Related Bills

| | |
|---------------|----|
| New York | 60 |
| Texas | 56 |
| Minnesota | 30 |
| West Virginia | 30 |
| Montana | 23 |
| Connecticut | 22 |
| Massachusetts | 21 |
| Mississippi | 18 |
| Iowa | 17 |
| Oklahoma | 16 |

Figure 2: Effective Vaccine-Related Legislation, August 1, 2024 - June 1, 2025

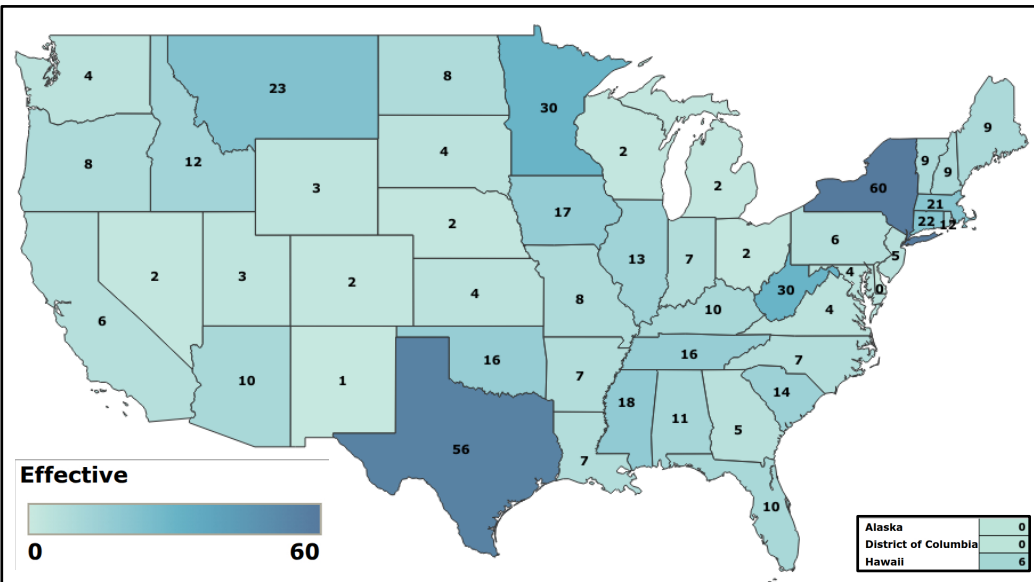


Figure 4: Ten States with Fewest # of Effective Vaccine-Related Bills

| | |
|----------------------|---|
| Alaska | 0 |
| Delaware | 0 |
| District of Columbia | 0 |
| New Mexico | 1 |
| Colorado | 2 |
| Michigan | 2 |
| Nebraska | 2 |
| Nevada | 2 |
| Ohio | 2 |
| Wisconsin | 2 |

Thematic Analysis Breakdown

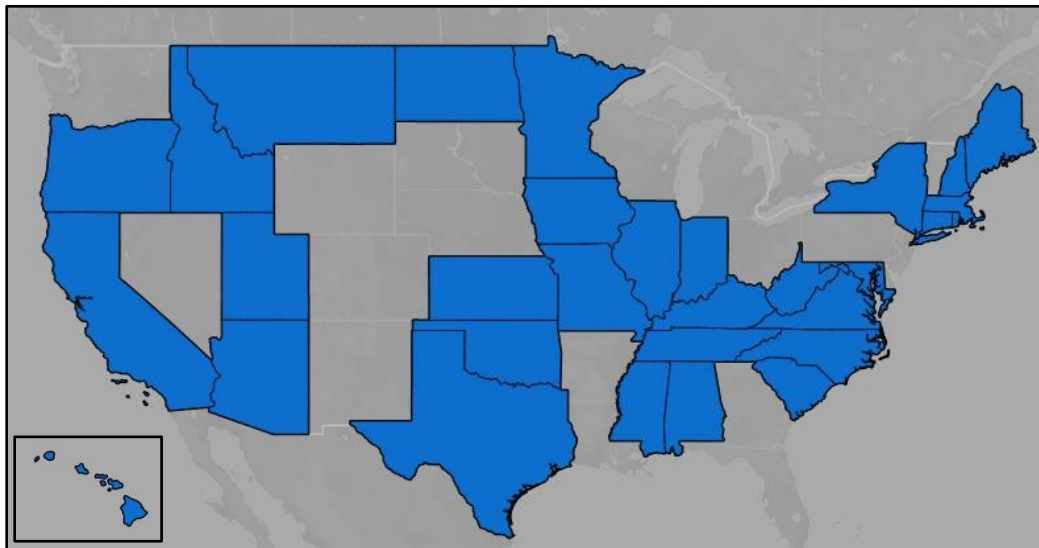
The following sections provide more detailed information on the **18** primary themes of all AIM-identified vaccine-related legislation from August 1, 2024-June 1, 2025, in order of frequency. A full list of all bills by theme can be found in the appendix.

Vaccine Requirements/Exemptions

- Bills related to vaccine requirements and exemptions to vaccine requirements remained the most common legislative theme, with **153** effective bills (**27.97%** of all vaccine-related legislation).
- Just **17** of these bills, **11.11%**, attempted to increase vaccine requirements or eliminate vaccine requirement exemptions, with the remaining **88.89%** seeking to remove vaccine requirements or make it easier to obtain a vaccine exemption.
- Legislation was introduced specific to requirements/exemptions in K-12 schools (**61** bills), colleges and universities (**14** bills), employers (**9** bills), daycares & preschools (**8** bills), healthcare facilities (**6** bills), foster care homes (**3** bills), and summer camps (**1** bill), while the other **53** bills were not location-specific.
 - For the **61** bills involving K-12 schools, **11** bills focused on private schools, **7** bills involved homeschooled children (specifically that they be allowed to participate in public school activities if they adhere to the same vaccine requirements), and **2** bills focused on online/virtual schools.
- **Fifty-three** bills were focused on simplifying/easing exemptions to vaccine requirements, **16** of which were explicitly about the form (or lack thereof) needed to obtain said exemption.
 - **Twenty-six** bills sought to change religious vaccine exemptions, and **14** bills sought to change philosophical vaccine exemptions.
- **Twenty-two** bills were specific to COVID-19 vaccine requirements, with **7** more bills related to requirements for vaccines under EUA or for mRNA vaccines.
- **Ten** bills pertaining to vaccine requirements/exemptions made it through just one chamber vote, and **16** bills made it through both chambers' votes.
- If the **16** voted through both chambers, **3** were vetoed by the governor, **8** failed to be reconciled and just **5** were officially enacted (**3.26%** of introduced bills in this category):
 - **ID S 1210**: Prohibits the mandate of any medical intervention by the state (excluding daycares and schools)
 - **MS HB 1066**: Provides a 30-day grace period for children of military families to adhere to school vaccination requirements

- **TN SB 827 & TN HB 1003:** Removes vaccine requirements for private schools that are fully online
- **TN SB 1272 & TN HB 1308:** States that a child in state custody cannot be denied admission to any school if the child has not been immunized or is unable to produce immunization records
- **UT HB 228:** Removes any expiration of student vaccine exemption forms, and requires that schools transfer such exemption (or vaccination record) if a student changes schools

Figure 7: States With at Least One Bill Related to Vaccine Requirements and Exemptions, August 1, 2024-June 1, 2025

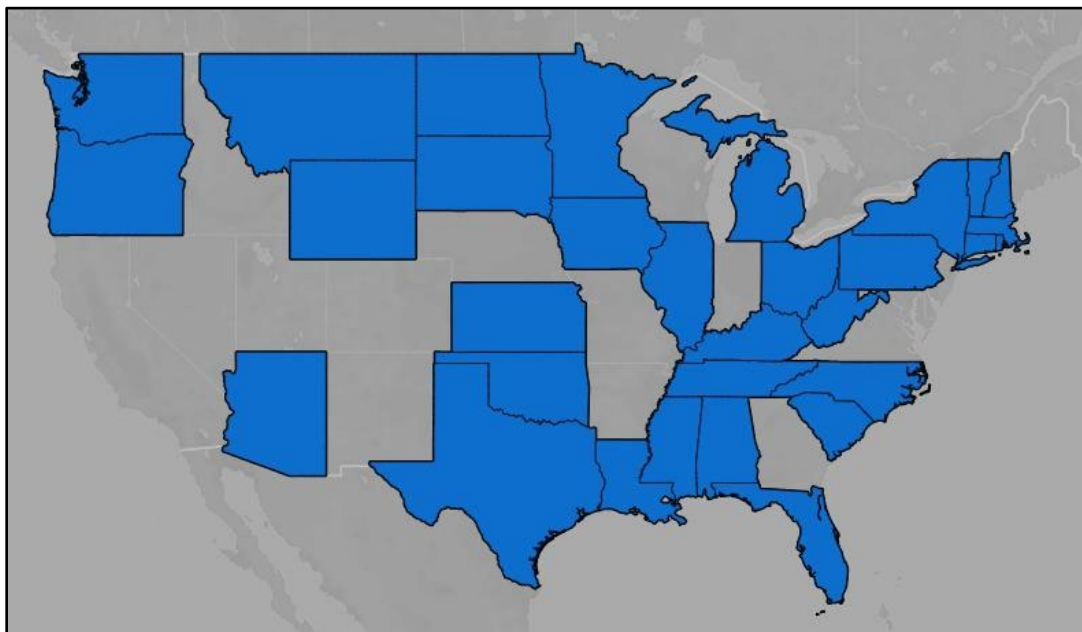


Anti-discrimination Due to Vaccine Status

- **Fifty-eight bills (10.6%)** involved prohibiting discrimination and/or service refusal due to one's vaccination status.
- Only **two** of these bills were about preventing discrimination against those who receive (or seek to receive) vaccination, while the remaining **56** all involved prohibiting individuals from being discriminated against due to their lack of vaccine receipt.
- Bills sought to prohibit discrimination due to vaccine status in healthcare facilities (**10** bills), employment (**6** bills), and in public spaces (**4** bills).
- **Nine** bills sought to broadly prohibit discrimination, often by adding one's vaccination status as a protected class.
- **Eight** bills wanted to create a "parental bill of rights," emphasizing parents' ability to exempt their children from vaccines, and **3** bills sought to prohibit vaccine passports.
- **Fourteen** bills were specific to discrimination due to COVID-19 vaccine status, with **three** additional bills including language surrounding EUAs and mRNA that likely also seek to respond to lingering pandemic-era COVID-19 concerns.

- **Five** of these bills would allow for civil suit from individuals who felt they were discriminated against due to their vaccine status.
- **Five** bills related to discrimination only made it through one chamber's vote, and **four** bills made it through both chambers' votes, with only **one** bill ultimately enacted in this category:
 - **TX HB 1620 & TX SB 2375:** Prohibits providers who take Medicaid or CHIP from refusing services based on an individual's vaccination status

Figure 8: States With at Least One Bill Related to Anti-discrimination Due to Vaccine Status, August 1, 2024-June 1, 2025

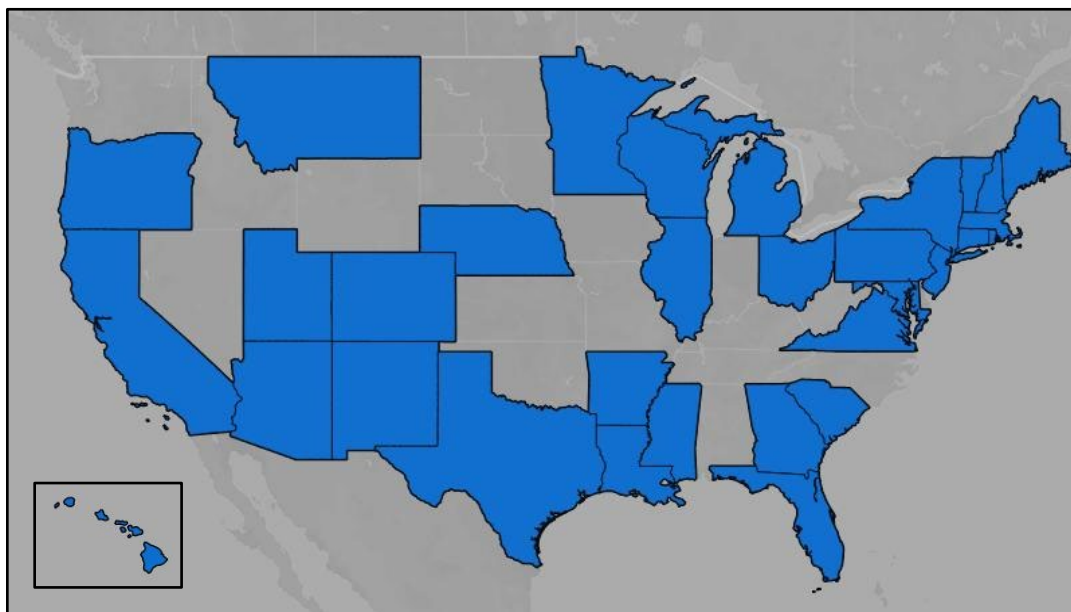


Vaccine Cost

- An increasing amount of legislation (**55 bills; 466.7%** more than last year) involved vaccine cost, coverage, and/or reimbursement.
- **Fourteen** bills sought to require or specify insurer coverage for vaccines.
 - **Four** bills were introduced to prohibit insurers from requiring prior authorization for vaccines.
 - **Ten** bills referenced coverage of the entire schedule without cost-sharing (**9** explicitly mention ACIP), with individual bills introduced affecting coverage for COVID-19 (**1** bill), RSV (**1** bill), and hepatitis B (**1** bill) vaccines.
- **Fifteen** bills sought to change provider reimbursement for vaccination.
 - **Four** bills were seeking to align pharmacist reimbursement with other provider types, and **three** bills were about increasing state Medicaid reimbursement.
- **Six** bills sought to create universal state health plans (i.e., “Medicare for All Type Plans”) for state residents, each of which included immunization coverage as a plan component.

- **Six** bills aimed to provide vaccine-associated grants to providers, largely targeting rural/underserved areas and allowing for vaccine purchase.
- **Five** bills sought to create or adjust a state universal purchase program for vaccines, a system where the state government purchases all recommended vaccines for its citizens.
- **Four** bills were specific to COVID-19 vaccine-associated costs.
- **Four** bills related to vaccine cost made it through only one chamber, and **10** bills made it through both chambers, with **four** bills ultimately enacted in this category:
 - **CO SB 25-196**: States that if the ACIP is repealed, modified or otherwise no longer in effect, the commissioner can still require that vaccines be covered by insurers
 - **NE LB 77**: Prohibits health insurers in the state from requiring prior authorization for any ACIP-recommended vaccines (amongst other prior authorization specifications)
 - **MD HB 974**: Allows the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by the ACIP
 - **MD HB 1315**: Requires all health insurers to cover all visits for and costs of childhood and adolescent immunizations, as well as specifies vaccines that pharmacists can administer

Figure 9: States With at Least One Bill Related to Vaccine Cost, August 1, 2024-June 1, 2025

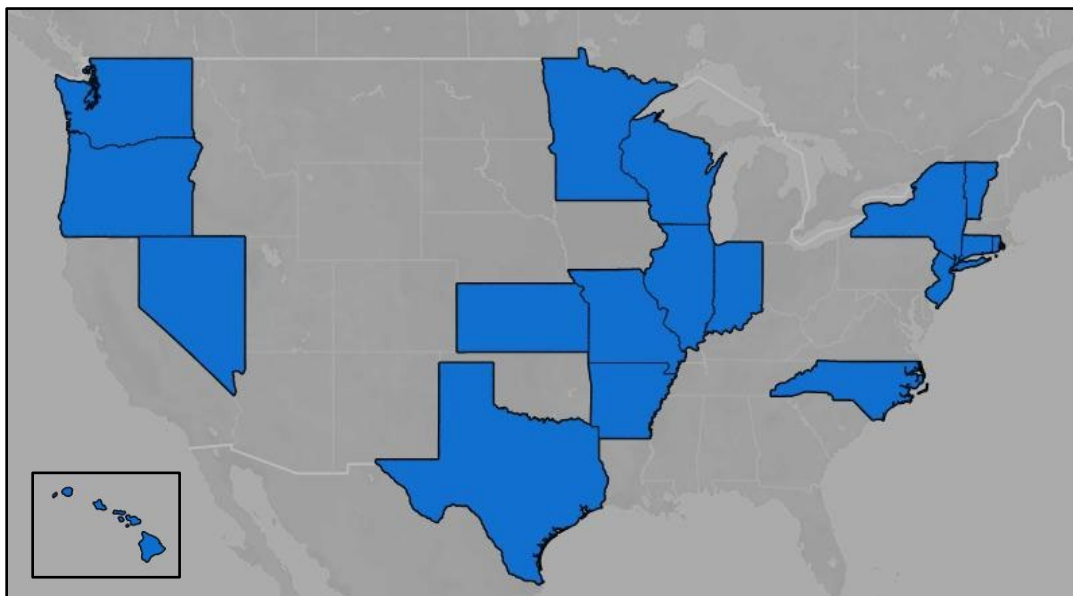


Ability to Vaccinate

- **Forty-seven** bills (8.59%) involved the ability of various medical professions to vaccinate.
- Only **two** bills sought to restrict or remove the professional authority of a profession to vaccinate (both involving dentists), with **45** bills seeking to expand the types of vaccines and/or ages of patients that various professions can vaccinate.

- Bills in this category sought to expand or specify the vaccinating authority of pharmacists (**19** bills), pharmacy technicians (**5** bills), nurses, (**4** bills), dentists (**3** bills), medical assistants (**4** bills), EMS/first responders (**4** bills), physician assistants (**3** bills), infection control preventionists (**1** bill), respiratory care practitioners (**1** bill), optometrists (**1** bill), midwives (**1** bill), physical therapists (**1** bill) and naturopathic physicians (**1** bill).
- **Ten** bills related to professional vaccine authority made it through only one chamber, and 6 bills made it through both chambers, **four** of which were ultimately enacted:
 - **AR HB 1131**: Allows registered nurses to delegate vaccinating authority (amongst other tasks) to medical assistants
 - **HI HB 72**: Requires that pharmacy technicians be registered to perform their duties (including administering vaccinations)
 - **MN HF 3022 & MN SF 3289**: Removes the authority of dentists to administer COVID-19 vaccines (amongst other miscellaneous technical changes)
 - **NJ A 1899**: Allows pharmacy technicians to vaccinate, and authorizes pharmacists, pharmacy interns, and pharmacy technicians to vaccinate down to age 5

Figure 10: States With at Least One Bill Related to Professional Ability to Vaccinate, August 1, 2024-June 1, 2025

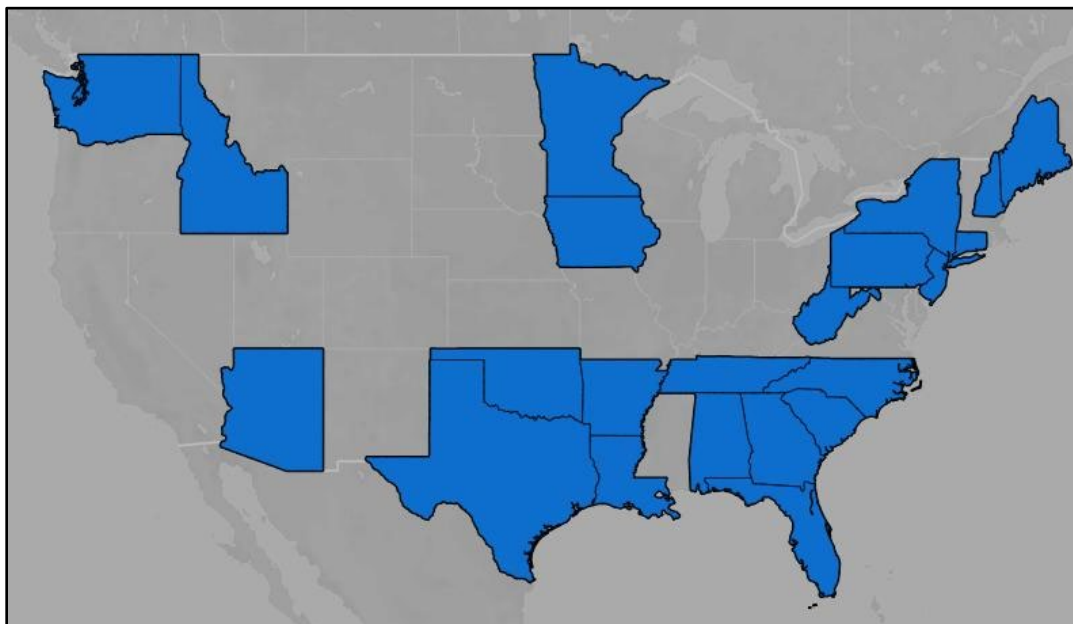


Vaccine Communications

- **Thirty-four** bills (**6.21%**) involved how vaccines were promoted, discussed or otherwise communicated about with patients.
- Only **three** bills sought to increase/expand vaccine promotion (requiring information to be shared with discharged newborn mothers, parents of sixth graders, and those lacking MMR vaccine through a mailer campaign, respectively), while the other **31** bills sought to restrict or otherwise curtail how vaccines could be communicated about.

- **Three** bills sought to broadly prohibit vaccine promotion, and **seven** bills sought to require that any vaccine promotion material also include information about vaccine exemptions.
- **Six** bills sought to define what information was required for informed consent (frequently noting side effects or vaccine development speed information to be shared with patients), with **nine** more bills otherwise seeking to ensure additional information about vaccine risks is provided to patients before administration.
- **Seven** bills impacted COVID-19 vaccine communications specifically.
- **One** bill related to communications passed the first chamber, and **eight** bills passed both chambers, with **one** bill getting vetoed by the governor, and **four** bills in this category officially enacted:
 - **IA HF 299:** Requires any public communications about vaccine requirements to include information about vaccine exemptions
 - **SC S 2:** Specifies the requirements of informed consent for vaccination
 - **TN SB 680:** Requires that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes (final version notes they can be separate communications)
 - **TN SB 1031 & TN HB 1157:** Prohibits the state or local health department from promoting, distributing, or endorsing FDA-regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification)

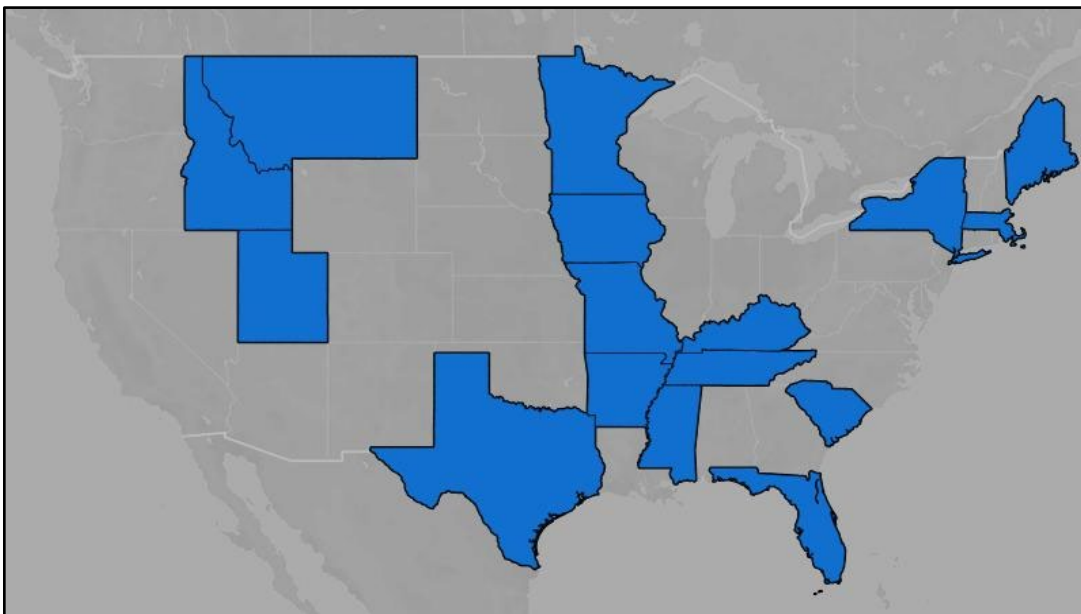
Figure 11: States With at Least One Bill Related to Vaccine Communications, August 1, 2024-June 1, 2025



mRNA Vaccines

- **Thirty-two** bills (5.85%) primarily involved restricting or prohibiting the use of mRNA vaccines (9 additional bills mention mRNA and 8 additional bills mention “gene-altering products” within the other themes of this report; so this thematic trend is arguably even larger).
- **Twenty-one** of these bills sought to ban the administration of mRNA vaccines entirely in the state, **two** of which required a study of their safety before use could be resumed.
- **Eleven** of these bills sought to require that food products be labeled if they contained mRNA.
- **Three** bills primarily related to mRNA vaccines passed the first chamber, and **one** bill passed both chambers, ultimately becoming the only bill enacted in this category:
 - **UT HB 84:** Requires that any food intended for human consumption that contains vaccine or vaccine material be considered a drug

Figure 12: States With at Least One Bill Related to mRNA Vaccines, August 1, 2024-June 1, 2025

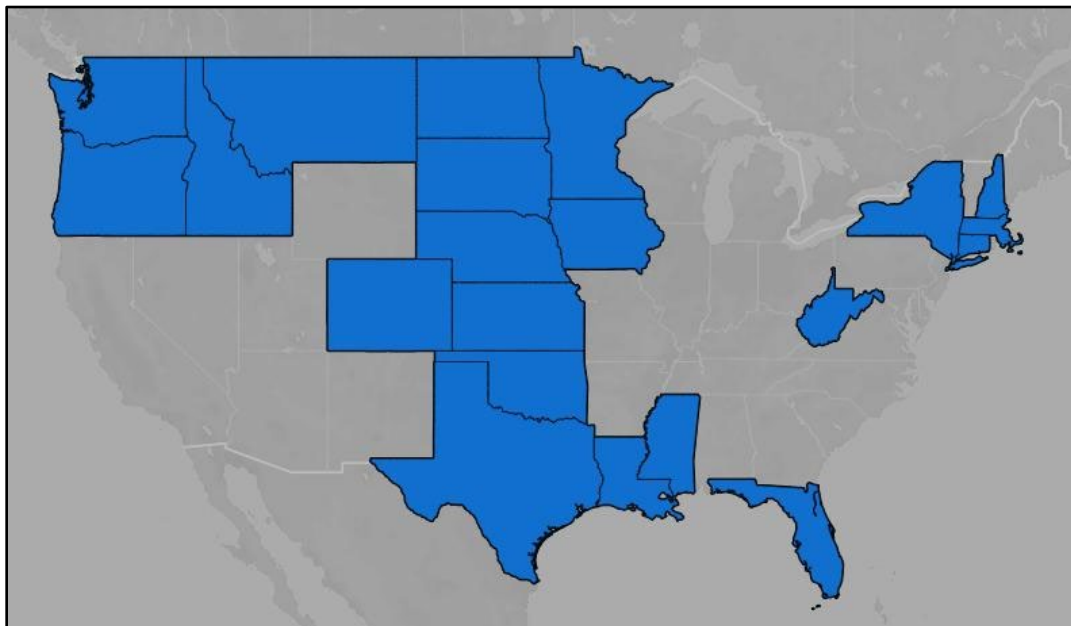


Public Health Authority

- **Thirty-one** bills (5.67%) involved removing or shifting state public health authority to make decisions regarding vaccines, their requirements, and associated emergencies.
- **Eleven** bills would remove public health authorities entirely, including the ability to restrict unvaccinated students from the classrooms (4 bills) or otherwise require vaccines (3 bills) during declared public health emergencies.
- **Thirteen** bills sought to move various vaccine-related authorities, usually to the state legislature (8 bills) or the governor (3 bills).

- **Four** bills sought to add new public health authorities related to vaccination, including new standing orders, advisory functions, and rule-making authorities.
- **Four** bills related to public health authority passed only one chamber, and **seven** bills passed both chambers, with **five** bills ultimately enacted (**1** of which required the legislature to override their governor's veto to enact):
 - **CO HB 25-1027**: Makes a variety of changes to immunization statutes, including repealing the requirement of schools to notify the health department if a student is excluded due to noncompliance with immunization requirements
 - **ID H 290**: Removes the responsibility of the board of health to determine the school/daycare vaccine schedule, instead listing certain vaccines directly in the statute (and specifying exemption information)
 - **KS SB 29**: Restricts public health officials' authority to require isolation/quarantine and prohibit public gatherings
 - **ND SB 2555**: States that the State Health Officer serves at the pleasure of the governor in relation to their capacity, role, and decision-making authority
 - **WA HB 1531**: Prohibits any additional (and nullifies any current) statutes, ordinances, rules, or policies that prevent health officials from implementing and promoting evidence-based, appropriate measures to control the spread of communicable diseases, including vaccines

Figure 13: States With at Least One Bill Related to Public Health Authority, August 1, 2024-June 1, 2025

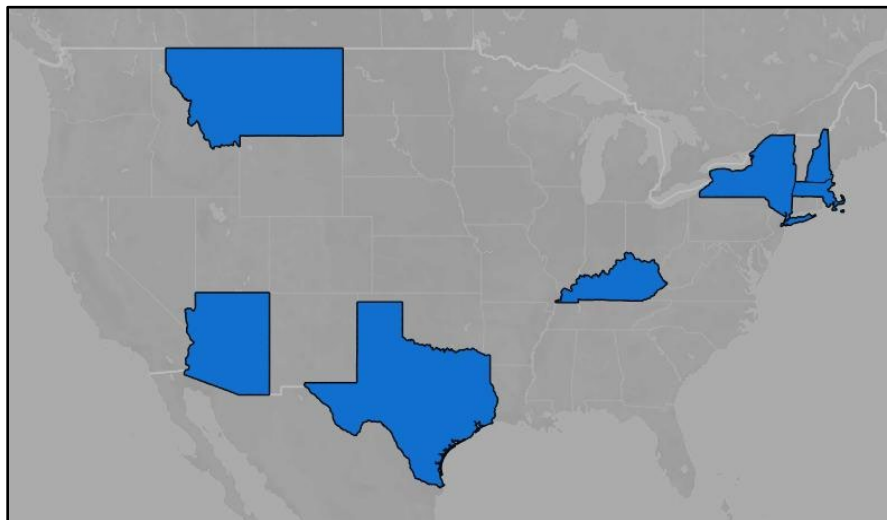


Vaccine Safety/Investigation

- **Twenty-nine bills (5.30%)** involved vaccine safety and/or associated investigations to better understand such safety.

- **Five** bills involved requiring school-specific IIS reports on vaccine coverage and/or exemptions.
- **Four** bills involved the sharing of IIS data, **three** bills sought to prohibit the sharing of individual data, and **one** bill sought to allow such sharing with health insurers.
- **One** bill sought to make IIS record tampering a third-degree crime.
- Just **one** bill related to IIS passed the first chamber.

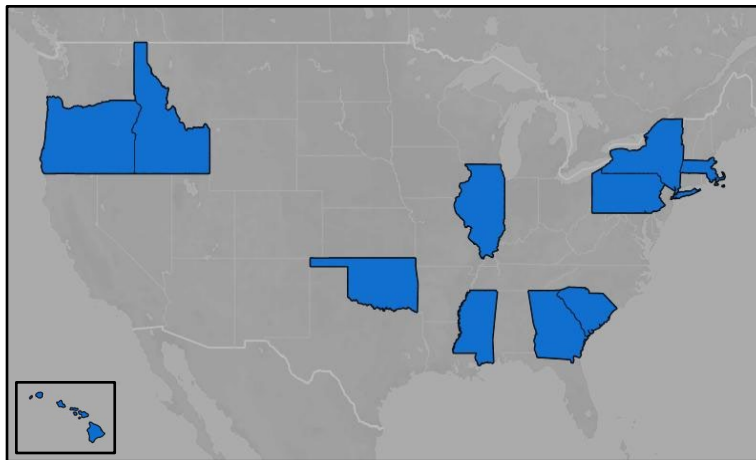
Figure 15: States With at Least One Bill Related to IIS, August 1, 2024-June 1, 2025



Vaccine Access/Disparities

- **Seventeen** bills (3.11%) introduced would have impacted vaccine access and associated disparities in access.
- **Three** bills in this category would have decreased vaccine access, stating respectively that offering vaccines was no longer required at hospital patient discharge, no longer required for school-based health centers, and prohibited for undocumented immigrants.
- The other **14** bills here sought to increase vaccine access and reduce health disparities.
- **Four** bills sought to establish committees or programs to address vaccine coverage disparities.
- Other bills were about expanding vaccine access for specific populations, including patients discharged from the hospital (**3** bills), schools and school-based health centers (**3** bills), residential care facilities (**1** bill), incarcerated women (**1** bill), and refugees (**1** bill).
- **One** bill involving vaccine access was officially enacted:
 - **ID H 135:** Removes immunization services from the list of those that do not require verification of lawful presence in the United States

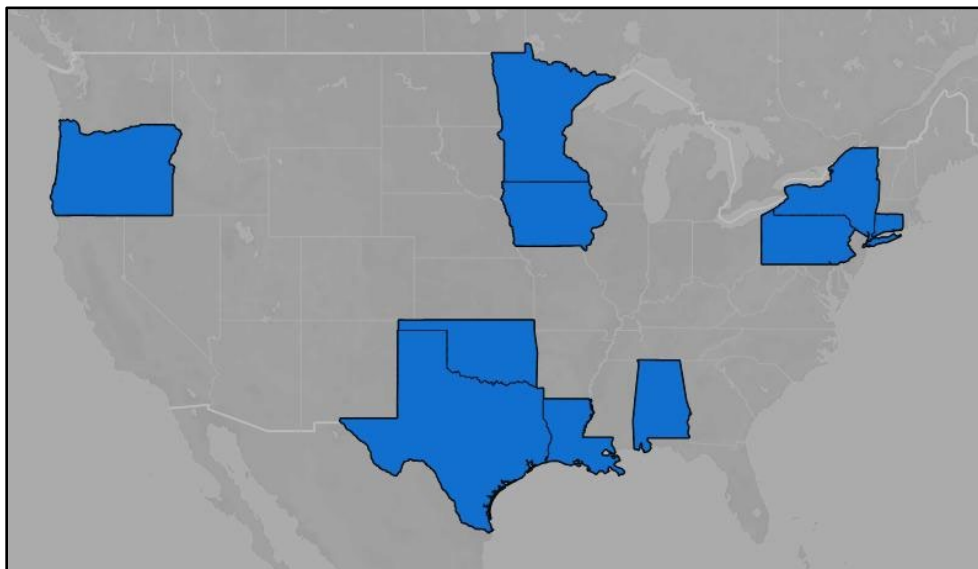
Figure 16: States With at Least One Bill Related to Vaccine Disparities/Access, August 1, 2024-June 1, 2025



Consent to be Vaccinated

- **Fifteen bills (2.74%)** involved the consent needed to be able to receive a vaccine, almost exclusively surrounding vaccines for minors.
- **Two bills** sought to expand vaccine consent to minors 14 years and older and for vaccines that prevent sexually transmitted infections.
- **Five bills** sought to prohibit all minors under the age of 18 from receiving vaccines without parental consent, and **five bills** sought to prohibit all minors, apart from a few exceptions (i.e., unless they were emancipated, married, or pregnant).
- **Two bills** sought to require a parent's physical presence, in addition to their consent, at the time of vaccination.
- **Four bills** related to vaccine consent passed just their first chamber, while **one bill** passed both chambers and was officially enacted:
 - **AL SB 58 & AL SB 101:** States minors under the age of 18 can't consent to vaccination, unless they are married, divorced, pregnant, emancipated, or living independently (*previous law stated minors who are 14 and older can consent to their own medical care*)

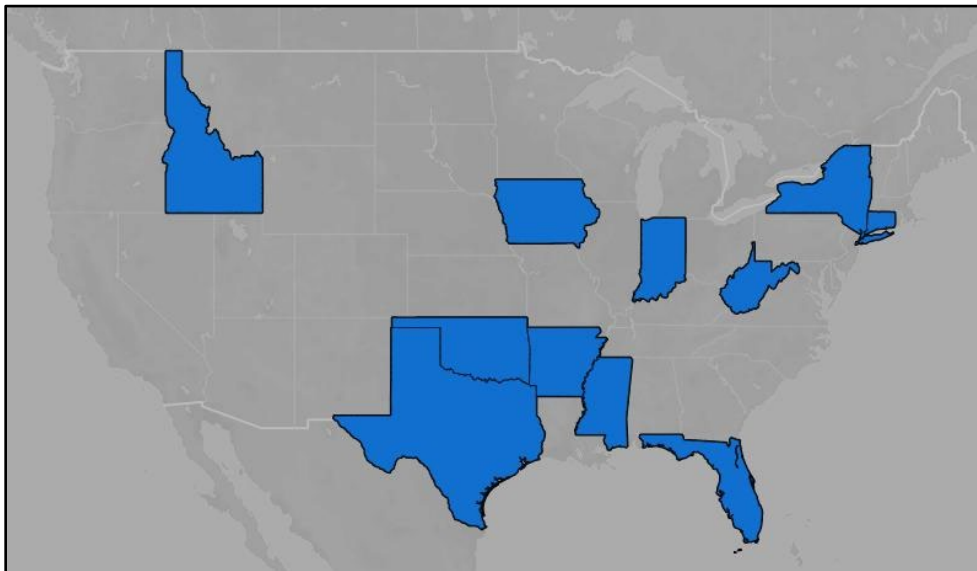
Figure 17: States With at Least One Bill Related to Vaccine Consent, August 1, 2024-June 1, 2025



Vaccine Liability/Lawsuits

- A more recent trend, **14 bills (2.56%)**, primarily involved vaccine liability and lawsuits, usually for vaccine injuries. An additional **19 bills** in other categories also mention vaccine liability or civil suit if different vaccine proposed vaccine provisions were violated, making this trend more pronounced.
- **Seven** of these bills would have made vaccine manufacturers liable for vaccine injuries.
- **Three** bills would have made employers liable (for any employee-mandated vaccine-associated injuries), and **two** bills would have made the state liable (for any state-mandated vaccine-associated injuries).
- **One** of the bills related to manufacturer liability passed both chambers, but was not officially enacted in the study period (*See Enacted Legislation Summary*).

Figure 18: States With at Least One Bill Related to Vaccine Liability/Lawsuits, August 1, 2024-June 1, 2025

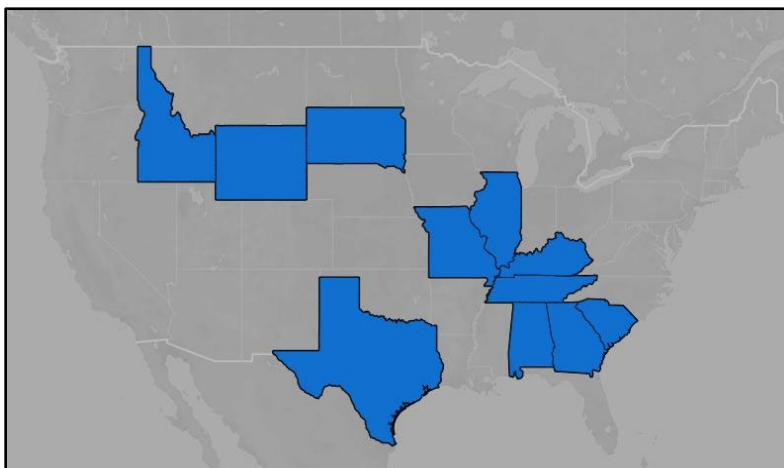


Blood/Organ Donation

- **Twelve bills (2.19%)** involved the relationship between vaccine receipt (or lack thereof) and blood/organ donation.
- **Ten** of these bills explicitly involved COVID-19 or mRNA vaccines, while **two** bills implicated vaccines more broadly.
- **Eight** bills involved blood donation testing and labeling of COVID-19 or mRNA vaccine components, allowing patients to request blood without such components if they were in need.
- **Four** bills involved prohibiting the use of one's vaccination status when making organ transplant decisions.

- **One** bill related to blood/organ donation passed the first chamber, and **one** bill passed both chambers, but neither was officially enacted.

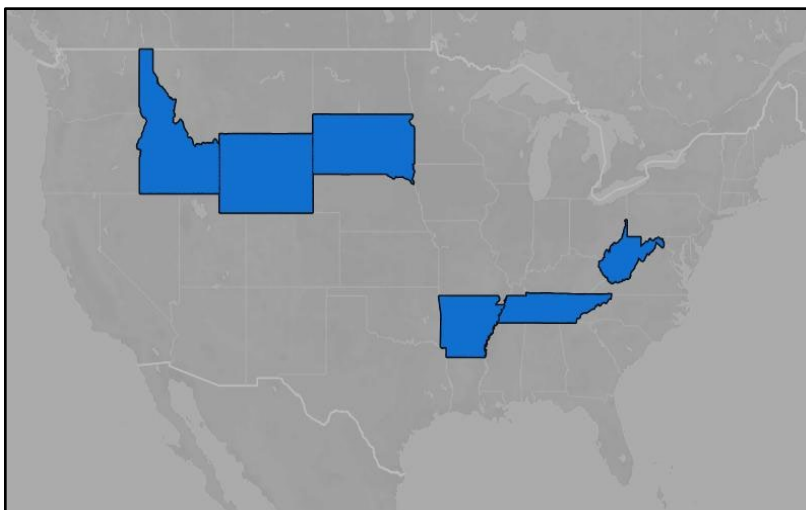
Figure 19: States With at Least One Bill Related to Blood/Organ Donation, August 1, 2024-June 1, 2025



CDC/WHO Authority

- **Nine** bills (>2%) involved prohibiting the use of Centers for Disease Control (CDC) and/or World Health Organization (WHO) requirements, mandates, recommendations, instructions and/or guidance for the basis of any state action. (These are largely message bills but potentially impacting vaccines if CDC/WHO vaccine policy aligned with the desired policy of a state.)
- **Six** bills were specific to WHO authority in the state, **two** bills were for both WHO and CDC authority, and one bill was exclusive to CDC authority.
- **Two** bills related to WHO authority passed both chambers and were ultimately enacted:
 - **ID S 1038**: Prohibits the state from being compelled to engage in the enforcement of requirements or mandates issued by the World Health Organization
 - **TN SB 263**: Prohibits the enforcement and recognition of requirements or mandates issued by the WHO

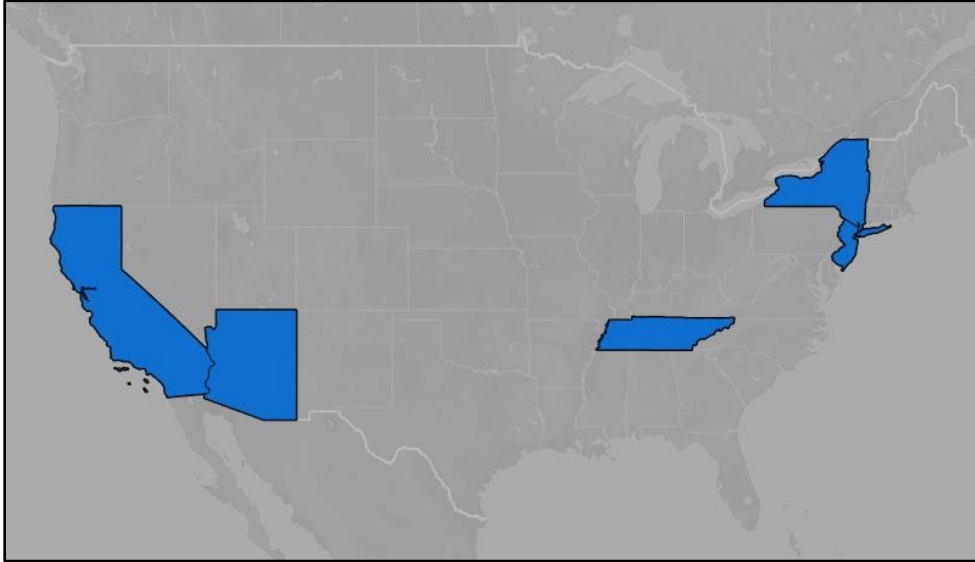
Figure 20: States With at Least One Bill Related to CDC/WHO Authority, August 1, 2024-June 1, 2025



Vaccine Stockpiles

- **Five bills (<1%)** were introduced to create state stockpiles of vaccine; none of them passed any chamber votes.

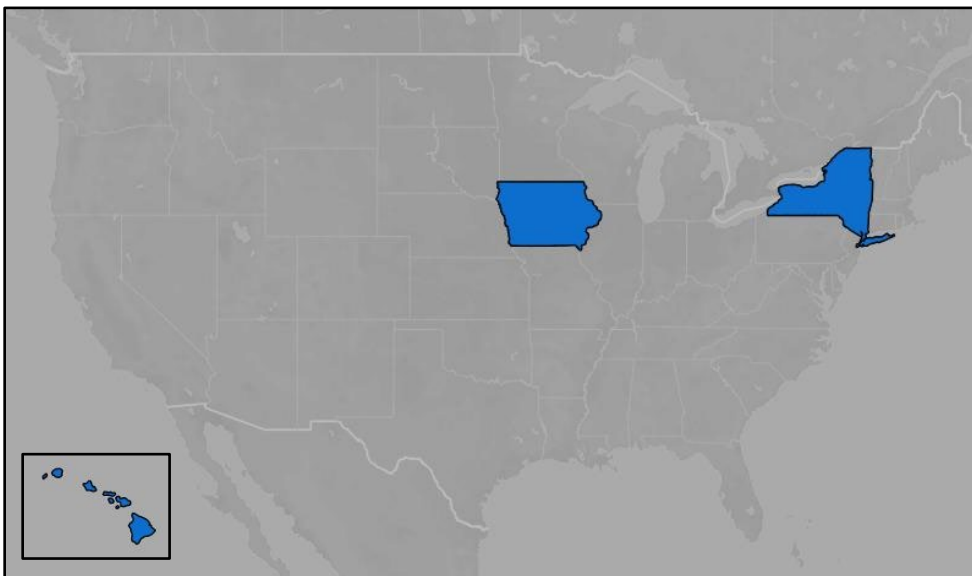
Figure 21: States With at Least One Bill Related to Vaccine Stockpiles, August 1, 2024-June 1, 2025



Vaccine Curriculum

- **Three bills (<1%)** would have required some form of vaccine-related science curriculum be taught in K-12 schools, none of them passed any chamber votes.

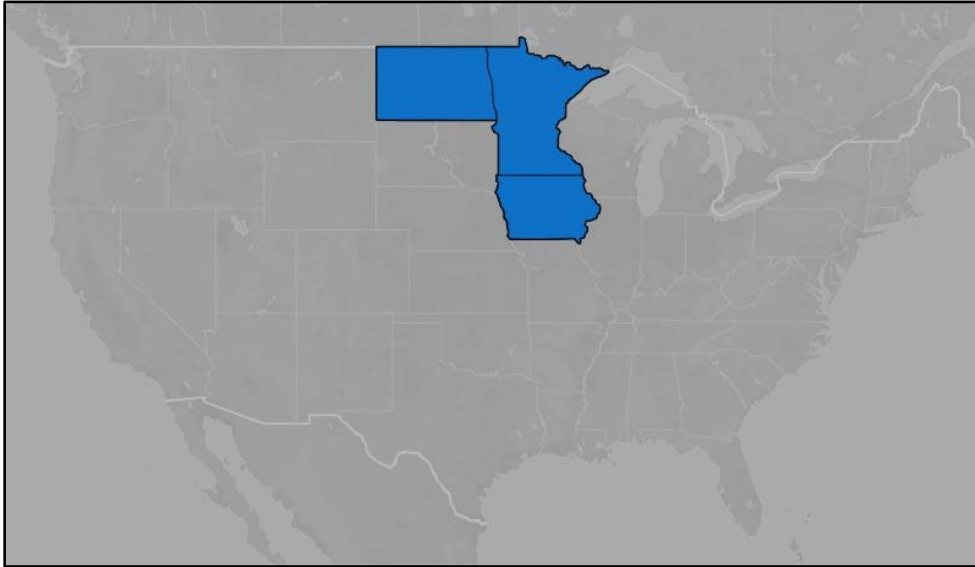
Figure 22: States with at least one bill related to Vaccine Curriculum; August 1, 2024 - June 1, 2025



Death Certificates

- **Three bills (<1%)** would have required vaccine-receipt information to be combined with/included on death certificates and associated reports, none of them passed any chamber votes

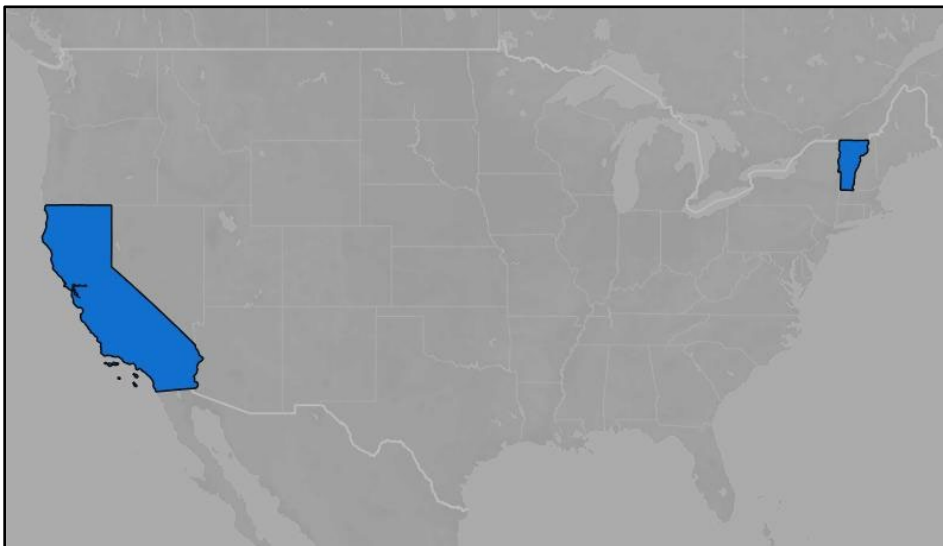
Figure 23: States with at least one bill related to Death Certificates; August 1, 2024 - June 1, 2025



Federal Government Response

- **Three bills (<1%)** were resolutions to urge the federal government to take certain vaccine-related actions.
- **One bill** directed at the federal government passed the first chamber, and **one bill** passed both chambers and was officially enacted:
 - **VT SR 14:** Urges USDA and CDC to expedite the establishment and implementation of an avian influenza vaccine national reserve and distribution system for farms

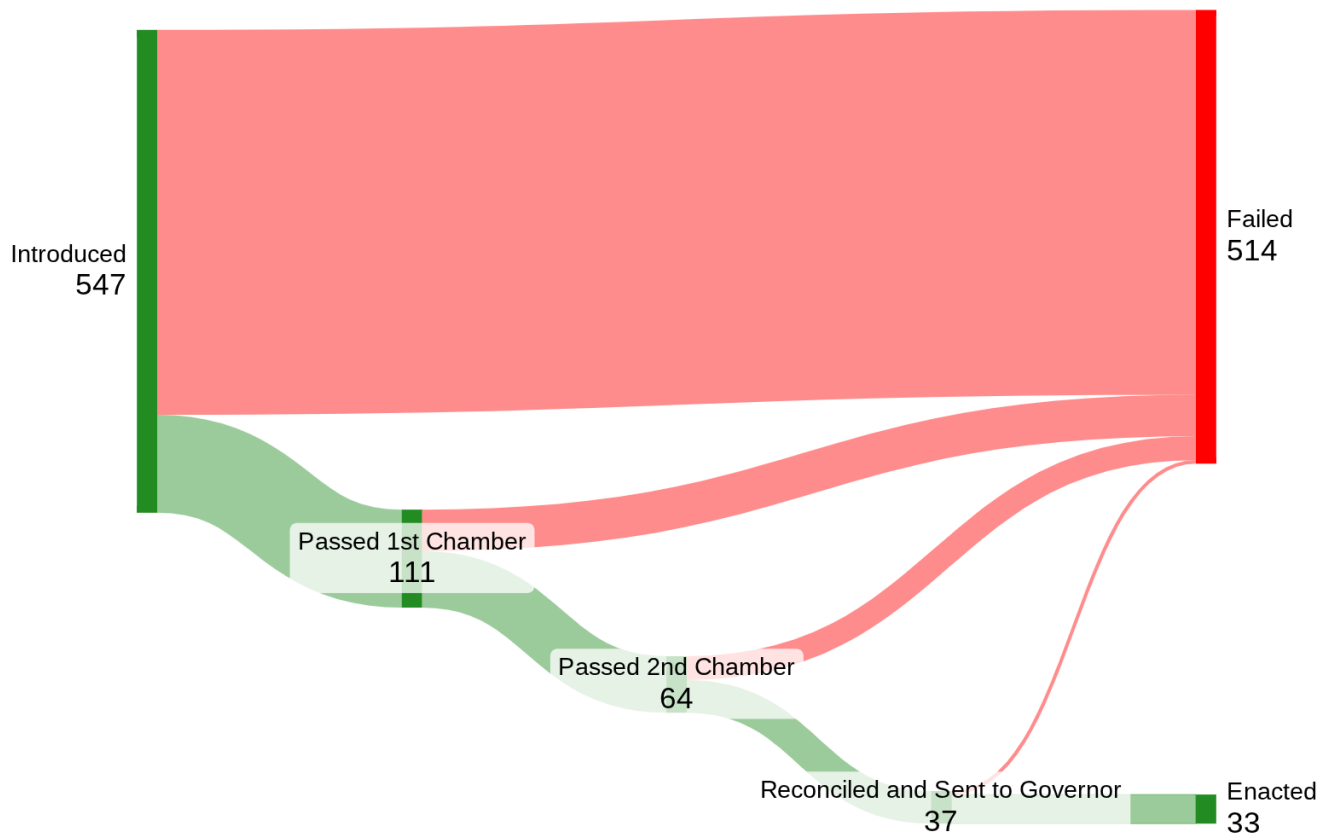
Figure 24: States With at Least One Bill Related to Federal Government Response, August 1, 2024-June 1, 2025



Other

- **Fourteen** bills did not fit clearly into any of the primary themes above, **three** of which were officially enacted:
 - **AL SB 59 & AL HB 377:** Allows dependents of military members to use their military medical records as evidence of immunization receipt
 - **ID H 91:** Repeals the act creating the Idaho Childhood Immunization Policy Commission
 - **OK HB 1122:** Removes proof of Hepatitis B vaccination as an accepted substitute for a negative Hepatitis B test for participants in events sanctioned by the Oklahoma Athletic Commission

Figure 25: Vaccine-Related Bill Progress through State Legislatures, August 1, 2024-June 1, 2025



Enacted Legislation Summary

The following section includes the 33 vaccine-related bills officially enacted, as well as four bills vetoed by governors, between August 1, 2024, and June 1, 2025.

Note: Twelve additional bills were eventually enacted throughout June 2025, for a revised total of 45 vaccine-related bills becoming law (80% more bills than last year). While outside the official study window, these bills are also listed at the end of this section, noted with ***.

AL SB 58 & AL SB 101: States minors under the age of 18 can't consent to vaccination, unless they are married, divorced, pregnant, emancipated, or living independently (previous law stated minors who are 14 and older can consent to their own medical care); **Enacted**

AL SB 59 & AL HB 377: Allows dependents of military members to use military medical records as evidence of immunization receipt (instead of the state Blue Card process); **Enacted**

AR HB 1131: Allows registered nurses to delegate vaccinating authority (amongst other tasks) to medical assistants; **Enacted**

AZ HB 2012: Would have prohibited requirements for products under FDA emergency use authorization; **Vetoed by Governor**

AZ HB 2058: Would have specified that students over the age of 18 can submit their own personal belief exemption to vaccines required by colleges/universities; **Vetoed by Governor**

AZ HB 2063: Would have required that communications related to school vaccine requirements include information about obtaining an exemption; **Vetoed by Governor**

CO HB 25-1027: Makes a variety of changes to immunization statutes, including allowing PAs to create certificates of immunization, extending the deadline to notify parents of their school's vaccine rate, and repealing the requirement of schools to notify the health department if a student is excluded due to noncompliance with immunization requirements; **Enacted**

CO SB 25-196: States that if ACIP is repealed, modified or otherwise no longer in effect, the commissioner can still require that vaccines be covered by insurers; **Enacted**

HI HB 72: Requires that pharmacy technicians be registered to perform their duties (including administering vaccinations); **Enacted**

IA HF 299: Requires any public communications about vaccine requirements to include information about vaccine exemptions; **Enacted**

ID H 135: Removes immunization services from the list of those that do not require verification of lawful presence in the United States; **Enacted**

ID H 290: Removes the responsibility of the board of health to determine the school/daycare vaccine schedule, instead listing certain vaccines directly in the statute (and specifying exemption information); **Enacted**

ID H 91: Repeals the act creating the Idaho childhood immunization policy commission (created to evaluate policies regarding childhood immunization in Idaho and make recommendations to the board of health and welfare on policy and to the Idaho legislature on legislative action to increase immunization rates); **Enacted**

ID S 1023: Would prohibit the mandate of any medical intervention by the state; **Vetoed by Governor**

ID S 1038: Prohibits the state from being compelled to engage in the enforcement of requirements or mandates issued by WHO; **Enacted**

ID S 1210: Prohibits the mandate of any medical intervention by the state (excluding daycares and schools); **Enacted**

ID SCR 102: Establishes a legislative committee to investigate the state's COVID-19 vaccine response; **Enacted**

KS SB 29: Restricts public health officials' authority to require isolation/quarantine and prohibit public gathering; **Enacted (Governor Veto Override)**

MD HB 1315: Requires all health insurers cover all visits for and costs of childhood and adolescent immunizations, as well as specifies vaccines pharmacists can administer; **Enacted**

MD HB 974: Allows the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by ACIP; **Enacted**

MN HF 3022 & MN SF 3289: Removes the authority of dentists to administer COVID-19 vaccines (amongst other miscellaneous technical changes); **Enacted**

MS HB 1066: Provides a 30-day grace period for children of military families to adhere to school vaccination requirements; **Enacted**

ND SB 2555: States that the State Health Officer serves at the pleasure of the governor in relation to their capacity, role, and decision-making authority; **Enacted**

NE LB 77: Prohibits health insurers in the state from requiring prior authorization for any ACIP-recommended vaccines (amongst other prior authorization specifications); **Enacted**

NJ A 1899: Allows pharmacy technicians to vaccinate, and authorizes pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5; **Enacted**

OK HB 1122: Removes proof of Hepatitis B vaccination as an accepted substitute for a negative Hepatitis B test for participants in events sanctioned by the Oklahoma Athletic Commission; **Enacted**

SC S 2: Specifies the requirements of informed consent for vaccination; **Enacted**

TN SB 1031 & TN HB 1157: Prohibits the state or local health department from promoting, distributing or endorsing FDA-regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification); **Enacted**

TN SB 1272 & TN HB 1308: States that a child in state custody cannot be denied admission to any school if the child has not been immunized or is unable to produce immunization records; **Enacted**

TN SB 263: Prohibits the enforcement and recognition of requirements or mandates issued by the World Health Organization; **Enacted**

TN SB 680: Requires that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes (final version notes they can be separate communications); **Enacted**

TN SB 827 & TN HB 1003: Removes vaccine requirements for private schools that are fully online; **Enacted**

TX HB 1620 & TX SB 2375: Prohibits providers who take Medicaid or CHIP from refusing services based on an individual's vaccination status; **Enacted**

UT HB 228: Removes any expiration of student vaccine exemption forms, and requires that schools transfer such exemption (or vaccination record) if a student changes schools; **Enacted**

UT HB 84: Requires any food intended for human consumption that contains vaccine or vaccine material be considered a drug; **Enacted**

VT SR 14: Urges USDA and CDC to expedite the establishment and implementation of an avian influenza vaccine national reserve and distribution system for farms; **Enacted**

WA HB 1531: Prohibits any additional (and nullifies any current) statutes, ordinances, rules, or policies that prevent health officials from implementing and promoting evidence-based measures to control the spread of communicable diseases, including vaccines; **Enacted**

*****FL HB 1299:** Prohibits discrimination based on vaccine status, specifically defining mRNA vaccines; **Enacted After June 1**

*****FL SB 738:** Removes the requirement that childcare facilities provide parents with influenza immunization information every August/September; **Enacted After June 1**

*****HI HB 1115:** Establishes a Universal Purchase Program for vaccines in the state using insurer assessed funds; **Enacted After June 1**

*****NC HB 67:** Adds "administration of a vaccine or medication" to the defined scope of pharmacy practice; **Enacted After June 1**

*****ND HB 1454:** Prohibit any vaccine requirement without religious/philosophical opt-out, excluding a list of defined setting that are excluded; **Enacted After June 1**

*****NH HB 10:** Establishes a parental bill of rights, emphasizing parents' ability to make vaccine decision for their children; **Enacted After June 1**

*****TX HB 1306:** Requires 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; **Enacted After June 1**

*****TX HB 1586:** Requires 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; **Enacted After June 1**

*****TX HB 3441:** Makes vaccine manufactures who advertise in the state liable for any associated vaccine injuries; **Enacted After June 1**

*****TX HB 4076:** Prohibits utilizing one's immunization status to make organ transplant decisions; **Enacted After June 1**

*****TX HB 4535:** Requires an informed consent process before COVID-19 vaccine administration that specifically includes the risks of COVID-19 vaccination, the expedited speed they were developed, whether long term studies have been conducted, whether vaccine manufacturers have product liability and VAERS information; **Enacted After June 1**

*****TX SB 269:** Authorizes disciplinary action by the Texas Medical Board for failure to report suspected vaccine adverse events into VAERS; **Enacted After June 1**

Key Takeaways

The post-COVID-19 downward trend of vaccine-related legislation rebounded in 2025, likely as vaccines had increased focus and coverage at the federal level under the new administration. While there were not as many bills as during the peak of COVID-19, and while most bills still failed to pass (93.97%), states considered an increased number of bills compared to last year. Themes remained largely similar, with bills seeking to remove vaccine requirements or increase vaccine exemptions continuing to be the most common. There is an increasingly strong push to simplify (if not outright remove) any current formalized process to exempt children from vaccine requirements.

New trends surrounding vaccine injury liability and increases in legislation regarding mRNA vaccines, vaccine communications, and purported discrimination due to one's vaccine status are emerging. Additionally, increases in legislation to ensure vaccine coverage and access are continuing, although many pro-vaccine bills failed to gain much traction after introduction.

Identical and near-identical legislation remains the norm, with boilerplate language surrounding parental rights, informed consent and mRNA vaccines continuing to percolate in states across the country. If you are a program manager encountering a vaccine-related bill, it is highly likely another jurisdiction is encountering (or has encountered) one of similar nature. Coordination and information-sharing between programs and pro-vaccine partners remains critical given the volume and similarities of the legislation.

Unfortunately, once more fringe themes related to vaccine risks, including those with inaccurate scientific information, are gaining more traction. While many still did not pass, they made it through chamber votes this year when previously they wouldn't have even made it through committee. Significant vaccine policy changes and restrictions are a few like-minded legislators away from enactment. The immunization community may need to revisit advocacy strategies and explore new ways to communicate persuasively about vaccine science.

The vast majority of Americans still decide to vaccinate themselves and their children. AIM's policy and government relations team has increased its policy and advocacy activities to ensure sound vaccine policy remains the law of the land at the local, state, and federal level. AIM is committed to providing support and guidance for immunization programs during these evolving legislation sessions.

Additional AIM Policy Resources

Visit AIM's [Policy Toolkit](#) to view all our legislative resources.

[Connecting the Dots: Legislative Sessions](#) is a one-stop compilation of resources to equip AIM members with information to respond to and prepare for legislative inquiries.

APPENDIX 1: All Tagged Legislation by Primary Theme (August 1, 2024-June 1, 2025)

| Theme | Bill(s) | Summary | Status |
|----------------------|--|--|----------------------|
| Ability to Vaccinate | AR HB 1131 | Allows registered nurses to delegate vaccinating authority (amongst other tasks) to medical assistants | Enacted |
| Ability to Vaccinate | CT HB 6581 | Would allow pharmacists to vaccinate children of any age | Introduced |
| Ability to Vaccinate | HI HB 72 | Requires that pharmacy technicians be registered to perform their duties (including administering vaccinations) | Enacted |
| Ability to Vaccinate | IL HB 1805 | Would repeal the authority of dentists to administer vaccines in 2026 | Introduced |
| Ability to Vaccinate | IL SB 2494 & IL HB 3681 | Would specify that respiratory care practitioners with appropriate training are allowed to vaccinate those 18 and older | Passed Both Chambers |
| Ability to Vaccinate | IN HB 1571 | Would allow standing orders for pharmacists to administer any ACIP recommended vaccine (currently only to those over 11 years old) | Introduced |
| Ability to Vaccinate | IN SB 96 | Would allow pharmacists to administer any ACIP recommended vaccine (currently a specified list) | Passed 1st Chamber |
| Ability to Vaccinate | KS HB 1039 | Would specify that apart from a select list of vaccines, pharmacists are able to vaccinate those 7 years and older | Introduced |
| Ability to Vaccinate | MN HF 3022 & MN SF 3289 | Removes the authority of dentists to administer COVID-19 vaccines (amongst other miscellaneous technical changes) | Enacted |
| Ability to Vaccinate | MN HF 86 | Would allow community emergency medical technicians to vaccinate | Introduced |
| Ability to Vaccinate | MN SF 2128 | Would allow certified EMT's to administer vaccines | Introduced |
| Ability to Vaccinate | MO HB 1195 | Would restrict the authority of pharmacists to vaccinate in the state, defining vaccine types and ages in statute | Introduced |
| Ability to Vaccinate | MO HB 943 & MO SB 317 | Would add chikungunya vaccines to the list that pharmacists are able to administer to those 7 years and older | Passed 1st Chamber |
| Ability to Vaccinate | MO SB 374 | Would allow dentists to vaccinate | Introduced |
| Ability to Vaccinate | NC SB 335, NC SB 357, NC SB 314, NC HB 736 & NC HB 67 | Would add "administration of a vaccine or medication" to the scope of pharmacy practice | Passed 1st Chamber |

| | | | |
|----------------------|--|---|--------------------|
| Ability to Vaccinate | NJ A 1899 | Allows pharmacy technicians to vaccinate, and authorizes pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5 | Enacted |
| Ability to Vaccinate | NV SB 294 | Would allow physician assistants to sign off on a child's certificate of immunization for school entry (currently only physicians) | Passed 1st Chamber |
| Ability to Vaccinate | NV SB 387 | Would authorize naturopathic physicians to be able to prescribe and administer immunizations | Introduced |
| Ability to Vaccinate | NY A 1407 | Would authorize a licensed pharmacist to administer flu immunizations to persons nine years of age or older. | Introduced |
| Ability to Vaccinate | NY A 2297 | Would allow emergency medical technicians to administer influenza vaccines to those 2 and older and COVID-19 vaccines to those 18 and over | Introduced |
| Ability to Vaccinate | NY A 3007, NY A 5460, NY S 5340 & NY S 3007 | Would allow medical assistants to vaccinate in an outpatient office setting under the direct supervision of a physician or a physician assistant | Introduced |
| Ability to Vaccinate | NY A 3892 & NY S 4548 | Would allow dentists to administer HPV vaccines | Introduced |
| Ability to Vaccinate | NY A 3894 & NY S 6744 | Would allow dentists to administer influenza and COVID-19 vaccines during a declared public health emergency | Passed 1st Chamber |
| Ability to Vaccinate | NY A 5152 & NY S 7025 | Would allow pharmacy technicians to administer any vaccine that pharmacists can administer (if under their supervision) | Introduced |
| Ability to Vaccinate | NY A 5541 | Would establish registration for medical assistants, allowing them to prepare and administer vaccines if under supervision of a healthcare practitioner | Introduced |
| Ability to Vaccinate | NY A 7988 | Would allow physician assistants to "follow best practice immunization standards" without physician supervision | Introduced |
| Ability to Vaccinate | NY S 1963 & NY A 7534 | Would set new defining regulations for retail clinics that administer vaccines | Introduced |
| Ability to Vaccinate | NY S 3808 | Would allow pharmacists to administer flu vaccines to those 9 years and older | Introduced |
| Ability to Vaccinate | NY S 3826 & NY A 4346 | Would add mpox to the list of vaccines that pharmacists and certified nurse practitioners can administer | Passed 1st Chamber |
| Ability to Vaccinate | NY S 5706 & NY A 7692 | Would allow nursing students to administer certain vaccines (to specific ages under specific circumstances) | Introduced |
| Ability to Vaccinate | NY S 5720 & NY S 7730 | Would allow medical assistants to prepare and administer vaccines | Introduced |
| Ability to Vaccinate | OR HB 3824 | Would authorize physical therapists to vaccinate individuals over the age of 7 years (over the age of 6 months for influenza vaccine), permitting vaccination down to age 3 during a declared public health emergency | Passed 1st Chamber |

| | | | |
|----------------------|------------------------------------|---|----------------------|
| Ability to Vaccinate | RI HB 5427 & RI SB 699 | Would allow pharmacists to administer COVID-19 vaccines to those 9 years and older (currently can only administer flu vaccines) | Passed 1st Chamber |
| Ability to Vaccinate | RI HB 6037 | Would allow pharmacists to vaccinate down to age 3 (currently only adults or for influenza down to age 9) | Introduced |
| Ability to Vaccinate | RI SB 166 | Would allow pharmacists to administer the flu vaccine to patients of any age | Passed 1st Chamber |
| Ability to Vaccinate | RI SB 478 & RI HB 5858 | Would authorize certified professional midwives to administer vaccines | Introduced |
| Ability to Vaccinate | TX HB 2374 | Would require every long-term care facility in the state to have a designated primary and secondary infection control preventionist, each of whom would need to complete 8 hours of training annually on infectious diseases and vaccination | Introduced |
| Ability to Vaccinate | TX HB 3540 | Would let pharmacists vaccinate ages 3 and older for flu and COVID-19 (ages 5 and older for other vaccines) | Passed 1st Chamber |
| Ability to Vaccinate | TX HB 5611 | Would allow districts that contract with EMS providers and first responder organizations to use such entities for preventative services (including immunizations) | Introduced |
| Ability to Vaccinate | TX SB 1859 & TX HB 3794 | Would authorize advanced practice registered nurses to administer vaccines | Introduced |
| Ability to Vaccinate | TX SB 254 | Would simplify the process for pharmacists (and pharmacy technicians) to vaccinate | Introduced |
| Ability to Vaccinate | TX SB 398 | Would allow pharmacists to delegate vaccinating authority to pharmacist technicians | Introduced |
| Ability to Vaccinate | TX SB 623 | Would give pharmacists exclusive authority to determine whether or not to vaccinate (including COVID-19 vaccines) | Introduced |
| Ability to Vaccinate | TX SB 911 | Would let advanced practice registered nurses prescribe and order vaccinations | Introduced |
| Ability to Vaccinate | VT H 241 | Would authorize the commissioner of health to let optometrists vaccinate during a public health emergency | Introduced |
| Ability to Vaccinate | WA HB 1520 & WA SB 5513 | Would allow pharmacists to prescribe (and administer) immunizations without a collaborative agreement with a physician | Introduced |
| Ability to Vaccinate | WI SB 31 | Would authorize physician assistants and advanced practice nurses to supervise a school districts immunization program and issue orders for the administration of immunizations that are in accordance with state law (as physicians currently can) | Passed Both Chambers |
| Access/Disparities | GA HB 218 | Would lower the age from 50 to 18 years old at which hospitals shall offer inpatient vaccinations for the influenza virus prior to discharge | Introduced |

| | | | |
|--------------------|--|---|------------|
| Access/Disparities | HI SCR 129-2025, HI HCR 173-2025, HI HR 169-2025 & HI SR 108-2025 | Would urge the health department to conduct vaccine drives at schools with less than 50% vaccination rate next school year | Introduced |
| Access/Disparities | ID H 135 | Removes immunization services from the list of those that do not require verification of lawful presence in the United States | Enacted |
| Access/Disparities | IL HB 1569 | Would require healthcare providers to administer medically necessary vaccines to patients who request if they have in stock, regardless of what funds were used to stock said vaccine | Introduced |
| Access/Disparities | IL SR 203 & IL HR 291 | Would urge the implementation of interventions to support vaccine uptake and reduce disparities in vaccine coverage | Introduced |
| Access/Disparities | MA HD 2916 & MA HD 4135 | Would require hospitals to offer flu vaccines to every patient 65 years and older during flu season | Introduced |
| Access/Disparities | MS HB 335 & MS HB 336 | Would establish the MAGnet Community Health Disparity Program to address COVID-19 vaccine administration disparities in the state | Introduced |
| Access/Disparities | MS HB 508 | Would establish a program under the State Health Officer to reduce health disparities, including for adult and child immunizations | Introduced |
| Access/Disparities | MS SB 2702 | Would remove the requirement of hospitals to offer influenza vaccine to certain patients during discharge | Introduced |
| Access/Disparities | NY A 2374 & NY S 2516 | Would establish a refugee resettlement program, including (amongst other services) providing immunizations | Introduced |
| Access/Disparities | NY A 4879 & NY S 4583 | Would specify care required for incarcerated pregnant women, including timely access to vaccinations (specifically tDap and influenza) | Introduced |
| Access/Disparities | NY A 7419 | Would list immunizations as a core/required service of all school based health centers | Introduced |
| Access/Disparities | NY S 3547 | Would detail the definition of a school-based health center, noting they shall provide immunizations to assist with vaccine requirement compliance | Introduced |
| Access/Disparities | OK SB 1017 | Would state immunizations are not "medically necessary services" required to be covered at school-based health centers via the State Medicaid Program | Introduced |
| Access/Disparities | OR SB 1030 | Would require that residential care facilities make available at least one on-site vaccine clinic per year to residents of the facility | Introduced |
| Access/Disparities | PA SB 196 | Would expand the current law requiring all those 65+ discharged from a hospital to be offered influenza and | Introduced |

| | | | |
|---------------------|------------------------------------|--|----------------------|
| | | pneumococcal vaccine, to also include those who are "high risk" and 50+ (for influenza) | |
| Access/Disparities | SC H 3568 | Would establish a health disparities committee to address childhood/adult immunization disparities (amongst other health conditions/disparities) | Introduced |
| Anti-Discrimination | AL HB 520 | Would prohibit discrimination due to one's vaccination status | Introduced |
| Anti-Discrimination | AZ HB 2257 | Would prohibit using one's vaccination status when making foster care placement decisions | Passed Both Chambers |
| Anti-Discrimination | AZ HB 2514 | Would create a parental bill of rights, one component of which emphasizes the right of parents to exempt their children from immunizations | Passed Both Chambers |
| Anti-Discrimination | AZ HB 2707 | Would prohibit healthcare providers from denying care to individuals because of their vaccination status | Introduced |
| Anti-Discrimination | CT HB 6612 | Would prohibit any business or state-funded entity from discriminating against someone based on their COVID-19 vaccination status | Introduced |
| Anti-Discrimination | CT HB 6613 | Would prohibit schools and institutions of higher education from discriminating against a student or a student's family member due to their COVID-19 vaccine status | Introduced |
| Anti-Discrimination | FL SB 1270 & FL HB 1299 | Would prohibit discrimination based on vaccine status, specifically defining mRNA vaccines | Passed Both Chambers |
| Anti-Discrimination | IA SF 180 | Would specify one's right to refuse any medical service (including vaccines) if approved under EUA, prohibiting discrimination against those who do refuse | Passed 1st Chamber |
| Anti-Discrimination | IL HB 2597 | Would prohibit any form of discrimination against those who refuse to receive a COVID-19 vaccine | Introduced |
| Anti-Discrimination | KS SB 19 | Would prohibit any form of discrimination against individuals who refuse vaccination or any other DNA/RNA based product | Introduced |
| Anti-Discrimination | KY HB 629 | Would prohibit healthcare providers from refusing services to someone because of their vaccination status | Introduced |
| Anti-Discrimination | LA HB 555 | Would state the right of an individual to refuse any medical intervention (including vaccines) for themselves or their children, prohibiting discrimination and service refusal against such individuals | Introduced |
| Anti-Discrimination | LA HB 629 | Would require informed consent for vaccines be documented in patient's medical records, prohibiting from discriminating against individuals because of their vaccine status | Introduced |
| Anti-Discrimination | MA HD 1313 | Would state that no person may be compelled to receive an immunization for COVID-19 in order to secure, | Introduced |

| | | | |
|---------------------|-----------------------------------|---|--------------------|
| | | receive, or access any public facility, any public benefit, or any public service in the state | |
| Anti-Discrimination | MA SD 944 & MA HD 847 | Establishes a bill of rights for individuals experiencing homelessness, including the right to receive COVID-19 vaccines without discrimination | Introduced |
| Anti-Discrimination | MI HB 4475 | Would add "vaccine status" as a protected class that can't be discriminated against | Introduced |
| Anti-Discrimination | MN HF 22 | Would establish a parental bill of rights, emphasizing parents' ability to make vaccine decision for their children | Introduced |
| Anti-Discrimination | MN HF 237 | Would prohibit rescinding public assistance benefits due to one's vaccination status | Introduced |
| Anti-Discrimination | MN HF 2815 | Would prohibit the use or requirement of vaccine passports, passes or credentials in the state, allowing for civil suit if violated | Introduced |
| Anti-Discrimination | MN HF 481 & MN SF 1529 | Would outlaw discrimination against someone (across numerous entities) for refusal to receive a vaccine (including "RNA-based products or DNA-based products") | Introduced |
| Anti-Discrimination | MN HF 860 | Would create a tax exemption for backpay provided to military members reinstated for refusal to obtain a COVID-19 vaccine | Introduced |
| Anti-Discrimination | MN SF 369 & MN HF 1300 | Would prohibit the commissioner from rescinding any public assistance benefits due to one's vaccination status | Introduced |
| Anti-Discrimination | MN SF 698 | Would outlaw any vaccine passports, passes or credentials within the state | Introduced |
| Anti-Discrimination | MS HB 1422 | Would prohibit incentivizing providers to vaccinate, allow individuals to sue for vaccine injury, prevent discrimination against those who are unvaccinated and streamline vaccine exemptions | Introduced |
| Anti-Discrimination | MS HB 801 | Would prohibit health insurers from denying claims because someone is unvaccinated | Introduced |
| Anti-Discrimination | MS SB 2775 | Would prohibit discrimination based on COVID-19 vaccine status, allowing for civil suit if violated | Introduced |
| Anti-Discrimination | MT LC 69 | Would require acceptance of religious or conscience exemptions to immunizations | Introduced |
| Anti-Discrimination | NC SB 373 | Would prohibit healthcare providers from dismissing minors as patients for refusal to comply with the frequency or timing of the ACIP schedule | Introduced |
| Anti-Discrimination | ND HB 1391 | Would prohibit discrimination in employment based on "health status" (defined to include vaccination refusal) | Passed 1st Chamber |

| | | | |
|---------------------|----------------------------------|--|--------------------|
| Anti-Discrimination | NH HB 10 & NH SB 72 | Would establish a parental bill of rights, emphasizing parents' ability to make vaccine decision for their children | Passed 1st Chamber |
| Anti-Discrimination | NY A 3686 & NY S 7207 | Would require any officer or employe dismissed for failure to receive a COVID-19 vaccine to be reinstated at the same position and pay | Introduced |
| Anti-Discrimination | NY S 369 & NY A 7642 | Would prohibit discrimination against a person because they DID receive a vaccine | Introduced |
| Anti-Discrimination | NY S 4644 | Would allow employees that refuse a COVID-19 vaccine to be eligible for unemployment insurance | Introduced |
| Anti-Discrimination | OH HB 112 | Would prohibit various forms of service refusal/discrimination over someone's refusal to receive a vaccine or RNA based product | Introduced |
| Anti-Discrimination | OK SB 14 | Would prohibit discrimination against employees who refuse to disclose their COVID-19 vaccination status, providing a certificate to document their disclosure exemption | Introduced |
| Anti-Discrimination | OK SB 422 | Would prohibit public entities and contractors from requiring COVID-19 vaccinations or discriminating due to vaccination status | Introduced |
| Anti-Discrimination | OR SB 383 | Would prohibit requiring individuals receive experimental vaccines, vaccine passports and any discrimination against individuals who refuse such measures | Introduced |
| Anti-Discrimination | PA HB 617 | Would add the right to refuse any medical treatment (including vaccines) to the state constitution | Introduced |
| Anti-Discrimination | PA SB 193 | Would prohibit members of the state national guard from being required to receive a COVID-19 vaccine, reinstating and back paying any employees who were dismissed previously for not receiving | Introduced |
| Anti-Discrimination | RI SB 284 | Would establish a parental bill of rights, emphasizing parents ability to exempt their children from vaccines | Introduced |
| Anti-Discrimination | RI SB 469 | Would prohibit any form of discrimination due to vaccine status, prohibit financial incentives to providers who vaccinate, require patients all have written consent (that includes language advising they have the right to decline the vaccine and information about the VICP program), allowing for civil liability if violated | Introduced |
| Anti-Discrimination | SC H 3118 | Would establish a parental bill of rights, emphasizing parents ability to make vaccine decision for their children | Introduced |
| Anti-Discrimination | SC H 4009 | Would establish the right of any individuals in the state to refuse medical treatment (including vaccines) and prohibit state medical boards from investigating medical professionals who engage in "protected speech" against public health policies (providing injunctive relief if violated) | Introduced |

| | | | |
|---------------------|------------------------------------|---|--------------------|
| Anti-Discrimination | SD HB 1233 | Would establish that an individual has the right to be exempt from any mandate, requirement, obligation, or demand to receive a medical treatment (including vaccines, excluding those required for school entry) | Introduced |
| Anti-Discrimination | TN HB 638 & TN SB 1389 | Would prohibit providers who participate in Medicaid (or CoverKids) from refusing to see/treat patients due to vaccine refusal | Passed 1st Chamber |
| Anti-Discrimination | TX HB 1356 | Would prohibit healthcare facilities/providers from denying or refusing treatment to someone based on their vaccination status | Introduced |
| Anti-Discrimination | TX HB 1620 & TX SB 2375 | Prohibits providers who take Medicaid or CHIP from refusing services based on an individual's vaccination status | Enacted |
| Anti-Discrimination | TX HB 3392 | Would prohibit healthcare providers from refusing service based on one's vaccination status, allowing for penalties if violated | Introduced |
| Anti-Discrimination | TX HB 3957 | Would prohibit providers from discriminating against children (refusing service) due to their vaccination status | Introduced |
| Anti-Discrimination | TX HB 4381 | Would establish a parental bill of rights, emphasizing parents ability to exempt their children from vaccines | Introduced |
| Anti-Discrimination | VT H 274 | Would state hospital patient have the right not to be denied admission, care, or services based solely on their vaccination status | Introduced |
| Anti-Discrimination | VT H 60 | Would add immunization status as a protected class against discrimination in employment and public accommodations | Introduced |
| Anti-Discrimination | VT H 61 | Would specify individuals' rights to refuse any vaccine for any reason (even during emergency) due to bodily autonomy, prohibiting coercion if and allowing for civil suit if violated | Introduced |
| Anti-Discrimination | WA SB 5783 | Would prohibit the courts from considering a person's vaccination status in making any order related to child support, child custody, visitation, or parental rights | Introduced |
| Anti-Discrimination | WV HB 2372 | Would establish a parental bill of rights, emphasizing parents ability to make vaccine decision for their children | Introduced |
| Anti-Discrimination | WV HB 2375 | Would state people with natural immunity be treated equal or preferred to those who have vaccine induced immunity and counted as fully vaccinated | Introduced |
| Anti-Discrimination | WV HJR 9 | Would add the right to refuse any medical treatment (including vaccines) to the state bill of rights | Introduced |
| Anti-Discrimination | WY HB 96 | Would prohibit discrimination based on COVID-19 vaccine status and prohibit any communications suggesting COVID-19 vaccines were required, allowing for civil suit if violated | Passed 1st Chamber |

| | | | |
|----------------------|-------------------|--|----------------------|
| Blood/Organ Donation | AL HB 519 | Would prohibit using one's vaccination status to make organ transplant decisions, authorizing \$50,000 fines if violated | Introduced |
| Blood/Organ Donation | GA HB 522 | Would prohibit healthcare providers from discriminating against potential organ transplant recipients based on their COVID-19 vaccine status | Introduced |
| Blood/Organ Donation | ID H 131 | Would require blood donations to be labeled if the donor had received a COVID-19 or other mRNA vaccine, allowing those in need of donation to request blood based on such status | Passed 1st Chamber |
| Blood/Organ Donation | IL HB 1105 | Would require blood banks to test donated blood for evidence of any COVID-19 vaccine and any other mRNA vaccine components, labeling and disclosing such blood accordingly | Introduced |
| Blood/Organ Donation | KY HB 601 | Would require blood donations to be labeled if the donor had received a COVID-19 vaccine, allowing those in need of donation to request blood based on such status | Introduced |
| Blood/Organ Donation | KY HB 745 | Would require blood banks to test all blood for SAR COV 2 antibodies and synthetic mRNA (once a test is approved by the FDA) and label/disclose such blood to recipients accordingly, as well as prohibit the state from acquiring or maintaining a list containing the vaccination status of citizens | Introduced |
| Blood/Organ Donation | MO SB 471 | Would prohibit using COVID-19 vaccination status when making organ transplant decisions (unless a lung) | Introduced |
| Blood/Organ Donation | SC H 3119 | Would require blood donations to be disclosed and labeled if there is presence of high-count spike proteins from long COVID-19 or products from gene therapy biologics | Introduced |
| Blood/Organ Donation | SD HB 1078 | Would require blood banks to require donors disclose their COVID-19 vaccination status, labeling and disclosing such blood accordingly for potential recipients | Introduced |
| Blood/Organ Donation | TN SB 828 | Would require blood donations to be labeled if the donor had received a COVID-19 vaccine, allowing those in need of donation to request blood based on such status | Introduced |
| Blood/Organ Donation | TX HB 4076 | Would prohibit utilizing one's immunization status to make organ transplant decisions | Passed Both Chambers |
| Blood/Organ Donation | WY HB 152 | would require blood donations to be disclosed and labeled if the donor received an mRNA vaccines | Introduced |
| CDC/WHO Authority | AR HB 1791 | Would state that WHO requirements or mandates can't be used as a basis for action or to direct/impose requirements of any kind, including for vaccination | Introduced |
| CDC/WHO Authority | ID S 1038 | Prohibits the state from being compelled to engage in the enforcement of requirements or mandates issued by WHO | Enacted |

| | | | |
|-------------------|------------------------------------|---|----------------------|
| CDC/WHO Authority | SD HB 1152 | Would prohibit the state from implementing any rule, regulation, fee, tax, policy, or mandate from WHO or CDC | Introduced |
| CDC/WHO Authority | TN HB 318 | Would prohibit the state from following any requirements or mandates issued from WHO | Introduced |
| CDC/WHO Authority | TN HB 446 | Would restrict the authority of WHO within the state | Introduced |
| CDC/WHO Authority | TN SB 1030 & TN HB 1156 | Would remove the listed responsibility of a parent/guardian to ensure their child receives vaccines as recommended by guidelines of CDC or AAP | Introduced |
| CDC/WHO Authority | TN SB 263 | Prohibits the enforcement and recognition of requirements or mandates issued by the WHO | Enacted |
| CDC/WHO Authority | WV SB 689 | Would prohibit using any WHO requirements "as the basis for any action," including relating to vaccines | Introduced |
| CDC/WHO Authority | WY HB 141 | Would prohibit any CDC or WHO requirements, mandates, recommendations, instructions or guidance related to COVID-19 (and any variants of such guidance) from being implemented or enforced in the state | Introduced |
| Communications | AL HB 367 | Would prohibit any governmental entity or county health department from expending public funds to advertise or promote vaccines | Introduced |
| Communications | AR HB 1580 | Would require that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes | Passed Both Chambers |
| Communications | AZ HB 2063 | Would have required that communications related to school vaccine requirements include information about obtaining an exemption | Vetoed |
| Communications | CT HB 6561 | Would require any state funded vaccine advertisement to include information about side effects | Introduced |
| Communications | FL HB 47 | Would remove the requirement parents of children attending childcare facilities receive vaccine-related communications each fall | Introduced |
| Communications | FL SB 738 | Would remove the requirement that childcare facilities provide parents with influenza immunization information every August/September | Passed Both Chambers |
| Communications | GA HB 173 | Would require parents and guardians of students entering sixth grade receive information from the department of education regarding adolescent vaccinations | Introduced |
| Communications | IA HF 299 | Requires any public communications about vaccine requirements to include information about vaccine exemptions | Enacted |
| Communications | IA HF 34 | Would require that any communications about vaccines include information about vaccine exemptions | Introduced |

| | | | |
|----------------|-----------------------------------|---|--------------------|
| Communications | IA SF 6 | Would require that all communications about vaccine requirements and vaccines in general include information about vaccine exemptions | Introduced |
| Communications | ID S 1022 | Would prohibit the state from advertising any vaccine deemed to be "experimental" and specifies the requirements of obtaining informed consent | Introduced |
| Communications | LA HB 377 | Would require that healthcare providers provide written and verbal notice to patients receiving a drug/vaccine under EUA that they have the right to refuse it | Introduced |
| Communications | ME LD 436 (HP 290) | Would prohibit state agencies from promoting the COVID-19 vaccine in any medium to children | Introduced |
| Communications | MN SF 694 & MN HF 92 | Would prohibit using one's vaccination status to restrict movement/school attendance, require patients receive independent information about vaccines (not from a government entity or vaccine manufacturer) prior to receipt, prohibit COVID-19 vaccine promotion, prohibit coercing or pressuring individuals to receive a EUA vaccine and outlaw employer vaccine requirements | Introduced |
| Communications | NC HB 75 | Would require more specifics about side effects/clinical trial data be included in any vaccine manufacturer advertising | Introduced |
| Communications | NH HB 233 | Would require meetings of the New Hampshire Vaccine Association to be recorded and posted online within 48 hours | Passed 1st Chamber |
| Communications | NJ SR 27 | Would urge citizens to stay up to date on vaccinations, specifically measles (directing the health department to take measures to increase awareness of the measles outbreak through a mailer campaign) | Introduced |
| Communications | NY A 1908 | Would require patients be provided a list of vaccine ingredient, potential benefits/side effects and information about how to report an adverse event at least 48 hours prior to vaccine administration | Introduced |
| Communications | NY A 2704 | Would require all discharged maternity patients to receive an informational leaflet with newborn vaccination schedule information | Introduced |
| Communications | OK SB 807 & OK HB 1079 | Would require detailed information about the ability to exempt, vaccine safety and ingredients be provided to patients prior to any vaccine administration; allowing for civil penalty if deemed to be violated | Introduced |
| Communications | OK SB 879 | Would prohibit healthcare providers from administering vaccines without informed consent, emphasizing vaccines are voluntary or opt-in only | Introduced |
| Communications | PA HB 447 | Would require any communications about vaccine requirements to include information (in same size and font) about exemptions | Introduced |

| | | | |
|----------------|------------------------------------|---|----------------------|
| Communications | SC S 2 | Specifies the requirements of informed consent for vaccination | Enacted |
| Communications | SC S 343 | Would require individuals receiving a COVID-19 vaccine be verbally notified (and sign a form) that states that the vaccine is a new vaccine, the vaccine is contaminated by the presence of fragments of bacterial plasmid DNA, and the long-term safety of the vaccine is unknown | Introduced |
| Communications | TN SB 1031 & TN HB 1157 | Prohibits the state or local health department from promoting, distributing or endorsing FDA regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification) | Enacted |
| Communications | TN SB 680 | Requires that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes (final version allows for separate communications) | Enacted |
| Communications | TX HB 3472 | Would prohibits any person from compelling or coercing an individual to receive any medical service (including vaccines) | Introduced |
| Communications | TX HB 3852 | Would remove the requirement that recommended vaccines and vaccine clinic information be included on school district website, requiring all written notices about vaccine requirements to include explicit exemption information | Introduced |
| Communications | TX HB 4535 | Would require an informed consent process before COVID-19 vaccine administration that specifically includes the risks of COVID-19 vaccination, the expedited speed they were developed, whether long term studies have been conducted, whether vaccine manufacturers have product liability and VAERS information | Passed Both Chambers |
| Communications | TX HB 943 | Would state any attempt at compelling or coercing someone to receiving a COVID-19 vaccine is a violation of informed consent, allowing the state to grant injunctive relief if violated | Introduced |
| Communications | TX SB 754 | Would specify the requirements of informed consent for vaccination (allowing for civil suit if violated) | Introduced |
| Communications | TX SB 96 | Would require VAERS and NCICP information be provided to patients prior to any vaccination and would broaden vaccine exemptions; allowing for civil suit if violated | Introduced |
| Communications | WA SB 5781 | Would prohibit the state or local health department from promoting, distributing or endorsing FDA regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification) | Introduced |

| | | | |
|----------------|--|--|--------------------|
| Communications | WV HB 3019 | Would require that all school-related immunization communications include the FDA package insert and information about the VICP | Introduced |
| Consent | AL HB 2 | Would prohibit minors from consenting to their own vaccination without parental consent unless emancipated or living apart from their parents | Passed 1st Chamber |
| Consent | AL HB 267 | Would allow minors who have graduated from high school, been emancipated, gotten pregnant, gotten married, and or financially independent/living apart from their parents to consent to their own medical treatment (including vaccines) | Introduced |
| Consent | AL SB 58 & AL SB 101 | States minors under the age of 18 can't consent to vaccination, unless they are married, divorced, pregnant, emancipated, or living independently. (previous law stated minors who are 14 and older could consent to their own medical care) | Enacted |
| Consent | CT HB 6763 | Would state minors cannot receive any vaccines without parent/guardian consent | Introduced |
| Consent | IA HF 104, IA HF 394, IA SF 120 & IA SF 304 | Would specify vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval | Passed 1st Chamber |
| Consent | IA SF 554 | Would state the health department can provide preventative care to a child without parental consent, but specifically excludes vaccines from such care | Introduced |
| Consent | LA HB 400 | Would specify that informed parental consent is necessary for any medical treatment for minors before they turn 18 | Passed 1st Chamber |
| Consent | MN SF 839 & MN HF 91 | Would require parents/guardians be physically present at the time of vaccination | Introduced |
| Consent | NY S 1570 | Would allow minors 14 years old and older to consent to their own vaccinations | Introduced |
| Consent | NY S 3299 & NY A 3455 | Would require the parent (for most children under 18) to be physically present at the time childhood vaccines are administered | Introduced |
| Consent | NY S 653 & NY A 6866 | would allow individuals under the age of 18 to consent to vaccination that prevent sexually transmitted infections | Introduced |
| Consent | OK SB 547 | Would specify vaccines are not a type of healthcare minors can consent to without parental permission | Introduced |
| Consent | OR HB 2429 | Would allow emancipated minors to consent or exempt from required vaccinations, amongst other healthcare choices | Introduced |
| Consent | PA HB 120 | Would allow students over the age of 18, as well as minors who have graduated high school, become | Introduced |

| | | | |
|-----------------------------|------------------------------------|--|--------------------|
| | | pregnant or been emancipated, to consent to their own vaccines | |
| Consent | TX SB 95 | Would allow for civil suit if informed consent for vaccination is not obtained | Passed 1st Chamber |
| Death Certificates | IA SF 128 | Would require death certificates for those age 0-3 to include the date of last received immunization | Introduced |
| Death Certificates | MN HF 2128 & MN SF 2307 | Would combine vaccination receipt information for the last two years with death records, requiring within various time frames to be aggregated and posted on the health department website | Introduced |
| Death Certificates | ND HB 1519 | Would combine vaccination receipt information with death records, requiring all deaths within one, three, seven, fourteen, twenty-one, and thirty days of vaccination to be aggregated and posted on the health department website | Introduced |
| Federal Government Response | CA SJR 4 | Would urge Trump administration to rescind NIH funding cuts, citing terminated grants related to vaccine hesitancy and mRNA vaccines | Passed 1st Chamber |
| Federal Government Response | VT SR 14 | Urges USDA and CDC to expedite the establishment and implementation of an avian influenza vaccine national reserve and distribution system for farms | Enacted |
| Federal Government Response | VT SR 16 | Would urge the federal government to reverse recent HHS-related actions, including reductions in force, withdrawing from WHO and "lack of understanding regarding vaccines" | Introduced |
| IIS | AZ SB 1663 | Would expand the IIS to include adult immunizations, specifying the data that is required to be reported | Introduced |
| IIS | KY HB 140 | Would prohibit the state from acquiring or obtaining a list of the vaccination status of its citizens | Introduced |
| IIS | MA SD 1470 & MA HD 3775 | Would require schools to report the number of students fully immunized each year, with the health department needing to publicly post the aggregate data | Introduced |
| IIS | MT HB 364 (LC 2892) | Would require the department of health to provide a form that each school would be required to submit deidentified/aggregate immunization and exemption information | Passed 1st Chamber |
| IIS | MT LC 1386 | Would require each school reports the number of exemptions (by type) along with vaccination coverage rates for all school required vaccines | Introduced |
| IIS | NH SB 75 | Would provide health insurance carriers access to the state immunization registry | Introduced |
| IIS | NY A 1263 & NY S 3162 | Would require schools submit detailed K-12 vaccine rate/exemption data to the health commissioner for inclusion in a searchable, publicly accessible database | Introduced |

| | | | |
|--------------------|-----------------------------------|--|------------|
| IIS | NY A 1336 | Would add vaccine exemption data to the state's IIS | Introduced |
| IIS | NY A 3359 & NY S 7921 | Would make tampering or falsifying IIS records a crime of computer tampering in the third degree | Introduced |
| IIS | NY A 765 & NY S 453 | Would require all adult vaccinations be included in the state IIS (currently they "may" be included) | Introduced |
| IIS | NY S 3964 & NY A 5194 | Would add blood lead level analysis and asthma inhaler prescription data to the state's IIS system | Introduced |
| IIS | NY S 4356 | Would require the IIS to record data on the number of vaccine exemptions reported by each health care provider | Introduced |
| IIS | TX HB 1134 | Would prohibit the health department from maintaining a count of vaccine exemption forms that have been distributed | Introduced |
| IIS | TX HB 2755 | Would require schools (and ultimately the health department) to provide the legislature with an annual deidentified report of vaccine coverage and exemptions | Introduced |
| IIS | TX HB 2872 | Would prohibit the release or disclosure of one's vaccination record without their consent (explicitly including a contractor for the purposes of reminder/recall or vaccine encouragement), allowing a civil penalty between \$2,000 and \$50,000 if violated | Introduced |
| IIS | TX HB 772 & TX SB 46 | Would require patients (and/or their representative) be notified that their vaccination will be included in the IIS and provided a form to exempt themselves | Introduced |
| IIS | TX HB 774 & TX SB 1821 | Would state that childcare facilities "may" report the proportion of their students/employees who are immunized | Introduced |
| Liability/Lawsuits | AR SB 6 | Would allow residents to sue pharmaceutical company executives for vaccine harm, using state funds to support the prosecution | Introduced |
| Liability/Lawsuits | CT HB 6174 | Would make the state liable for any injuries/damages caused by school vaccine requirements | Introduced |
| Liability/Lawsuits | CT SB 1100 | Would make vaccine manufactures liable for any vaccine injuries in the state | Introduced |
| Liability/Lawsuits | CT SB 214 | Would create a cause of action from employees to sue employers for injuries caused by employer-mandated vaccinations | Introduced |
| Liability/Lawsuits | FL HB 149 | Would require the health department to develop and publish on its website an expedited Medicaid claims process for vaccine-related injuries | Introduced |
| Liability/Lawsuits | IA HF 712 | Would make vaccine manufactures liable for any vaccine injuries in the state (waiving any immunity from VICP) | Introduced |

| | | | |
|--------------------|----------------------------------|---|----------------------|
| Liability/Lawsuits | ID S 1189 | Would prohibit the use or distribution of "human gene therapy products" unless the manufacture has waived any immunity from injury lawsuits | Introduced |
| Liability/Lawsuits | IN HB 1426 | Would require any liability shielded product (including vaccines) to undergo placebo-controlled trials before use in the state | Introduced |
| Liability/Lawsuits | MS SB 2409 | Would add vaccine-related injuries to workers compensation programs (with presumption in favor of compensation) and authorize those fired for refusal to adhere to employer vaccine mandates eligible for unemployment benefits | Introduced |
| Liability/Lawsuits | NY A 4993 & NY S 5910 | Would make the state liable for any injuries caused by any state mandated vaccines (including school vaccine requirements) | Introduced |
| Liability/Lawsuits | OK SB 801 | Would allow residents to sue pharmaceutical companies for vaccine injury, stating VICP does not have jurisdiction in the state | Introduced |
| Liability/Lawsuits | TX HB 3441 | Would make vaccine manufactures liable for any vaccine injuries in the state | Passed Both Chambers |
| Liability/Lawsuits | TX SB 91 | Would allow employees (and their families) to sue employers for any adverse events results from employer mandated vaccinations | Introduced |
| Liability/Lawsuits | WV HB 2430 | Would make manufacturers liable for COVID-19 vaccine injuries, with no limit on financial award amounts | Introduced |
| mRNA Vaccines | AR SB 255 | Would require food be labeled if it contains vaccine or vaccine material (specifically citing mRNA vaccines) | Passed 1st Chamber |
| mRNA Vaccines | FL SB 196 | Would require any food intended for human consumption that contains vaccine or vaccine material be considered a drug and have its packaging labeled accordingly | Passed 1st Chamber |
| mRNA Vaccines | IA SF 360 | Would outlaw the administration of "gene based" vaccines in the state, including mRNA vaccines in such definition | Introduced |
| mRNA Vaccines | ID S 1036 | Would establish a moratorium on gene therapy product use in the state, specifically listing RNA vaccines in the definition | Introduced |
| mRNA Vaccines | KY HB 469 | Would prohibit the use of RNA vaccines (defining them as human gene therapy products) | Introduced |
| mRNA Vaccines | KY SB 177 | Would prohibit any COVID-19 or mRNA requirements in the state and prohibit COVID-19 or mRNA vaccine administration for minors | Introduced |
| mRNA Vaccines | MA HD 4671 | Would require food be labeled if it contains mRNA vaccine material | Introduced |

| | | | |
|---------------|------------------------------------|---|------------|
| mRNA Vaccines | MA HD 635 & MA H 2431 | Would prohibit any requirements in the state for COVID-19 vaccines, mRNA vaccines or any other purported "gene altering product" | Introduced |
| mRNA Vaccines | ME LD 113 | Would require food be labeled if it contains mRNA vaccines | Introduced |
| mRNA Vaccines | MN HF 3152 | Would prohibit the administration of any "gene based" vaccines (defined to include mRNA) | Introduced |
| mRNA Vaccines | MN HF 3219 & MN SF 3456 | Would designate mRNA vaccines as weapons of mass destruction and prohibit their use | Introduced |
| mRNA Vaccines | MN HF 371 | Would appropriate funding to conduct a study on the risks and benefits of mRNA vaccines in livestock | Introduced |
| mRNA Vaccines | MO SB 319 & MO SB 149 | Would prohibit the sale of meat products vaccinated with mRNA vaccines unless labeled accordingly | Introduced |
| mRNA Vaccines | MS HB 1039 | Would require meat products be labeled if they received mRNA vaccines or vaccine material, allowing products to be labeled "mRNA Free" if they have not been | Introduced |
| mRNA Vaccines | MS HB 1365 | Would prohibit the use of mRNA vaccines in any food products or livestock intended for human consumption | Introduced |
| mRNA Vaccines | MS HB 762 | Would prohibit the use of mRNA vaccines in the state until the health department conducts a study (self-controlled case series) showing the vaccines are safe | Introduced |
| mRNA Vaccines | MT LC 1463 & MT LC 1980 | Would ban mRNA vaccine use in humans | Introduced |
| mRNA Vaccines | MT LC 1464 | Would ban mRNA vaccine use in animals | Introduced |
| mRNA Vaccines | MT LC 1979 | Would prohibit any mRNA vaccine use in the state | Introduced |
| mRNA Vaccines | NY A 4798 & NY S 7342 | Would prohibit the use of mRNA vaccines until the health department conducts a study on their safety | Introduced |
| mRNA Vaccines | SC H 3172 & SC H 3747 | Would prohibit any food product labeled with "SC Homegrown" from containing mRNA | Introduced |
| mRNA Vaccines | SC H 3198 & SC H 3746 | Would require any food product in the state to be labeled if it contains mRNA vaccines | Introduced |
| mRNA Vaccines | SC H 4262 | Would prohibit any healthcare provider from administering mRNA vaccines | Introduced |
| mRNA Vaccines | TN SB 260 | Would allow meat to be labeled as mRNA free if it did not receive mRNA vaccines | Introduced |
| mRNA Vaccines | TX HB 3176 & TX SB 1983 | Would prohibit the manufacture, sale, or distribution of a product developed with mRNA material | Introduced |
| mRNA Vaccines | TX HB 3465 | Would prohibit the use of mRNA vaccines in livestock intended for human consumption | Introduced |

| | | | |
|-------------------------|----------------------|--|--------------------|
| mRNA Vaccines | TX HB 3737 | Would prohibit the use (and advertisement) of any COVID-19 and/or mRNA vaccines in the state | Introduced |
| mRNA Vaccines | TX HB 5022 | Would prohibit any immunization with "mRNA material" unless used for the treatment of cancer or a genetic disorder | Introduced |
| mRNA Vaccines | TX SB 119 | Prohibits the sale of any food item/meat product containing mRNA vaccine or vaccine material from being sold unless labeled on the packaging | Introduced |
| mRNA Vaccines | TX SB 1887 | Would prohibit the use of immunizations that contain mRNA in the state | Introduced |
| mRNA Vaccines | TX SB 315 | Would establish individual property rights to one's DNA, prohibiting anything that would alter or modify it | Passed 1st Chamber |
| mRNA Vaccines | UT HB 84 | Requires any food intended for human consumption that contains vaccine or vaccine material be considered a drug | Enacted |
| Public Health Authority | CO HB 25-1027 | Makes a variety of changes to immunization statutes, including allowing PAs to create certificates of immunization, extending the deadline to notify parents of their school's vaccine rate, and repealing the requirement of schools to notify the health department if a student is excluded due to noncompliance with immunization requirements | Enacted |
| Public Health Authority | CT SB 11 | Would, in part, direct the commissioner of public health to establish and convene a Vaccines and Related Biological products Advisory Committee for the purpose of coordinating seasonal vaccine production with manufacturers | Passed 1st Chamber |
| Public Health Authority | FL SB 1372 | Would require legislature approval to continue public health emergency declarations, and specify that vaccines cannot be required during an emergency | Introduced |
| Public Health Authority | IA HF 279 | Would state vaccines can be recommended during an emergency (but not ordered as currently stated), but such vaccines must have full FDA approval and exemptions/individual autonomy still applies | Introduced |
| Public Health Authority | IA SF 118 | Would prohibit the state from ordering someone be vaccinated during an emergency/outbreak; changing to "recommend" | Introduced |
| Public Health Authority | IA SF 246 | Would change the law so religious exemptions to vaccine requirements still apply during an emergency, and shift religious exemptions from "tenants and practices a recognized religious domination" to "sincerely held religious beliefs of the person" | Introduced |
| Public Health Authority | ID H 290 | Removes the responsibility of the board of health to determine the school/daycare vaccine schedule, instead listing certain vaccines directly in the statute (and specifying exemption information) | Enacted |

| | | | |
|-------------------------|------------------------------------|---|-------------------------|
| Public Health Authority | KS SB 29 | Restricts public health officials' authority to require isolation/quarantine and prohibit public gathering | Enacted (Veto Override) |
| Public Health Authority | LA HB 690 | Would authorize the surgeon general to promulgate new rules regarding the administration of products under EUA (including vaccines) | Passed 1st Chamber |
| Public Health Authority | MA H 2385 | Would establish a special commission on avian influenza (H5N1), including potential vaccination strategies | Introduced |
| Public Health Authority | MN HF 233 & MN SF 686 | Would repeal the governor's authority to declare a public health emergency (and associated vaccine countermeasure deployment), moving it to the legislature | Introduced |
| Public Health Authority | MN SF 1191 & MN HF 26 | Would shift emergency declarations related to immunizations from the governor to the legislature | Introduced |
| Public Health Authority | MN SF 3048 & MN HF 2860 | Would issue a standing ordering for local health departments to obtain and possess vaccine; authorizing advanced practice nurses, registered nurses, or licensed practical nurses employed by the local health department to administer said vaccine | Introduced |
| Public Health Authority | MN SF 440 | Would require the legislature to declare a public health emergency (currently the governor) before the health department could authorize certain health professionals to vaccinate | Introduced |
| Public Health Authority | MS HB 1036 & MS HB 1572 | Would require any measure taken by the state Board of Health to suppress the spread of disease to be approved by the governor prior to being required of the public | Introduced |
| Public Health Authority | MT HB 888 (LC 2683) | Prohibits local boards of health from requiring a vaccine as a condition of release from isolation and quarantine | Passed Both Chambers |
| Public Health Authority | ND SB 2555 | States that the State Health Officer serves at the pleasure of the governor in relation to their capacity, role and decision-making authority | Enacted |
| Public Health Authority | NE LB 203 | Would require local health commissioners to receive written approval by a majority of the publicly elected representatives of the county board and city council before implementing health measures, including vaccines | Introduced |
| Public Health Authority | NH HB 357 | Would remove the authority of the commissioner of health and human services to adopt rules requiring additional vaccines (outside of current list) for school entry | Passed 1st Chamber |
| Public Health Authority | NH SB 60 | Would limit childhood immunization requirements to diseases identified in statute and remove the authority of the health commissioner to adopt rules requiring immunization for additional diseases (bill was originally about horse race betting, with vaccine-related amendments tagged on) | Passed Both Chambers |

| | | | |
|-----------------------------|-------------------|--|--------------------|
| Public Health Authority | NY S 7324 | Would shift the responsibility of school requirement/exemption immunization appeals from the Bureau of Education to the Bureau of Immunization | Introduced |
| Public Health Authority | OK HB 1475 | Would prohibit schools from "distinguishing students based on their vaccination status," including denying participation in the classroom | Introduced |
| Public Health Authority | OK SB 762 | Would expand current prohibition of utilizing WHO and CDC guidance, rules and recommendations, specifying the state cannot implement anything originating from an organization that infringes on individual freedoms | Introduced |
| Public Health Authority | OK SB 862 | Would prohibit government officials from requiring or compelling residents to receive a shot, or restrict constitutional rights during an emergency | Introduced |
| Public Health Authority | OR SJR 31 | Would add a constitutional amendment stating the governor and/or executive branch cannot implement any vaccine mandates without legislature approval | Introduced |
| Public Health Authority | SD SB 183 | Would require written consent from the governor and several new cost-related documents before a state agency can submit any grant | Introduced |
| Public Health Authority | TX HB 3440 | Would repeal public health authority to exclude certain students without certain required immunizations from attending public school in times of emergency or epidemic | Introduced |
| Public Health Authority | TX HB 468 | Would shift the authority of the state HHS commission to make adjustments to the list of school required vaccines to the state legislature, and outlaw any type of vaccine requirements outside of schools | Introduced |
| Public Health Authority | TX SB 118 | Would repeal the authority to exclude students without immunizations from public school during an emergency or epidemic | Introduced |
| Public Health Authority | WA HB 1531 | Prohibits any additional (and nullifies any current) statutes, ordinances, rules, or policies that prevent health officials from implementing and promoting evidence-based, appropriate measures to control the spread of communicable diseases, including vaccines | Enacted |
| Public Health Authority | WV SB 904 | Would move several vaccine-related public health authorities from the Public Health Commissioner to the State Health Officer | Passed 1st Chamber |
| Requirements/ Exemptions | AL HB 444 | would require that religiously affiliated private schools or church schools accept religious vaccine requirement exemptions (specifying simple written declarations from a parent are sufficient), or they will lose their tax-exempt status and certain funding streams | Introduced |
| Requirements/ Exemptions | AL HB 503 | Would specify that a simple written statement from the parent is sufficient for a K-12 religious vaccine exemption and cannot be further questions, and | Introduced |

| | | | |
|-----------------------------|--|--|--------------------|
| | | authorize the same religious exemption process at colleges/universities | |
| Requirements/ Exemptions | AL SB 85 | Would specify a written declaration from a parent/guardian is sufficient for a religious vaccine exemption, and require that colleges/universities also offer such religious exemptions to vaccine requirements | Passed 1st Chamber |
| Requirements/ Exemptions | AZ HB 2012 | Would have prohibited requirements for products under FDA emergency use authorization | Vetoed |
| Requirements/ Exemptions | AZ HB 2055 | Would allow for exemptions to any vaccines that have not been evaluated against a placebo, studied long-term for their potential to cause cancer/mutate genes/infertility, and/or don't have manufacturer liability (amongst other conditions) | Introduced |
| Requirements/ Exemptions | AZ HB 2058 | Would have specified that students over the age of 18 can submit their own personal belief exemption to vaccines required by colleges/universities | Vetoed |
| Requirements/ Exemptions | CA SB 290 | Would repeal the requirement that children be immunized to receive CalWorks benefits | Passed 1st Chamber |
| Requirements/ Exemptions | CT HB 5198 & CT HB 5344 | Would allow moral and philosophical exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | CT HB 5340 | Would prohibit any state COVID-19 vaccine requirements | Introduced |
| Requirements/ Exemptions | CT HB 5341 | Would prohibit any COVID-19 vaccine employer requirements, and any COVID-19 vaccine requirements to visit state land, parks or buildings | Introduced |
| Requirements/ Exemptions | CT HB 6587 & CT HB 6567 | Would establish a medical waiver process for all vaccine requirements in the state | Introduced |
| Requirements/ Exemptions | CT HB 6614 | Would authorize religious vaccine exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | CT SB 1033 | Would prohibit the state from inquiring about the sincerity of someone's religious exemption to vaccines | Introduced |
| Requirements/ Exemptions | CT SB 259, CT SB 269 & CT HB 5629 | Would restore/permit religious exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | CT SB 526 & CT HB 6611 | Would allow for philosophical exemptions to vaccine requirements | Introduced |
| Requirements/ Exemptions | CT SB 707 | Would prohibit the state (or any funded subsidiary) from requiring vaccines without full FDA approval, requiring that employees disclose their vaccination status and/or requiring the participation in testing for an illness | Introduced |
| Requirements/ Exemptions | CT Sb 957 | Would prohibit any vaccine requirements to access commercial establishments and governmental lands/buildings | Introduced |

| | | | |
|-----------------------------|---|--|----------------------|
| Requirements/ Exemptions | HI SB 1437 & HI HB 1118 | Would remove non-medical (religious) exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | HI SR 55-2025 & HI SCR 72-2025 | Would require that vaccination exemption forms be updated so that if a student is exempt from certain vaccines but receives others, they are not blanketly counted as unvaccinated against all diseases | Introduced |
| Requirements/ Exemptions | IA HF 88 | Would remove vaccine requirements for private schools | Introduced |
| Requirements/ Exemptions | IA HF35 | Would require that post-secondary health/clinical schools identify and provide rotation options that honor a student's COVID-19 vaccine exemption upon request, rescinding state funding if the school cannot comply | Introduced |
| Requirements/ Exemptions | IA SF 204 & IA HF 888 | Would remove the requirement that parents enrolling their children in private school provide the school district with evidence of the child's immunizations | Introduced |
| Requirements/ Exemptions | ID H 472 | Would prohibit the mandate of any medical intervention by the state (IS S 1023 Veto Attempt) | Passed 1st Chamber |
| Requirements/ Exemptions | ID S 1023 | Would prohibit the mandate of any medical intervention by the state | Vetoed |
| Requirements/ Exemptions | ID S 1210 | Prohibits the mandate of any medical intervention by the state (excluding daycares and schools) | Enacted |
| Requirements/ Exemptions | 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 | Passed Both Chambers |
| Requirements/ Exemptions | IL HB 1792 | Would prohibit any COVID-19 vaccine requirements for school children | Introduced |
| Requirements/ Exemptions | IL HB 2600 | Would prohibit any COVID-19 (or other vaccine under EUA) from being required for employment | Introduced |
| Requirements/ Exemptions | IL HB 2827 | Would allow homeschool students to participate in public school events if they follow the same vaccine procedures | Introduced |
| Requirements/ Exemptions | IN HB 1160 | Would prohibit vaccine requirements (by a healthcare setting) for health professional students required to participate in such clinical training (allowing for civil suit if violated) | Introduced |
| Requirements/ Exemptions | IN HB 1168 | Would prohibit any individual from being required to inject any substance into their body | Introduced |
| Requirements/ Exemptions | IN HB 1338 | Would prohibit any employee-targeted vaccine requirements/clinics unless explicit communications are provided about their voluntary nature; outlawing coercion and discrimination if employees decline vaccination | Introduced |

| | | | |
|-----------------------------|------------------------------------|--|--------------------|
| Requirements/ Exemptions | KS HB 2045 | Would change religious vaccine exemptions for childcare facilities to be for sincerely held religious beliefs of the parent (currently has to be that a parent is in a religious denomination who is opposed to vaccination) | Passed 1st Chamber |
| Requirements/ Exemptions | KY HB 647 | Would require schools and employers offer philosophical and religious vaccine exemptions, simplifying the process to obtain and prohibiting any new vaccine requirements from being added mid-school year, and allowing optometrists, nurses, pharmacists, physician assistants and osteopath physicians to sign off on medical vaccine exemptions | Introduced |
| Requirements/ Exemptions | KY HB 724 | Would allow at-home private school students to participate in public school events if they follow the same vaccine requirements | Introduced |
| Requirements/ Exemptions | KY SB 246 | Would require employees receive information about exemptions before being vaccinated, providing for civil penalty if violated | Introduced |
| Requirements/ Exemptions | MA HD 2301 | Would prohibit any COVID-19 vaccine requirements or passports in the state | Introduced |
| Requirements/ Exemptions | MA HD 2387 & MA SD 1318 | Would prohibit healthcare facilities from requiring visitors be vaccinated to visit patients | Introduced |
| Requirements/ Exemptions | MA HD 3480 | Would prohibit any public vaccine mandates outside of public schools (only for vaccines FDA approved for at least 3 years) and private entities (if they accept all exemptions and liability associated with potential vaccine injury) | Introduced |
| Requirements/ Exemptions | MA HD 3633 & MA SD 653 | Would specify the protection of medical exemptions for school vaccine requirements and prevent schools from reporting such exemption data outside of the school health center | Introduced |
| Requirements/ Exemptions | MA HD 4022 | Would clarify meningococcal vaccine requirements for students in higher education, allowing for medical exemptions as well as religious exemptions unless there is an outbreak declared by the health department | Introduced |
| Requirements/ Exemptions | MA SD 1324 | Would prohibit COVID-19, mRNA, or other "gene altering" product requirements in the state | Introduced |
| Requirements/ Exemptions | MA SD 1429 & MA HD 1656 | Would prohibit any person from being mandated, required, or coerced by any public or private entity to accept any health related intervention | Introduced |
| Requirements/ Exemptions | MA SD 2117 | would specify vaccine requirements for daycares/preschools, requiring exemption/vaccination Data for facilities be posted and facilities that have not achieved vaccination rates suitable for herd immunity to be labeled as "High Risk Facilities" | Introduced |
| Requirements/ Exemptions | MD HB 608 | Would require each county board of education to grant certain students temporary admission to schools for a | Introduced |

| | | | |
|-----------------------------|------------------------------------|--|------------|
| | | certain time frame if the parent or guardian of a student is unable to provide proof of immunization under certain circumstances | |
| Requirements/ Exemptions | MD SB 281 | Would allow children with an immunization appointment within 60 days to be temporarily admitted to school if they do not currently meet immunization requirements | Introduced |
| Requirements/ Exemptions | ME LD 174 | Would restore religious vaccine exemptions to school vaccine requirements (for both parents and the vaccine administrator) | Introduced |
| Requirements/ Exemptions | ME LD 727 | Would repeal certain immunization requirements for a child to attend a public or private elementary or secondary school | Introduced |
| Requirements/ Exemptions | ME LD 871 (HP 557) | Would prohibit any COVID-19 vaccine requirements in the State | Introduced |
| Requirements/ Exemptions | MN HF 2884 | Would prohibit the enforcement of government vaccine mandates and allow natural antibodies as an alternative to vaccination | Introduced |
| Requirements/ Exemptions | MN HF 292 | Would prohibit the implementation of any mandatory vaccinations by the state | Introduced |
| Requirements/ Exemptions | MN HF 3229 & MN SF 3429 | Would remove philosophical vaccine exemptions for the MMR vaccine | Introduced |
| Requirements/ Exemptions | MN HF 345 | Would prohibit healthcare facilities and nursing/residential homes from requiring support persons and visitors be vaccinated | Introduced |
| Requirements/ Exemptions | MN HF 394 | Would prohibit mandatory vaccination against communicable diseases, as well as any required documentation or disclosure of vaccine status in the state | Introduced |
| Requirements/ Exemptions | MN SF 709 | Would prohibit employers from requiring, demanding, coercing or incentivizing employees to share their vaccination status | Introduced |
| Requirements/ Exemptions | MN SF 717 | Would prohibit any vaccine mandates or passports by the state as a fundamental component of individual liberties, additionally stating employers must accept natural antibodies as an alternative to meeting any employer-established vaccine requirements | Introduced |
| Requirements/ Exemptions | MN SF 83 | Would prohibit healthcare facilities from requiring visitors are vaccinated to visit patients | Introduced |
| Requirements/ Exemptions | MO SB 222 | Prohibits the implementation of any COVID-19 vaccine ("or other gene therapy") requirements in any school or college/university | Introduced |
| Requirements/ Exemptions | MO SJR 37 | Would prohibit any publicly funded entity from infringing on the right of individuals to refuse vaccination | Introduced |

| | | | |
|-----------------------------|--|---|-------------------------|
| Requirements/ Exemptions | MS HB 1066 | Provides a 30-day grace period for children of military families to adhere to school vaccination requirements | Enacted |
| Requirements/ Exemptions | MS HB 1571 | Would outline the process (and affidavit form) to receive a non-medical exemption to school vaccine requirements | Introduced |
| Requirements/ Exemptions | MS HB 563 | Would allow childcare facilities in churches to be exempt from licensure rules (but still require immunization verification of all children upon request) | Introduced |
| Requirements/ Exemptions | MS HB 592 | Would prohibit healthcare facilities from requiring visitors to submit proof of vaccination to visit with patients | Introduced |
| Requirements/ Exemptions | MS HB 729 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| Requirements/ Exemptions | MS SB 2179 & MS HB 1617 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| Requirements/ Exemptions | MT HB 118 (LC 1352) | Would provide a 30-day grace period for children of military families to adhere to school vaccination requirements | Passed Both Chambers |
| Requirements/ Exemptions | MT HB 807 (LC 2455) | Would prohibit vaccine requirements for vaccines under EUA or ongoing safety trials | Passed 1st Chamber |
| Requirements/ Exemptions | MT LC 1274 | Would revise vaccination laws | Introduced |
| Requirements/ Exemptions | MT LC 1288 | Would remove option for day-care providers to not enroll children with medical and religious vaccine exemptions | Introduced |
| Requirements/ Exemptions | MT LC 1289 | Would revise vaccination laws | Introduced |
| Requirements/ Exemptions | MT LC 1293 | Would restrict vaccine mandates in the state | Introduced |
| Requirements/ Exemptions | MT LC 1298 | Would revise vaccination laws | Introduced |
| Requirements/ Exemptions | MT LC 1427 | Would require acceptance of religious and personal medical exemptions to required immunizations | Passed 1st Chamber |
| Requirements/ Exemptions | MT LC 2046 | Would generally revise vaccination laws | Introduced |

| | | | |
|-----------------------------|---------------------------|---|----------------------|
| Requirements/ Exemptions | MT LC 2047 | Would generally revise vaccination laws | Introduced |
| Requirements/ Exemptions | MT LC 4298 | Would authorize certain day-care centers to adopt policy regarding certain immunization exemptions | Introduced |
| Requirements/ Exemptions | MT SB 285 (LC 464) | Would make adjustments to vaccines required at daycare facilities, removing the Hep B requirement and any references to ACIP | Introduced |
| Requirements/ Exemptions | NC HB 380 | Would add conscientious exemptions (in addition to existing religious and medical exemptions) to school vaccine requirements | Introduced |
| Requirements/ Exemptions | NC HB 803 | Would require that vaccines be FDA approved for a minimum of 3 years before being added to the childhood vaccine schedule (unless recommended by NC Medical Society & NC Pediatric Society) | Introduced |
| Requirements/ Exemptions | NC HB 89 | Would remove all state vaccine requirements at colleges/universities | Introduced |
| Requirements/ Exemptions | ND HB 1454 | Would prohibit any vaccine requirement without religious/philosophical opt-out, excluding a list of defined settings that are excluded (originally would have prohibited any vaccine requirements unless manufacturers have full liability for the product) | Passed Both Chambers |
| Requirements/ Exemptions | ND HB 1457 | Would prohibit any vaccine requirements for vaccines without manufacturer liability, placebo-controlled trials, and posted vaccine-injury data | Introduced |
| Requirements/ Exemptions | NH HB 358 | Would remove the form necessary to obtain a K-12 religious exemption, stating a signed parental statement is all that is needed | Passed Both Chambers |
| Requirements/ Exemptions | NH HB 664 | Would prohibit any school vaccine requirement if the vaccine has not been tested with placebo trials | Introduced |
| Requirements/ Exemptions | NH HB 679 | Would prohibit any vaccine requirement if the vaccine's clinical trials have not been shown to prevent disease transmission | Passed 1st Chamber |
| Requirements/ Exemptions | NY A 1153 | Would require the health department to create a standardized form for medical vaccine exemptions in schools | Introduced |
| Requirements/ Exemptions | NY A 1358 | Would authorize religious exemptions for K-12 vaccine requirements | Introduced |
| Requirements/ Exemptions | NY A 2045 | Would prohibit school vaccine requirements against poliomyelitis, mumps, measles, diphtheria, Haemophiles influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, meningococcal disease, or hepatitis B; authorizing individuals in a parental relation to the child to make their vaccine decisions | Introduced |

| | | | |
|-----------------------------|--------------------------------------|--|------------|
| Requirements/ Exemptions | NY A 2078 & NY S 5724 | Would add Hepatitis B as a required vaccine for post-secondary institutions | Introduced |
| Requirements/ Exemptions | NY A 3254 & NY S 3958 | Would require staff and children at summer camps to be vaccinated against a series of routine diseases | Introduced |
| Requirements/ Exemptions | NY A 3325 | Would remove non-medical exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | NY A 3807 | Would prohibit the COVID-19 vaccine from being required or promoted, and require independent communications (not from the government, quasi government entity or vaccine manufacture) be provided to patients prior to administration; prohibiting mandates, coercion and pressure to take experimental vaccines | Introduced |
| Requirements/ Exemptions | NY A 389 & NY S 3436 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| Requirements/ Exemptions | NY A 4137 | Would allow homeschool students to participate in career education classes if they follow the same vaccine requirements | Introduced |
| Requirements/ Exemptions | NY A 4207 & NY A 8261 | Would prohibit any COVID-19 vaccine requirements for those under 18 (including schools) and incapacitated persons, as well as prohibits requiring that one presents evidence of COVID-19 vaccination | Introduced |
| Requirements/ Exemptions | NY A 4407 | Would require undocumented immigrants to be vaccinated in order to receive certain state resources | Introduced |
| Requirements/ Exemptions | NY A 4996 | Would exempt private schools, parochial schools and day care centers from state immunization requirements | Introduced |
| Requirements/ Exemptions | NY S 266 | Would specify that a religious exemption is permissible in place of a vaccination record certificate for school vaccine requirements | Introduced |
| Requirements/ Exemptions | NY S 285 | Would prohibit any COVID-19 vaccine requirements | Introduced |
| Requirements/ Exemptions | NY S 3020 | Would exempt private, parochial and daycare centers from state immunization requirements | Introduced |
| Requirements/ Exemptions | NY S 3200 | Would add influenza as a required immunization for daycare facilities in the state | Introduced |
| Requirements/ Exemptions | NY S 5700 | Would only allow medical exemptions for any vaccine requirements in the state | Introduced |
| Requirements/ Exemptions | NY S 686 & NY A 3860 | Would specify the components of a form necessary for a medical exemption to school vaccine requirements | Introduced |
| Requirements/ Exemptions | NY S 7087 & NY S 7088 | Would prohibit any mandatory COVID-19 vaccinations | Introduced |
| Requirements/ Exemptions | NY S 7729 | Would add rotavirus to the list of vaccines required for school entry | Introduced |

| | | | |
|-----------------------------|--|--|----------------------|
| Requirements/ Exemptions | NY S 7823 & NY A 8383 | Would remove mention to ACIP in the state's meningococcal vaccine recommendation | Introduced |
| Requirements/ Exemptions | OK HB 1449 | Would prohibit any COVID-19 vaccine requirement in the state | Introduced |
| Requirements/ Exemptions | OK SB 611 | Would prohibit any vaccine requirements as a new component of the citizen bill of rights | Introduced |
| Requirements/ Exemptions | OK SB 943 | Would reaffirm the right of individuals to refuse any vaccine, given purported shortcomings and missteps with COVID-19 vaccine rollout | Introduced |
| Requirements/ Exemptions | OR SB 1100 | Would prohibit any vaccine requirements for COVID-19 or other mRNA vaccines | Introduced |
| Requirements/ Exemptions | OR SB 883 | Would prohibit the state or any state agency from enforcing a COVID-19 vaccine mandate | Introduced |
| Requirements/ Exemptions | RI HB 5856 | Would prohibit any COVID-19 vaccine requirements without broad individual exemptions | Introduced |
| Requirements/ Exemptions | RI SB 264 | Would prohibit the government from recommending or encouraging "indemnified products," and that nobody be required or coerced into receiving one | Introduced |
| Requirements/ Exemptions | SC H 3581 | Would change meningococcal and hepatitis B vaccine recommendation for colleges/universities to a requirement | Introduced |
| Requirements/ Exemptions | SC S 54 | Would prohibit any vaccine or "gene therapy" mandates | Introduced |
| Requirements/ Exemptions | TN HJR 28 | Would add a constitutional amendment stating individuals have the right to refuse vaccination even in times of emergency | Introduced |
| Requirements/ Exemptions | TN SB 1272 & TN HB 1308 | States that a child in state custody cannot be denied admission to any school if the child has not been immunized or is unable to produce immunization records | Enacted |
| Requirements/ Exemptions | TN SB 827 & TN HB 1003 | Removes vaccine requirements for private schools that are fully online | Enacted |
| Requirements/ Exemptions | TX HB 1586 & TX HB 1082 & TX HB 730 | 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 | Passed Both Chambers |
| Requirements/ Exemptions | TX HB 3304 | Would remove, and prohibit any additional, vaccine requirements or mandates in the state (including schools and colleges/universities) | Introduced |
| Requirements/ Exemptions | TX HB 3705 | Would prohibit members of the state national guard from being required to receive or administer a vaccine | Introduced |
| Requirements/ Exemptions | TX HB 383 | Would prohibit any private employer from establishing COVID-19 vaccine mandates | Introduced |

| | | | |
|-----------------------------|--|---|----------------------|
| Requirements/ Exemptions | TX HB 4587 | Would require that students be provisionally admitted to school without evidence of vaccination or exemption if they are in the process of obtaining an exemption affidavit (requiring that such forms be made easily available online) | Introduced |
| Requirements/ Exemptions | TX HB 4927 & TX SB 2119 | Would require exemptions of conscious to vaccine requirements at medical and veterinary schools | Passed 1st Chamber |
| Requirements/ Exemptions | TX HB 5622 | Would amend existing law prohibiting COVID-19 vaccine workplace requirements to now prohibit all vaccine workplace requirements | Introduced |
| Requirements/ Exemptions | TX HB 775 & TX SB 401 | Would allow homeschool students to participate in public school athletics (originally if they follow the same vaccine procedures but removed from final version) | Passed Both Chambers |
| Requirements/ Exemptions | TX HJR 91 & TX SJR 10 | Would add a constitutional amendment recognizing the right of an individual to refuse a vaccination | Introduced |
| Requirements/ Exemptions | TX SB 117 | Would restrict school required vaccinations to the following list: diphtheria, mumps, poliomyelitis, rubella, rubeola, and tetanus (preventing any additional from being added) | Introduced |
| Requirements/ Exemptions | TX SB 407 & TX HB 1468 | Would prohibit a healthcare facility from rejecting an individual's vaccine exemption | Passed 1st Chamber |
| Requirements/ Exemptions | TX SB 94 | Would prohibit denying childcare, school or college/university attendance to any student for failing to receive vaccination or submit an exemption | Introduced |
| Requirements/ Exemptions | UT HB 228 | Removes any expiration of student vaccine exemption forms, and requires that schools transfer such exemption (or vaccination record) if a student changes schools | Enacted |
| Requirements/ Exemptions | VA HB 1785 | Would exempt childcare facilities operated by religious institutions from following vaccine requirements (amongst other licensure requirements) | Introduced |
| Requirements/ Exemptions | VA HB 2189 | Would authorize religious exemptions for vaccines made mandatory during an epidemic/disease outbreak | Introduced |
| Requirements/ Exemptions | VA SB 84 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine procedures | Introduced |
| Requirements/ Exemptions | WV HB 2004 | Would allow religious and philosophical vaccine requirements, exempting virtual schools and requiring private schools submit a deidentified report about their vaccine coverage | Introduced |
| Requirements/ Exemptions | WV HB 2203 | Would remove vaccine requirements for virtual public schools | Introduced |
| Requirements/ Exemptions | WV HB 2376 | Would allow foster care parents with religious/moral objections to vaccines to exempt their foster care children from vaccines | Introduced |

| | | | |
|-----------------------------|---------------------------------------|---|----------------------|
| Requirements/ Exemptions | WV HB 2402 | (Non-vaccine-related bill: at one time was amended to prohibit vaccination records from being required) | Passed Both Chambers |
| Requirements/ Exemptions | WV HB 2517 & WV SB 466 | Would remove all state vaccine requirements, stating all vaccines shall be voluntary | Introduced |
| Requirements/ Exemptions | WV HB 2529 | Would prohibit any organization that receives state funding from requiring a COVID-19 vaccine | Introduced |
| Requirements/ Exemptions | WV HB 2729 | Would remove vaccine requirements for private, parochial, charter, virtual charter, and remote public schools | Introduced |
| Requirements/ Exemptions | WV HB 2732 | Would establish a notarized certificate of religious exemption form to be accepted in place of school vaccine requirements | Introduced |
| Requirements/ Exemptions | WV HB 2776 | (Non-vaccine-related bill: at one time was amended to include school requirement philosophical vaccine exemptions) | Passed Both Chambers |
| Requirements/ Exemptions | WV HB 3298 | Would prohibit COVID-19 vaccine requirements for in-person colleges and universities | Introduced |
| Requirements/ Exemptions | WV HB 3384 | Would prohibit vaccine requirements or incentives at any public universities and colleges in the state | Introduced |
| Requirements/ Exemptions | WV HB 3489 | Would state vaccine requirements are for public schools only, moving certain duties to the state health officer and removing penalties for falsifying vaccine records | Introduced |
| Requirements/ Exemptions | WV SB 108 | Would remove school vaccine requirements for private schools | Introduced |
| Requirements/ Exemptions | WV SB 250 | Would add religious exemptions to school vaccine requirements | Introduced |
| Requirements/ Exemptions | WV SB 289 | Would remove vaccine reporting requirements, simplify medical exemption process, eliminate State Immunization Officer, and permit religious and philosophical vaccine exemptions (allowing injunctive relief if violated) | Introduced |
| Requirements/ Exemptions | WV SB 460 | Would add religious and philosophical exemptions for school vaccine requirements, and prohibit students from being excluded from school for lack of vaccination | Passed 1st Chamber |
| Requirements/ Exemptions | WV SB 49 | Would state vaccines cannot be mandated by any entity in the state | Introduced |
| Requirements/ Exemptions | WV SB 556 | Would prohibit foster care parents/family members from being required to be vaccinated unless the child has a medically verified immunosuppressive disease diagnosis | Introduced |
| Requirements/ Exemptions | WV SB 759 | Would prohibit vaccine requirements for foster care, adoptive or kinship parents | Introduced |
| Vaccine Cost | AR HB 1052 | Would require that RSV monoclonal antibodies be covered by all health coverage/insurance plans in the state starting in 2026 | Introduced |

| | | | |
|--------------|------------------------------------|---|----------------------|
| Vaccine Cost | AR HB 1619 | Would require the state Medicaid program reimburse at the same rate as VFC for RSV immunization administration, removing civil liability for providers who provide such immunizations | Passed Both Chambers |
| Vaccine Cost | AZ SB 1668 | Would state any health insurer in the state must cover ACIP recommended vaccines without cost-sharing, amongst other services | Introduced |
| Vaccine Cost | CA AB 1366 | Would reimburse pharmacists at the same rate as physicians for immunization administration in state Medicaid Program | Introduced |
| Vaccine Cost | CO SB 25-196 | States that if ACIP is repealed, modified or otherwise no longer in effect, the commissioner can still require that vaccines be covered by insurers | Enacted |
| Vaccine Cost | CT HB 6134 | Would ensure pharmacists are appropriately compensated/reimbursed for their services (including vaccine administration) | Introduced |
| Vaccine Cost | CT HB 6550 | Would specify local health departments must be reimbursed fully for vaccine cost, trained on billing/insurance and not penalized for excess vaccine stock | Introduced |
| Vaccine Cost | CT HB 703 | Would direct the Insurance and Public Health Commissioner to conduct a study, in part, on pharmacist compensation from vaccine administration | Introduced |
| Vaccine Cost | FL SB 110 & FL HB 1427 | Would establish a Primary and Preventive Care Grant Program, which would provide funding to providers in rural parts of the state which could, in-part, be used to purchase vaccines | Passed Both Chambers |
| Vaccine Cost | FL SB 1752 & FL HB 1603 | Would establish a Florida State Health Plan for all residents, in part covering all childhood and adult vaccinations | Introduced |
| Vaccine Cost | GA HB 258 | Would establish a "PeachCare for Adult" insurance program, for those 18 and 64 years old making less than or equal to 133 percent of the federal poverty level and not enrolled in Medicaid, which would cover (in-part) all vaccines recommended by ACIP | Introduced |
| Vaccine Cost | GA SB 262 | Would require that every health insurer in the state cover preventative services, including vaccines | Introduced |
| Vaccine Cost | HI HB 1115 & HI SB 1434 | Would establish a Universal Purchase Program for vaccines in the state using insurer assessed funds | Passed Both Chambers |
| Vaccine Cost | IL HB 3745 | Would establish the Healthcare Funding Association, creating an IP Program fund for the universal purchase of vaccines for both children and adults | Introduced |
| Vaccine Cost | IL SB 2182 | Would prohibit healthcare providers from charging a facility fee (any fee charged for operational expenses | Introduced |

| | | | |
|--------------|---|---|----------------------|
| | | separate from the fees charged for professional medical services) for preventative services like vaccinations | |
| Vaccine Cost | IL SB 2286 | Would prohibit health insurers from requiring prior authorization for immunizations recommended by ACIP | Introduced |
| Vaccine Cost | LA HB 655 | Would increase the administrative fee for vaccines at public health units to \$50 (currently \$10 for childhood vaccines and \$20 for travel vaccines) | Passed 1st Chamber |
| Vaccine Cost | MA SD 1782, MA HD 870 & MA HD 923 | Would require all vaccines administered to Medicaid eligible residents be no less than the CMS regional reimbursement rate | Introduced |
| Vaccine Cost | MD HB 1315 | Requires all health insurers cover all visits for and costs of childhood and adolescent immunizations, as well as specifies vaccines pharmacists can administer | Enacted |
| Vaccine Cost | MD HB 974 | Allows the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by ACIP | Enacted |
| Vaccine Cost | ME LD 1883 | Would establish a Maine State Health Plan for all residents, in-part covering all childhood and adult vaccinations | Introduced |
| Vaccine Cost | ME LD 917 (HP 852) | Would repeal a provision of law stating that healthcare providers can't charge uninsured patients for COVID-19 vaccines | Passed Both Chambers |
| Vaccine Cost | ME LD 93 (HP 58) | Would expand the state's universal childhood vaccine program to include adults | Introduced |
| Vaccine Cost | MI SB 107 | Would require insurers in the state cover ACIP recommended vaccines at pharmacies within an insurers network | Passed 1st Chamber |
| Vaccine Cost | MN HF 3240 & MN SF 3438 | Would establish a two-year grant program to address vaccine preventable disease outbreaks | Introduced |
| Vaccine Cost | MN SF 929, MN SF 930, MN SF 931, MN SF 932, MN SF 933 & MN HF 1812 | Would establish a Minnesota State Health Plan for all residents, in part covering all childhood and adult vaccinations | Introduced |
| Vaccine Cost | MS HB 1127 | Would establish the COVID-19 Mississippi Local Provider Innovation Grant Program | Passed Both Chambers |
| Vaccine Cost | MT LC 1384 | Would direct the health department to seek a Medicaid waiver to cover all immunizations (along with other medical respite care services) to individuals experiencing homelessness | Passed 1st Chamber |
| Vaccine Cost | MT LC 3236 | Would require higher education institutions to pay medical costs associated with mandated COVID-19 vaccinations | Introduced |

| | | | |
|--------------|----------------------------------|---|--------------------|
| Vaccine Cost | NE LB 77 | Prohibits health insurers in the state from requiring prior authorization for any ACIP recommended vaccines (amongst other prior authorization specifications) | Enacted |
| Vaccine Cost | NH HB 524 | Would repeal the statute establishing the New Hampshire Vaccine Association, responsible for universal vaccine purchase program management | Passed 1st Chamber |
| Vaccine Cost | NJ A 2252 | Would establish the New Jersey COVID-19 Vaccine Outreach Commission | Introduced |
| Vaccine Cost | NJ S 4067 | Would requires health insurance carriers to reimburse health care providers for vaccines at rate no less than CDC cost per dose rate | Introduced |
| Vaccine Cost | NM SB 508 | Would require that insurers cover all ACIP recommended vaccines without cost-sharing | Introduced |
| Vaccine Cost | NY A 3839 & NY S 5852 | Would specify provider reimbursement amounts for vaccines from insurers (CDC private sector cost + 21% minimum for shipping/handling/storage + administration/ancillary supply cost) | Introduced |
| Vaccine Cost | OH SB 78 & OH HB 289 | Would establish a universal "Ohio Health Care Plan" for state residents, including coverage for immunizations | Introduced |
| Vaccine Cost | OR SB 42 | Would require the health department to study vaccine financing and submit a report to the legislature, including any potential legislative recommendations | Introduced |
| Vaccine Cost | PA SB 695 | Would prohibit patient dismissal for not following the CDC vaccine schedule, prohibit healthcare providers from billing the patient or insurers for a meeting to discuss vaccine importance, and require that health insurers cover alternative vaccine schedules (prohibiting insurers from providing incentives for providers to vaccinate) | Introduced |
| Vaccine Cost | RI HB 5126 | Would prohibit and criminalize price gouging of vital drugs (including vaccines) during shortages or emergencies | Introduced |
| Vaccine Cost | RI HB 5627 | Would require insurers reimburse pharmacists for vaccine administration and education | Introduced |
| Vaccine Cost | RI HB 6373 | Would require Medicaid reimbursement for immunization administration be no less than 100% of Medicare's reimbursement rate | Introduced |
| Vaccine Cost | RI SB 897 | would require health insurers reimburse pharmacists for vaccine education and administration | Introduced |
| Vaccine Cost | SC H 4562 | Would prohibit prior authorization from insurers for vaccines recommended by ACIP | Introduced |
| Vaccine Cost | SC S 531 | Would prohibit health insurers from requiring prior authorization for immunizations recommended by ACIP | Introduced |

| | | | |
|-------------------------------|---|--|----------------------|
| Vaccine Cost | 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 | Passed Both Chambers |
| Vaccine Cost | TX HB 3735 | Would require that insurers cover Hepatitis B vaccine in birthing centers, amongst other prenatal and postnatal care | Introduced |
| Vaccine Cost | UT SB 89 | Would require insurers to administer reimburse vaccines at the same cost for in-network and out-of-network physicians | Introduced |
| Vaccine Cost | VA HB 2023 | Would establish an independent pharmacy support program, funding 20 pharmacies annually (vaccine purchase being an allowable use of funds) | Introduced |
| Vaccine Cost | VT H 185 | Would expand the state's universal childhood vaccine program to cover all primary care services | Introduced |
| Vaccine Cost | VT H 433 | Would implement Green Mountain Care, a publicly financed health care program for all Vermont residents, that would in-part cover all ACIP recommended vaccines | Introduced |
| Vaccine Cost | WI SB 203 | Would establish a "maximum allowable cost list" for PBM's pharmaceutical products (including vaccines) | Introduced |
| Vaccine Curriculum | HI HB 100, HI SB 772 & HI SB 844 | Would require that age-appropriate media literacy training be incorporated into K-12 education (including misinformation/disinformation identification); specifically calling out to COVID-19 vaccine misinformation | Introduced |
| Vaccine Curriculum | IA SF 113 | Would require information about HPV and available HPV vaccines be taught in schools | Introduced |
| Vaccine Curriculum | NY A 3082 | Would requires instruction on vaccine science in every middle school and every high school | Introduced |
| Vaccine Safety/ Investigation | AL HB 316 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless the food labeling contains a conspicuous notification of the presence of them (classifying such food as a drug) | Introduced |
| Vaccine Safety/ Investigation | FL HB 525 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless labeled as such and classified as a drug | Introduced |
| Vaccine Safety/ Investigation | FL SB 1362 | Would require a published list of all vaccine adverse events/complications on the health department website, with an expedited review and payment process for vaccine injuries covered by Medicare and Medicaid | Introduced |
| Vaccine Safety/ Investigation | ID SCR 102 | Establishes a legislative committee to investigate the state's COVID-19 vaccine response | Enacted |
| Vaccine Safety/ Investigation | IN HB 1344 | Would establish a state-level version of VAERS and require provider reporting | Introduced |

| | | | |
|----------------------------------|--|--|--------------------|
| Vaccine Safety/ Investigation | KY HB 648 | Would require all liability shield products, including vaccines, to have undergone a 5-year placebo-controlled trial before use in the state, requiring all data (specifically listing VAERS) associated with the product be made publicly available and prohibiting individuals from being required or coerced to receive such products | Introduced |
| Vaccine Safety/ Investigation | LA HB 419 | Would prohibit the exposure of any "self-spreading" pathogen, defined to include vaccines | Introduced |
| Vaccine Safety/ Investigation | MA HD 3131 & MA SD 2548 | Would create a vaccine program advisory council made up of various experts | Introduced |
| Vaccine Safety/ Investigation | ME LD 389 (SP 171) | Would create a COVID-19 Review commission to study the state response, including COVID-19 vaccine distribution | Introduced |
| Vaccine Safety/ Investigation | MO SB 252 | Would require anyone distributing vaccines or gene therapy products to disclose how those who did not receive the product may be exposed to it or its components | Introduced |
| Vaccine Safety/ Investigation | MT LC 4125 | Would ban aluminum in vaccines | Introduced |
| Vaccine Safety/ Investigation | MT LC 979 | Would conduct an interim study on the state's COVID-19 response (including vaccines) | Introduced |
| Vaccine Safety/ Investigation | NC HB 440 | Would require any food that contains vaccine or vaccine material be considered a drug | Introduced |
| Vaccine Safety/ Investigation | ND HB 1458 | Would define any recombinant, attenuated or modified version of a virus as "self-spreading," prohibiting the release on any such product (including vaccines) | Passed 1st Chamber |
| Vaccine Safety/ Investigation | ND HB 1467 | Would require the health department to create and publish a state-level version of VAERS | Introduced |
| Vaccine Safety/ Investigation | NY S 2518 | Would direct an investigation by the health commissioner into the health department's pandemic response with regard to nursing homes and adult care and assisted living facilities | Introduced |
| Vaccine Safety/ Investigation | OK SB 802 | Would prohibit the sale of foods that contain vaccine or vaccine material | Introduced |
| Vaccine Safety/ Investigation | OK SB 941 | Would require a list of all vaccine ingredients (including specific mRNA vaccine sequences) to be listed on vaccine products and publicly posted on the manufacturer's website | Introduced |
| Vaccine Safety/ Investigation | SC H 3096 | Would require anyone distributing vaccines or gene therapy products to disclose how those who did not receive the product may be exposed to it or its components | Introduced |
| Vaccine Safety/ Investigation | TN HB 1100 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless the food labeling | Introduced |

| | | | |
|----------------------------------|---------------------------------------|--|-------------------------|
| | | contains a conspicuous notification of the presence of them (classifying such food as a drug) | |
| Vaccine Safety/ Investigation | TN SB 616 & TN HB 928 | Would prohibit the sale of any food product that contains a live vaccine | Introduced |
| Vaccine Safety/ Investigation | TX HB 1304 & TX SB 122 | Would require vaccines to be labeled if they were developed using fetal cell lines/tissue | Introduced |
| Vaccine Safety/ Investigation | TX HB 962 | Would require that all potential vaccine injuries be added to federal VAERS | Introduced |
| Vaccine Safety/ Investigation | TX SB 2087 | Would require the biennial legislative immunization reports issued by the health department include information related to accessibility/disparities related to disability | Introduced |
| Vaccine Safety/ Investigation | TX SB 269 | Would authorize disciplinary action by the Texas Medical Board for failure to report suspected vaccine adverse events into VAERS | Passed Both Chambers |
| Vaccine Safety/ Investigation | VT H 69 | Would require the Department of Health to submit a state-specific VAERS report (filtering federal data) annually to the legislature | Introduced |
| Vaccine Safety/ Investigation | WV HB 3477 | Would require all liability shield products, including vaccines, to have undergone a 5-year placebo-controlled trial before use in the state, requiring all data (specifically listing VAERS) associated with the product be made publicly available | Introduced |
| Vaccine Safety/ Investigation | WV HR 7 | Would direct congress to investigate the origins and response to the COVID-19 pandemic | Introduced |
| Vaccine Safety/ Investigation | WV SB 517 & WV HB 2954 | Would require medical professionals submit suspected vaccine adverse events to the bureau of public health (to develop an annual report for the legislature) and receive formal training on the negative side effects of vaccines every 5 years | Passed 1st Chamber |
| Vaccine Stockpile | AZ HB2489 | Would create a state buffer stockpile of vaccines (amongst other medical supplies) | Introduced |
| Vaccine Stockpile | CA SB 829 | Would establish state funding for the development, production, procurement, and distribution of vaccines | Introduced |
| Vaccine Stockpile | NJ S 4283 & NJ A 5596 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| Vaccine Stockpile | NY S 6117 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| Vaccine Stockpile | TN SB 584 & TN HB 688 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| Other | AL SB 59 & AL HB 377 | Allows dependents of military members to use military medical records as evidence of immunization receipt | Enacted |

| | | | |
|-------|----------------------------------|---|--------------------|
| Other | CA AB 1074 | Would impose a sanction on recipients of the CALWorks program who fail to verify the immunization of their child | Introduced |
| Other | CA AB 1326 | Would require that employees receive paid sick leave if attending an appointment to receive a vaccine for protection against contracting a contagious disease related to the health emergency | Passed 1st Chamber |
| Other | IA HF 374 | Would specify vaccinations do not fall under the definition of "preventative care services" required of all parents/guardians in the state | Introduced |
| Other | ID H 91 | Repeals the act creating the Idaho childhood immunization policy commission | Enacted |
| Other | MA HD 1377 | Would require funeral home workers be in the same classification as healthcare workers during any future vaccine rollout campaign | Introduced |
| Other | MA HD 3868 | Would establish a \$100 tax credit for individuals who are up to date on all recommended COVID-19 vaccines | Introduced |
| Other | MA HD 4014 | Would establish a \$100 tax credit for individuals who receive all vaccines recommended by the Health Department | Introduced |
| Other | MA HD 4047 | Would authorize Public Health Impact Reports for bills that mandate insurance coverage of certain treatments (including vaccinations) | Introduced |
| Other | ND SB 2031 | Would require nursing services agencies to maintain employee immunization records (amongst other things) as a requirement for licensure in the state | Introduced |
| Other | NY S 7851 & NY A 8343 | Would add failure to immunize one's child to the definition of parental neglect | Introduced |
| Other | OK HB 1122 | Removes proof of Hepatitis B vaccination as an accepted substitute for a negative Hepatitis B test for participants in events sanctioned by the Oklahoma Athletic Commission | Enacted |
| Other | TN SB 1287 | Would remove the requirement that a parent or caretaker enter a personal responsibility plan that requires a child to receive immunizations | Introduced |
| Other | WV SB 929 | Would remove the requirement of private schools to maintain pupil-specific immunization records | Introduced |

APPENDIX 2: All Tagged Legislation by State (August 1, 2024-June 1, 2024)

| State | Bill(s) | Summary | Status |
|---------|---------------------------------|--|--------------------|
| Alabama | AL HB 520 | Would prohibit discrimination due to one's vaccination status | Introduced |
| Alabama | AL HB 519 | Would prohibit using one's vaccination status to make organ transplant decisions, authorizing \$50,000 fines if violated | Introduced |
| Alabama | AL HB 367 | Would prohibit any governmental entity or county health department from expending public funds to advertise or promote vaccines | Introduced |
| Alabama | AL HB 2 | Would prohibit minors from consenting to their own vaccination without parental consent unless emancipated or living apart from their parents | Passed 1st Chamber |
| Alabama | AL HB 267 | Would allow minors who have graduated from high school, been emancipated, gotten pregnant, gotten married, and or financially independent/living apart from their parents to consent to their own medical treatment (including vaccines) | Introduced |
| Alabama | AL SB 58 & AL SB 101 | States minors under the age of 18 can't consent to vaccination, unless they are married, divorced, pregnant, emancipated, or living independently. (previous law stated minors who are 14 and older could consent to their own medical care) | Enacted |
| Alabama | AL HB 444 | Would require that religiously affiliated private schools or church schools accept religious vaccine requirement exemptions (specifying simple written declarations from a parent are sufficient), or they will lose their tax-exempt status and certain funding streams | Introduced |
| Alabama | AL HB 503 | Would specify that a simple written statement from the parent is sufficient for a K-12 religious vaccine exemption and cannot be further questions, and authorize the same religious exemption process at colleges/universities | Introduced |
| Alabama | AL SB 85 | Would specify a written declaration from a parent/guardian is sufficient for a religious vaccine exemption, and require that colleges/universities also offer such religious exemptions to vaccine requirements | Passed 1st Chamber |
| Alabama | AL HB 316 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless the food labeling contains a conspicuous notification of the presence of them (classifying such food as a drug) | Introduced |

| | | | |
|----------|---------------------------------|--|----------------------|
| Alabama | AL SB 59 & AL HB 377 | allows dependents of military members to use military medical records as evidence of immunization receipt | Enacted |
| Arizona | AZ HB 2257 | Would prohibit using one's vaccination status when making foster care placement decisions | Passed Both Chambers |
| Arizona | AZ HB 2514 | Would create a parental bill of rights, one component of which emphasizes the right of parents to exempt their children from immunizations | Passed Both Chambers |
| Arizona | AZ HB 2707 | Would prohibit healthcare providers from denying care to individuals because of their vaccination status | Introduced |
| Arizona | AZ HB 2063 | Would have required that communications related to school vaccine requirements include information about obtaining an exemption | Vetoed |
| Arizona | AZ SB 1663 | Would expand the IIS to include adult immunizations, specifying the data that is required to be reported | Introduced |
| Arizona | AZ HB 2012 | Would have prohibited requirements for products under FDA emergency use authorization | Vetoed |
| Arizona | AZ HB 2055 | Would allow for exemptions to any vaccines that have not been evaluated against a placebo, studied long-term for their potential to cause cancer/mutate genes/infertility, and/or don't have manufacturer liability (amongst other conditions) | Introduced |
| Arizona | AZ HB 2058 | Would have specified that students over the age of 18 can submit their own personal belief exemption to vaccines required by colleges/universities | Vetoed |
| Arizona | AZ SB 1668 | Would state any health insurer in the state must cover ACIP recommended vaccines without cost-sharing, amongst other services | Introduced |
| Arizona | AZ HB2489 | Would create a state buffer stockpile of vaccines (amongst other medical supplies) | Introduced |
| Arkansas | AR HB 1131 | Allows registered nurses to delegate vaccinating authority (amongst other tasks) to medical assistants | Enacted |
| Arkansas | AR HB 1791 | Would state that WHO requirements or mandates can't be used as a basis for action or to direct/impose requirements of any kind, including for vaccination | Introduced |
| Arkansas | AR HB 1580 | Would require that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes | Passed Both Chambers |
| Arkansas | AR SB 6 | Would allow residents to sue pharmaceutical company executives for vaccine harm, using state funds to support the prosecution | Introduced |
| Arkansas | AR SB 255 | Would require food be labeled if it contains vaccine or vaccine material (specifically citing mRNA vaccines) | Passed 1st Chamber |

| | | | |
|-------------|----------------------|--|----------------------|
| Arkansas | AR HB 1052 | Would require that RSV monoclonal antibodies be covered by all health coverage/insurance plans in the state starting in 2026 | Introduced |
| Arkansas | AR HB 1619 | Would require the state Medicaid program reimburse at the same rate as VFC for RSV immunization administration, removing civil liability for providers who provide such immunizations | Passed Both Chambers |
| California | CA SJR 4 | Would urge Trump administration to rescind NIH funding cuts, citing terminated grants related to vaccine hesitancy and mRNA vaccines | Passed 1st Chamber |
| California | CA SB 290 | Would repeal the requirement that children be immunized to receive CalWorks benefits | Passed 1st Chamber |
| California | CA AB 1366 | Would reimburse pharmacists at the same rate as physicians for immunization administration in state Medicaid Program | Introduced |
| California | CA SB 829 | Would establish state funding for the development, production, procurement, and distribution of vaccines | Introduced |
| California | CA AB 1074 | Would impose a sanction on recipients of the CalWorks program who fail to verify the immunization of their child | Introduced |
| California | CA AB 1326 | Would require that employees receive paid sick leave if attending an appointment to receive a vaccine for protection against contracting a contagious disease related to the health emergency | Passed 1st Chamber |
| Colorado | CO HB 25-1027 | Makes a variety of changes to immunization statutes, including allowing PAs to create certificates of immunization, extending the deadline to notify parents of their school's vaccine rate, and repealing the requirement of schools to notify the health department if a student is excluded due to noncompliance with immunization requirements | Enacted |
| Colorado | CO SB 25-196 | States that if ACIP is repealed, modified or otherwise no longer in effect, the commissioner can still require that vaccines be covered by insurers | Enacted |
| Connecticut | CT HB 6581 | Would allow pharmacists to vaccinate children of any age | Introduced |
| Connecticut | CT HB 6612 | Would prohibit any business or state-funded entity from discriminating against someone based on their COVID-19 vaccination status | Introduced |
| Connecticut | CT HB 6613 | Would prohibit schools and institutions of higher education from discriminating against a student or a student's family member due to their COVID-19 vaccine status | Introduced |
| Connecticut | CT HB 6561 | Would require any state funded vaccine advertisement to include information about side effects | Introduced |

| | | | |
|-------------|--|--|--------------------|
| Connecticut | CT HB 6763 | Would state minors cannot receive any vaccines without parent/guardian consent | Introduced |
| Connecticut | CT HB 6174 | would make the state liable for any injuries/damages caused by school vaccine requirements | Introduced |
| Connecticut | CT SB 1100 | Would make vaccine manufactures liable for any vaccine injuries in the state | Introduced |
| Connecticut | CT SB 214 | Would create a cause of action from employees to sue employers for injuries caused by employer-mandated vaccinations | Introduced |
| Connecticut | CT SB 11 | Would, in part, direct the commissioner of public health to establish and convene a Vaccines and Related Biological products Advisory Committee for the purpose of coordinating seasonal vaccine production with manufacturers | Passed 1st Chamber |
| Connecticut | CT HB 5198 & CT HB 5344 | Would allow moral and philosophical exemptions to school vaccine requirements | Introduced |
| Connecticut | CT HB 5340 | Would prohibit any state COVID-19 vaccine requirements | Introduced |
| Connecticut | CT HB 5341 | Would prohibit any COVID-19 vaccine employer requirements, and any COVID-19 vaccine requirements to visit state land, parks or buildings | Introduced |
| Connecticut | CT HB 6587 & CT HB 6567 | Would establish a medical waiver process for all vaccine requirements in the state | Introduced |
| Connecticut | CT HB 6614 | Would authorize religious vaccine exemptions to school vaccine requirements | Introduced |
| Connecticut | CT SB 1033 | Would prohibit the state from inquiring about the sincerity of someone's religious exemption to vaccines | Introduced |
| Connecticut | CT SB 259, CT SB 269 & CT HB 5629 | Would restore/permit religious exemptions to school vaccine requirements | Introduced |
| Connecticut | CT SB 526 & CT HB 6611 | Would allow for philosophical exemptions to vaccine requirements | Introduced |
| Connecticut | CT SB 707 | Would prohibit the state (or any funded subsidiary) from requiring vaccines without full FDA approval, requiring that employees disclose their vaccination status and/or requiring the participation in testing for an illness | Introduced |
| Connecticut | CT Sb 957 | Would prohibit any vaccine requirements to access commercial establishments and governmental lands/buildings | Introduced |
| Connecticut | CT HB 6134 | Would ensure pharmacists are appropriately compensated/reimbursed for their services (including vaccine administration) | Introduced |

| | | | |
|-------------|------------------------------------|---|----------------------|
| Connecticut | CT HB 6550 | Would specify local health departments must be reimbursed fully for vaccine cost, trained on billing/insurance and not penalized for excess vaccine stock | Introduced |
| Connecticut | CT HB 703 | Would direct the Insurance and Public Health Commissioner to conduct a study, in part, on pharmacist compensation from vaccine administration | Introduced |
| Florida | FL SB 1270 & FL HB 1299 | Would prohibit discrimination based on vaccine status, specifically defining mRNA vaccines | Passed Both Chambers |
| Florida | FL HB 47 | Would remove the requirement parents of children attending childcare facilities receive vaccine-related communications each fall | Introduced |
| Florida | FL SB 738 | Would remove the requirement that childcare facilities provide parents with influenza immunization information every August/September | Passed Both Chambers |
| Florida | FL HB 149 | Would require the health department to develop and publish on its website an expedited Medicaid claims process for vaccine-related injuries | Introduced |
| Florida | FL SB 196 | Would require any food intended for human consumption that contains vaccine or vaccine material be considered a drug and have its packaging labeled accordingly | Passed 1st Chamber |
| Florida | FL SB 1372 | Would require legislature approval to continue public health emergency declarations, and specify that vaccines cannot be required during an emergency | Introduced |
| Florida | FL SB 110 & FL HB 1427 | Would establish a Primary and Preventive Care Grant Program, which would provide funding to providers in rural parts of the state which could, in-part, be used to purchase vaccines | Passed Both Chambers |
| Florida | FL SB 1752 & FL HB 1603 | Would establish a Florida State Health Plan for all residents, in part covering all childhood and adult vaccinations | Introduced |
| Florida | FL HB 525 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless labeled as such and classified as a drug | Introduced |
| Florida | FL SB 1362 | Would require a published list of all vaccine adverse events/complications on the health department website, with an expedited review and payment process for vaccine injuries covered by Medicare and Medicaid | Introduced |
| Georgia | GA HB 218 | Would lower the age from 50 to 18 years old at which hospitals should offer inpatient vaccinations for the influenza virus prior to discharge | Introduced |
| Georgia | GA HB 522 | Would prohibit healthcare providers from discriminating against potential organ transplant recipients based on their COVID-19 vaccine status | Introduced |

| | | | |
|---------|--|--|----------------------|
| Georgia | GA HB 173 | Would require parents and guardians of students entering sixth grade receive information from the department of education regarding adolescent vaccinations | Introduced |
| Georgia | GA HB 258 | Would establish a "PeachCare for Adult" insurance program, for those 18 and 64 years old making less than or equal to 133% of the federal poverty level and not enrolled in Medicaid, which would cover (in-part) all vaccines recommended by ACIP | Introduced |
| Georgia | GA SB 262 | Would require that every health insurer in the state cover preventative services, including vaccines | Introduced |
| Hawaii | HI HB 72 | Requires that pharmacy technicians be registered to perform their duties (including administering vaccinations) | Enacted |
| Hawaii | HI SCR 129-2025, HI HCR 173-2025, HI HR 169-2025 & HI SR 108-2025 | Would urge the health department to conduct vaccine drives at schools with less than 50% vaccination rate next school year | Introduced |
| Hawaii | HI SB 1437 & HI HB 1118 | Would remove non-medical (religious) exemptions to school vaccine requirements | Introduced |
| Hawaii | HI SR 55-2025 & HI SCR 72-2025 | Would require that vaccination exemption forms be updated so that if a student is exempt from certain vaccines but receives others, they are not blanketly counted as unvaccinated against all diseases | Introduced |
| Hawaii | HI HB 1115 & HI SB 1434 | Would establish a Universal Purchase Program for vaccines in the state using insurer assessed funds | Passed Both Chambers |
| Hawaii | HI HB 100, HI SB 772 & HI SB 844 | Would require that age-appropriate media literacy training be incorporated into K-12 education (including misinformation/disinformation identification); specifically calling out to COVID-19 vaccine misinformation | Introduced |
| Idaho | ID H 135 | Removes immunization services from the list of those that do not require verification of lawful presence in the United States | Enacted |
| Idaho | ID H 131 | Would require blood donations to be labeled if the donor had received a COVID-19 or other mRNA vaccine, allowing those in need of donation to request blood based on such status | Passed 1st Chamber |
| Idaho | ID S 1038 | Prohibits the state from being compelled to engage in the enforcement of requirements or mandates issued by WHO | Enacted |
| Idaho | ID S 1022 | Would prohibit the state from advertising any vaccine deemed to be "experimental" and specifies the requirements of obtaining informed consent | Introduced |

| | | | |
|----------|------------------------------------|---|----------------------|
| Idaho | ID S 1189 | Would prohibit the use or distribution of "human gene therapy products" unless the manufacture has waived any immunity from injury lawsuits | Introduced |
| Idaho | ID S 1036 | Would establish a moratorium on gene therapy product use in the state, specifically listing RNA vaccines in the definition | Introduced |
| Idaho | ID H 290 | Removes the responsibility of the board of health to determine the school/daycare vaccine schedule, instead listing certain vaccines directly in the statute (and specifying exemption information) | Enacted |
| Idaho | ID H 472 | Would prohibit the mandate of any medical intervention by the state (IS S 1023 Veto Attempt) | Passed 1st Chamber |
| Idaho | ID S 1023 | Would prohibit the mandate of any medical intervention by the state | Vetoed |
| Idaho | ID S 1210 | Prohibits the mandate of any medical intervention by the state (excluding daycares and schools) | Enacted |
| Idaho | ID SCR 102 | Establishes a legislative committee to investigate the state's COVID-19 vaccine response | Enacted |
| Idaho | ID H 91 | Repeals the act creating the Idaho childhood immunization policy commission | Enacted |
| Illinois | IL HB 1805 | Would repeal the authority of dentists to administer vaccines in 2026 | Introduced |
| Illinois | IL SB 2494 & IL HB 3681 | Would specify that respiratory care practitioners with appropriate training are allowed to vaccinate those 18 and older | Passed Both Chambers |
| Illinois | IL HB 1569 | Would require healthcare providers to administer medically necessary vaccines to patients who request if they have in stock, regardless of what funds were used to stock said vaccine | Introduced |
| Illinois | IL SR 203 & IL HR 291 | Would urge the implementation of interventions to support vaccine uptake and reduce disparities in vaccine coverage | Introduced |
| Illinois | IL HB 2597 | Would prohibit any form of discrimination against those who refuse to receive a COVID-19 vaccine | Introduced |
| Illinois | IL HB 1105 | Would require blood banks to test donated blood for evidence of any COVID-19 vaccine and any other mRNA vaccine components, labeling and disclosing such blood accordingly | Introduced |
| Illinois | 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 | Passed Both Chambers |
| Illinois | IL HB 1792 | Would prohibit any COVID-19 vaccine requirements for school children | Introduced |

| | | | |
|----------|-------------------|--|--------------------|
| Illinois | IL HB 2600 | Would prohibit any COVID-19 (or other vaccine under EUA) from being required for employment | Introduced |
| Illinois | IL HB 2827 | Would allow homeschool students to participate in public school events if they follow the same vaccine procedures | Introduced |
| Illinois | IL HB 3745 | Would establish the Healthcare Funding Association, creating an IP Program fund for the universal purchase of vaccines for both children and adults | Introduced |
| Illinois | IL SB 2182 | Would prohibit healthcare providers from charging a facility fee (any fee charged for operational expenses separate from the fees charged for professional medical services) for preventative services like vaccinations | Introduced |
| Illinois | IL SB 2286 | Would prohibit health insurers from requiring prior authorization for immunizations recommended by ACIP | Introduced |
| Indiana | IN HB 1571 | Would allow standing orders for pharmacists to administer any ACIP recommended vaccine (currently only to those over 11 years old) | Introduced |
| Indiana | IN SB 96 | Would allow pharmacists to administer any ACIP recommended vaccine (currently a specified list) | Passed 1st Chamber |
| Indiana | IN HB 1426 | Would require any liability shielded product (including vaccines) to undergo placebo-controlled trials before use in the state | Introduced |
| Indiana | IN HB 1160 | Would prohibit vaccine requirements (by a healthcare setting) for health professional students required to participate in such clinical training (allowing for civil suit if violated) | Introduced |
| Indiana | IN HB 1168 | Would prohibit any individual from being required to inject any substance into their body | Introduced |
| Indiana | IN HB 1338 | Would prohibit any employee-targeted vaccine requirements/clinics unless explicit communications are provided about their voluntary nature; outlawing coercion and discrimination if employees decline vaccination | Introduced |
| Indiana | IN HB 1344 | Would establish a state-level version of VAERS and require provider reporting | Introduced |
| Iowa | IA SF 180 | Would specify one's right to refuse any medical service (including vaccines) if approved under EUA, prohibiting discrimination against those who do refuse | Passed 1st Chamber |
| Iowa | IA HF 299 | Requires any public communications about vaccine requirements to include information about vaccine exemptions | Enacted |
| Iowa | IA HF 34 | Would require that any communications about vaccines include information about vaccine exemptions | Introduced |

| | | | |
|--------|--|---|--------------------|
| Iowa | IA SF 6 | Would require that all communications about vaccine requirements and vaccines in general include information about vaccine exemptions | Introduced |
| Iowa | IA HF 104, IA HF 394, IA SF 120 & IA SF 304 | Would specify vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval | Passed 1st Chamber |
| Iowa | IA SF 554 | Would state the health department can provide preventative care to a child without parental consent, but specifically excludes vaccines from such care | Introduced |
| Iowa | IA SF 128 | Would require death certificates for those age 0-3 to include the date of last received immunization | Introduced |
| Iowa | IA HF 712 | Would make vaccine manufactures liable for any vaccine injuries in the state (waiving any immunity from VICP) | Introduced |
| Iowa | IA SF 360 | Would outlaw the administration of "gene based" vaccines in the state, including mRNA vaccines in such definition | Introduced |
| Iowa | IA HF 279 | Would state vaccines can be recommended during an emergency (but not ordered as currently stated), but such vaccines must have full FDA approval and exemptions/individual autonomy still applies | Introduced |
| Iowa | IA SF 118 | Would prohibit the state from ordering someone be vaccinated during an emergency/outbreak; changing to "recommend" | Introduced |
| Iowa | IA SF 246 | Would change the law so religious exemptions to vaccine requirements still apply during an emergency, and shift religious exemptions from "tenants and practices a recognized religious domination" to "sincerely held religious beliefs of the person" | Introduced |
| Iowa | IA HF 88 | Would remove vaccine requirements for private schools | Introduced |
| Iowa | IA HF35 | Would require that post-secondary health/clinical schools identify and provide rotation options that honor a student's COVID-19 vaccine exemption upon request, rescinding state funding if the school cannot comply | Introduced |
| Iowa | IA SF 204 & IA HF 888 | Would remove the requirement that parents enrolling their children in private school provide the school district with evidence of the child's immunizations | Introduced |
| Iowa | IA SF 113 | Would require information about HPV and available HPV vaccines be taught in schools | Introduced |
| Iowa | IA HF 374 | Would specify vaccinations do not fall under the definition of "preventative care services" required of all parents/guardians in the state | Introduced |
| Kansas | KS HB 1039 | Would specify that apart from a select list of vaccines, pharmacists are able to vaccinate those 7 years and older | Introduced |

| | | | |
|----------|-------------------|--|-------------------------|
| Kansas | KS SB 19 | Would prohibit any form of discrimination against individuals who refuse vaccination or any other DNA/RNA based product | Introduced |
| Kansas | KS SB 29 | Restricts public health officials authority to require isolation/quarantine and prohibit public gathering | Enacted (Veto Override) |
| Kansas | KS HB 2045 | Would change religious vaccine exemptions for childcare facilities to be for sincerely held religious beliefs of the parent (currently has to be that a parent is in a religious denomination who is opposed to vaccination) | Passed 1st Chamber |
| Kentucky | KY HB 629 | Would prohibit healthcare providers from refusing services to someone because of their vaccination status | Introduced |
| Kentucky | KY HB 601 | Would require blood donations to be labeled if the donor had received a COVID-19 vaccine, allowing those in need of donation to request blood based on such status | Introduced |
| Kentucky | KY HB 745 | Would require blood banks to test all blood for SAR COV 2 antibodies and synthetic mRNA (once a test is approved by the FDA) and label/disclose such blood to recipients accordingly, as well as prohibit the state from acquiring or maintaining a list containing the vaccination status of citizens | Introduced |
| Kentucky | KY HB 140 | Would prohibit the state from acquiring or obtaining a list of the vaccination status of its citizens | Introduced |
| Kentucky | KY HB 469 | Would prohibit the use of RNA vaccines (defining them as human gene therapy products) | Introduced |
| Kentucky | KY SB 177 | Would prohibit any COVID-19 or mRNA requirements in the state and prohibit COVID-19 or mRNA vaccine administration for minors | Introduced |
| Kentucky | KY HB 647 | Would require schools and employers offer philosophical and religious vaccine exemptions, simplifying the process to obtain and prohibiting any new vaccine requirements from being added mid-school year, and allowing optometrists, nurses, pharmacists, physician assistants and osteopath physicians to sign off on medical vaccine exemptions | Introduced |
| Kentucky | KY HB 724 | Would allow at-home private school students to participate in public school events if they follow the same vaccine requirements | Introduced |
| Kentucky | KY SB 246 | Would require employees receive information about exemptions before being vaccinated, providing for civil penalty if violated | Introduced |
| Kentucky | KY HB 648 | Would require all liability shield products, including vaccines, to have undergone a 5-year placebo-controlled trial before use in the state, requiring all data (specifically listing VAERS) associated with the product be made publicly available and prohibiting individuals from being required or coerced to receive such products | Introduced |

| | | | |
|-----------|---------------------------|--|----------------------|
| Louisiana | LA HB 555 | Would state the right of an individual to refuse any medical intervention (including vaccines) for themselves or their children, prohibiting discrimination and service refusal against such individuals | Introduced |
| Louisiana | LA HB 629 | Would require informed consent for vaccines be documented in patient's medical records, prohibiting from discriminating against individuals because of their vaccine status | Introduced |
| Louisiana | LA HB 377 | Would require that healthcare providers provide written and verbal notice to a patient receiving a drug/vaccine under EUA that they have the right to refuse it | Introduced |
| Louisiana | LA HB 400 | Would specify that informed parental consent is necessary for any medical treatment for minors before they turn 18 | Passed 1st Chamber |
| Louisiana | LA HB 690 | Would authorize the surgeon general to promulgate new rules regarding the administration of products under EUA (including vaccines) | Passed 1st Chamber |
| Louisiana | LA HB 655 | Would increase the administrative fee for vaccines at public health units to \$50 (currently \$10 for childhood vaccines and \$20 for travel vaccines) | Passed 1st Chamber |
| Louisiana | LA HB 419 | Would prohibit the exposure of any "self-spreading" pathogen, defined to include vaccines | Introduced |
| Maine | ME LD 436 (HP 290) | Would prohibit state agencies from promoting the COVID-19 vaccine in any medium to children | Introduced |
| Maine | ME LD 113 | Would require food be labeled if it contains mRNA vaccines | Introduced |
| Maine | ME LD 174 | Would restore religious vaccine exemptions to school vaccine requirements (for both parents and the vaccine administrator) | Introduced |
| Maine | ME LD 727 | Would repeal certain immunization requirements for a child to attend a public or private elementary or secondary school | Introduced |
| Maine | ME LD 871 (HP 557) | Would prohibit any COVID-19 vaccine requirements in the State | Introduced |
| Maine | ME LD 1883 | Would establish a Maine State Health Plan for all residents, in-part covering all childhood and adult vaccinations | Introduced |
| Maine | ME LD 917 (HP 852) | Would repeal a provision of law stating that healthcare providers can't charge uninsured patients for COVID-19 vaccines | Passed Both Chambers |
| Maine | ME LD 93 (HP 58) | Would expand the state's universal childhood vaccine program to include adults | Introduced |

| | | | |
|---------------|------------------------------------|---|------------|
| Maine | ME LD 389 (SP 171) | Would create a COVID-19 Review commission to study the state response, including COVID-19 vaccine distribution | Introduced |
| Maryland | MD HB 608 | Would require each county board of education to grant certain students' temporary admission to schools for a certain time frame if the parent or guardian of a student is unable to provide proof of immunization under certain circumstances | Introduced |
| Maryland | MD SB 281 | Would allow children with an immunization appointment within 60 days to be temporarily admitted to school if they do not currently meet immunization requirements | Introduced |
| Maryland | MD HB 1315 | Requires all health insurers cover all visits for and costs of childhood and adolescent immunizations, as well as specifies vaccines pharmacists can administer | Enacted |
| Maryland | MD HB 974 | Allows the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by ACIP | Enacted |
| Massachusetts | MA HD 2916 & MA HD 4135 | Would require hospitals to offer flu vaccines to every patient 65 years and older during flu season | Introduced |
| Massachusetts | MA HD 1313 | Would state no person may be compelled to receive an immunization for COVID-19 in order to secure, receive, or access any public facility, any public benefit, or any public service in the state | Introduced |
| Massachusetts | MA SD 944 & MA HD 847 | Establishes a bill of rights for individuals experiencing homelessness, including the right to receive COVID-19 vaccines without discrimination | Introduced |
| Massachusetts | MA SD 1470 & MA HD 3775 | Would require schools report the number of students fully immunized each year, with the health department needing to publicly post the aggregate data | Introduced |
| Massachusetts | MA HD 4671 | Would require food be labeled if it contains mRNA vaccine material | Introduced |
| Massachusetts | MA HD 635 & MA H 2431 | Would prohibit any requirements in the state for COVID-19 vaccines, mRNA vaccines or any other purported "gene altering product" | Introduced |
| Massachusetts | MA H 2385 | Would establish a special commission on avian influenza (H5N1), including potential vaccination strategies | Introduced |
| Massachusetts | MA HD 2301 | Would prohibit any COVID-19 vaccine requirements or passports in the state | Introduced |
| Massachusetts | MA HD 2387 & MA SD 1318 | Would prohibit healthcare facilities from requiring visitors be vaccinated to visit patients | Introduced |
| Massachusetts | MA HD 3480 | Would prohibit any public vaccine mandates outside of public schools (only for vaccines FDA approved for at least 3 years) and private entities (if they accept all | Introduced |

| | | | |
|---------------|--|--|--------------------|
| | | exemptions and liability associated with potential vaccine injury) | |
| Massachusetts | MA HD 3633 & MA SD 653 | Would specify the protection of medical exemptions for school vaccine requirements and prevent schools from reporting such exemption data outside of the school health center | Introduced |
| Massachusetts | MA HD 4022 | Would clarify meningococcal vaccine requirements for students in higher education, allowing for medical exemptions as well as religious exemptions unless there is an outbreak declared by the health department | Introduced |
| Massachusetts | MA SD 1324 | Would prohibit COVID-19, mRNA, or other "gene altering" product requirements in the state | Introduced |
| Massachusetts | MA SD 1429 & MA HD 1656 | Would prohibit any person from being mandated, required, or coerced by any public or private entity to accept any health related intervention | Introduced |
| Massachusetts | MA SD 2117 | Would specify vaccine requirements for daycares/preschools, requiring exemption/vaccination data for facilities be posted and facilities that have not achieved vaccination rates suitable for herd immunity to be labeled as "High Risk Facilities" | Introduced |
| Massachusetts | MA SD 1782, MA HD 870 & MA HD 923 | Would require all vaccines administered to Medicaid eligible residents be no less than the CMS regional reimbursement rate | Introduced |
| Massachusetts | MA HD 3131 & MA SD 2548 | Would create a vaccine program advisory council made up of various experts | Introduced |
| Massachusetts | MA HD 1377 | Would require funeral home workers be in the same classification as healthcare workers during any future vaccine rollout campaign | Introduced |
| Massachusetts | MA HD 3868 | Would establish a \$100 tax credit for individuals who are up to date on all recommended COVID-19 vaccines | Introduced |
| Massachusetts | MA HD 4014 | Would establish a \$100 tax credit for individuals who receive all vaccines recommended by the Health Department | Introduced |
| Massachusetts | MA HD 4047 | Would authorize Public Health Impact Reports for bills that mandate insurance coverage of certain treatments (including vaccinations) | Introduced |
| Michigan | MI HB 4475 | Would add "vaccine status" as a protected class that can't be discriminated against | Introduced |
| Michigan | MI SB 107 | Would require insurers in the state cover ACIP recommended vaccines at pharmacies within an insurers network | Passed 1st Chamber |
| Minnesota | MN HF 3022 & MN SF 3289 | Removes the authority of dentists to administer COVID-19 vaccines (amongst other miscellaneous technical changes) | Enacted |

| | | | |
|-----------|------------------------------------|---|------------|
| Minnesota | MN HF 86 | Would allow community emergency medical technicians to vaccinate | Introduced |
| Minnesota | MN SF 2128 | Would allow certified EMT's to administer vaccines | Introduced |
| Minnesota | MN HF 22 | Would establish a parental bill of rights, emphasizing parents' ability to make vaccine decision for their children | Introduced |
| Minnesota | MN HF 237 | Would prohibit rescinding public assistance benefits due to one's vaccination status | Introduced |
| Minnesota | MN HF 2815 | Would prohibit the use or requirement of vaccine passports, passes or credentials in the state, allowing for civil suit if violated | Introduced |
| Minnesota | MN HF 481 & MN SF 1529 | Would outlaw discrimination against someone (across numerous entities) for refusal to receive a vaccine (including "RNA-based products or DNA-based products") | Introduced |
| Minnesota | MN HF 860 | Would create a tax exemption for backpay provided to military members reinstated for refusal to obtain a COVID-19 vaccine | Introduced |
| Minnesota | MN SF 369 & MN HF 1300 | Would prohibit the commissioner from rescinding any public assistance benefits due to one's vaccination status | Introduced |
| Minnesota | MN SF 698 | Would outlaw any vaccine passports, passes or credentials within the state | Introduced |
| Minnesota | MN SF 694 & MN HF 92 | Would prohibit using one's vaccination status to restrict movement/school attendance, require patients receive independent information about vaccines (not from a government entity or vaccine manufacturer) prior to receipt, prohibit COVID-19 vaccine promotion, prohibit coercing or pressuring individuals to receive a EUA vaccine and outlaw employer vaccine requirements | Introduced |
| Minnesota | MN SF 839 & MN HF 91 | Would require parents/guardians be physically present at the time of vaccination | Introduced |
| Minnesota | MN HF 2128 & MN SF 2307 | Would combine vaccination receipt information for the last two years with death records, requiring within various time frames to be aggregated and posted on the health department website | Introduced |
| Minnesota | MN HF 3152 | Would prohibit the administration of any "gene-based" vaccines (defined to include mRNA) | Introduced |
| Minnesota | MN HF 3219 & MN SF 3456 | Would designate mRNA vaccines as weapons of mass destruction and prohibit their use | Introduced |
| Minnesota | MN HF 371 | Would appropriate funding to conduct a study on the risks and benefits of mRNA vaccines in livestock | Introduced |

| | | | |
|-----------|---|--|------------|
| Minnesota | MN HF 233 & MN SF 686 | Would repeal the governor's authority to declare a public health emergency (and associated vaccine countermeasure deployment); moving it to the legislature | Introduced |
| Minnesota | MN SF 1191 & MN HF 26 | Would shift emergency declarations related to immunizations from the governor to the legislature | Introduced |
| Minnesota | MN SF 3048 & MN HF 2860 | would issue a standing ordering for local health departments to obtain and possess vaccine; authorizing advanced practice nurses, registered nurses, or licensed practical nurses employed by the local health department to administer said vaccine | Introduced |
| Minnesota | MN SF 440 | Would require the legislature to declare a public health emergency (currently the governor) before the health department could authorize certain health professionals to vaccinate | Introduced |
| Minnesota | MN HF 2884 | Would prohibit the enforcement of government vaccine mandates and allow natural antibodies as an alternative to vaccination | Introduced |
| Minnesota | MN HF 292 | Would prohibit the implementation of any mandatory vaccinations by the state | Introduced |
| Minnesota | MN HF 3229 & MN SF 3429 | Would remove philosophical vaccine exemptions for the MMR vaccine | Introduced |
| Minnesota | MN HF 345 | Would prohibit healthcare facilities and nursing/residential homes from requiring support persons and visitors be vaccinated | Introduced |
| Minnesota | MN HF 394 | Would prohibit mandatory vaccination against communicable diseases, as well as any required documentation or disclosure of vaccine status in the state | Introduced |
| Minnesota | MN SF 709 | Would prohibit employers from requiring, demanding, coercing or incentivizing employees to share their vaccination status | Introduced |
| Minnesota | MN SF 717 | Would prohibit any vaccine mandates or passports by the state as a fundamental component of individual liberties, additionally stating employers must accept natural antibodies as an alternative to meeting any employer-established vaccine requirements | Introduced |
| Minnesota | MN SF 83 | Would prohibit healthcare facilities from requiring visitors are vaccinated to visit patients | Introduced |
| Minnesota | MN HF 3240 & MN SF 3438 | Would establish a two-year grant program to address vaccine preventable disease outbreaks | Introduced |
| Minnesota | MN SF 929, MN SF 930, MN SF 931, MN SF 932, MN SF 933 & MN HF 1812 | Would establish a Minnesota State Health Plan for all residents, in part covering all childhood and adult vaccinations | Introduced |

| | | | |
|-------------|------------------------------------|---|------------|
| Mississippi | MS HB 335 & MS HB 336 | Would establish the MAGnet Community Health Disparity Program to address COVID-19 vaccine administration disparities in the state | Introduced |
| Mississippi | MS HB 508 | Would establish a program under the State Health Officer to reduce health disparities, including for adult and child immunizations | Introduced |
| Mississippi | MS SB 2702 | Would remove the requirement of hospitals to offer influenza vaccine to certain patients during discharge | Introduced |
| Mississippi | MS HB 1422 | Would prohibit incentivizing providers to vaccinate, allow individuals to sue for vaccine injury, prevent discrimination against those who are unvaccinated and streamline vaccine exemptions | Introduced |
| Mississippi | MS HB 801 | Would prohibit health insurers from denying claims because someone is unvaccinated | Introduced |
| Mississippi | MS SB 2775 | Would prohibit discrimination based on COVID-19 vaccine status, allowing for civil suit if violated | Introduced |
| Mississippi | MS SB 2409 | Would add vaccine-related injuries to workers compensation programs (with presumption in favor of compensation) and authorize those fired for refusal to adhere to employer vaccine mandates eligible for unemployment benefits | Introduced |
| Mississippi | MS HB 1039 | Would require meat products be labeled if they received mRNA vaccines or vaccine material, allowing products to be labeled "mRNA Free" if they have not been | Introduced |
| Mississippi | MS HB 1365 | Would prohibit the use of mRNA vaccines in any food products or livestock intended for human consumption | Introduced |
| Mississippi | MS HB 762 | Would prohibit the use of mRNA vaccines in the state until the health department conducts a study (self-controlled case series) showing the vaccines are safe | Introduced |
| Mississippi | MS HB 1036 & MS HB 1572 | Would require any measure taken by the State Board of Health to suppress the spread of disease to be approved by the governor prior to being required of the public | Introduced |
| Mississippi | MS HB 1066 | Provides a 30-day grace period for children of military families to adhere to school vaccination requirements | Enacted |
| Mississippi | MS HB 1571 | Would outline the process (and affidavit form) to receive a non-medical exemption to school vaccine requirements | Introduced |
| Mississippi | MS HB 563 | Would allow childcare facilities in churches to be exempt from licensure rules (but still require immunization verification of all children upon request) | Introduced |
| Mississippi | MS HB 592 | Would prohibit healthcare facilities from requiring visitors to submit proof of vaccination to visit with patients | Introduced |

| | | | |
|-------------|------------------------------------|---|----------------------|
| Mississippi | MS HB 729 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| Mississippi | MS SB 2179 & MS HB 1617 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| Mississippi | MS HB 1127 | Would establish the COVID-19 Mississippi Local Provider Innovation Grant Program | Passed Both Chambers |
| Missouri | MO HB 1195 | Would restrict the authority of pharmacists to vaccinate in the state, defining vaccine types and ages in statute | Introduced |
| Missouri | MO HB 943 & MO SB 317 | Would add chikungunya vaccines to the list that pharmacists are able to administer to those 7 years and older | Passed 1st Chamber |
| Missouri | MO SB 374 | Would allow dentists to vaccinate | Introduced |
| Missouri | MO SB 471 | Would prohibit using COVID-19 vaccination status when making organ transplant decisions (unless a lung) | Introduced |
| Missouri | MO SB 319 & MO SB 149 | Would prohibit the sale of meat products vaccinated with mRNA vaccines unless labeled accordingly | Introduced |
| Missouri | MO SB 222 | Prohibits the implementation of any COVID-19 vaccine ("or other gene therapy") requirements in any school or college/university | Introduced |
| Missouri | MO SJR 37 | Would prohibit any publicly funded entity from infringing on the right of individuals to refuse vaccination | Introduced |
| Missouri | MO SB 252 | Would require anyone distributing vaccines or gene therapy products to disclose how those who did not receive the product may be exposed to it or its components | Introduced |
| Montana | MT LC 69 | Would require acceptance of religious or conscience exemptions to immunizations | Introduced |
| Montana | MT HB 364 (LC 2892) | Would require the department of health to provide a form that each school would be required to submit deidentified/aggregate immunization and exemption information | Passed 1st Chamber |
| Montana | MT LC 1386 | Would require each school reports the number of exemptions (by type) along with vaccination coverage rates for all school required vaccines | Introduced |
| Montana | MT LC 1463 & MT LC 1980 | Would ban mRNA vaccine use in humans | Introduced |
| Montana | MT LC 1464 | Would ban mRNA vaccine use in animals | Introduced |
| Montana | MT LC 1979 | Would prohibit any mRNA vaccine use in the state | Introduced |

| | | | |
|----------|----------------------------|---|----------------------|
| Montana | MT HB 888 (LC 2683) | Prohibits local boards of health from requiring a vaccine as a condition of release from isolation and quarantine | Passed Both Chambers |
| Montana | MT HB 118 (LC 1352) | Would provide a 30-day grace period for children of military families to adhere to school vaccination requirements | Passed Both Chambers |
| Montana | MT HB 807 (LC 2455) | Would prohibit vaccine requirements for vaccines under EUA or ongoing safety trials | Passed 1st Chamber |
| Montana | MT LC 1274 | Would revise vaccination laws | Introduced |
| Montana | MT LC 1288 | Would remove option for day-care providers to not enroll children with medical and religious vaccine exemptions | Introduced |
| Montana | MT LC 1289 | Would revise vaccination laws | Introduced |
| Montana | MT LC 1293 | Would restrict vaccine mandates in the state | Introduced |
| Montana | MT LC 1298 | Would revise vaccination laws | Introduced |
| Montana | MT LC 1427 | Would require acceptance of religious and personal medical exemptions to required immunizations | Passed 1st Chamber |
| Montana | MT LC 2046 | Would generally revise vaccination laws | Introduced |
| Montana | MT LC 2047 | Would generally revise vaccination laws | Introduced |
| Montana | MT LC 4298 | Would authorize certain day-care centers to adopt policy regarding certain immunization exemptions | Introduced |
| Montana | MT SB 285 (LC 464) | Would make adjustments to vaccines required at daycare facilities, removing the Hep B requirement and any references to ACIP | Introduced |
| Montana | MT LC 1384 | Would direct the health department to seek a Medicaid waiver to cover all immunizations (along with other medical respite care services) to individuals experiencing homelessness | Passed 1st Chamber |
| Montana | MT LC 3236 | Would require higher education institutions to pay medical costs associated with mandated COVID-19 vaccinations | Introduced |
| Montana | MT LC 4125 | Would ban aluminum in vaccines | Introduced |
| Montana | MT LC 979 | Would conduct an interim study on the state's COVID-19 response (including vaccines) | Introduced |
| Nebraska | NE LB 203 | Would require local health commissioners to receive written approval by a majority of the publicly elected representatives of the county board and city council before implementing health measures, including vaccines | Introduced |

| | | | |
|---------------|--------------------------------|---|----------------------|
| Nebraska | NE LB 77 | Prohibits health insurers in the state from requiring prior authorization for any ACIP recommended vaccines (amongst other prior authorization specifications) | Enacted |
| Nevada | NV SB 294 | Would allow physician assistants to sign off on a child's certificate of immunization for school entry (currently only physicians) | Passed 1st Chamber |
| Nevada | NV SB 387 | Would authorize naturopathic physicians to be able to prescribe and administer immunizations | Introduced |
| New Hampshire | NH HB 10 & NH SB 72 | Would establish a parental bill of rights, emphasizing parent's ability to make vaccine decision for their children | Passed 1st Chamber |
| New Hampshire | NH HB 233 | Would require meetings of the New Hampshire Vaccine Association to be recorded and posted online within 48 hours | Passed 1st Chamber |
| New Hampshire | NH SB 75 | Would provide health insurance carriers access to the state immunization registry | Introduced |
| New Hampshire | NH HB 357 | Would remove the authority of the commissioner of health and human services to adopt rules requiring additional vaccines (outside of current list) for school entry | Passed 1st Chamber |
| New Hampshire | NH SB 60 | Would limit childhood immunization requirements to diseases identified in statute and remove the authority of the health commissioner to adopt rules requiring immunization for additional diseases (bill was originally about horse race betting, with vaccine-related amendments tagged on) | Passed Both Chambers |
| New Hampshire | NH HB 358 | Would remove the form necessary to obtain a K-12 religious exemption, stating a signed parental statement is all that is needed | Passed Both Chambers |
| New Hampshire | NH HB 664 | Would prohibit any school vaccine requirement if the vaccine has not been tested with placebo trials | Introduced |
| New Hampshire | NH HB 679 | Would prohibit any vaccine requirement if the vaccine's clinical trials have not been shown to prevent disease transmission | Passed 1st Chamber |
| New Hampshire | NH HB 524 | Would repeal the statute establishing the New Hampshire Vaccine Association, responsible for universal vaccine purchase program management | Passed 1st Chamber |
| New Jersey | NJ A 1899 | Allows pharmacy technicians to vaccinate, and authorizes pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5 | Enacted |
| New Jersey | NJ SR 27 | Would urge citizens to stay up to date on vaccinations, specifically measles (directing the health department to take measures to increase awareness of the measles outbreak through a mailer campaign) | Introduced |

| | | | |
|------------|--|---|--------------------|
| New Jersey | NJ A 2252 | Would establish the New Jersey COVID-19 Vaccine Outreach Commission | Introduced |
| New Jersey | NJ S 4067 | Would requires health insurance carriers to reimburse health care providers for vaccines at rate no less than CDC cost per dose rate | Introduced |
| New Jersey | NJ S 4283 & NJ A 5596 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| New Mexico | NM SB 508 | Would require that insurers cover all ACIP recommended vaccines without cost-sharing | Introduced |
| New York | NY A 1407 | Would authorize a licensed pharmacist to administer flu immunizations to persons nine years of age or older | Introduced |
| New York | NY A 2297 | Would allow emergency medical technicians to administer influenza vaccines to those 2 and older and COVID-19 vaccines to those 18 and over | Introduced |
| New York | NY A 3007, NY A 5460, NY S 5340 & NY S 3007 | Would allow medical assistants to vaccinate in an outpatient office setting under the direct supervision of a physician or a physician assistant | Introduced |
| New York | NY A 3892 & NY S 4548 | Would allow dentists to administer HPV vaccines | Introduced |
| New York | NY A 3894 & NY S 6744 | Would allow dentists to administer influenza and COVID-19 vaccines during a declared public health emergency | Passed 1st Chamber |
| New York | NY A 5152 & NY S 7025 | Would allow pharmacy technicians to administer any vaccine that pharmacists can administer (if under their supervision) | Introduced |
| New York | NY A 5541 | Would establish registration for medical assistants, allowing them to prepare and administer vaccines if under supervision of a healthcare practitioner | Introduced |
| New York | NY A 7988 | Would allow physician assistants to "follow best practice immunization standards" without physician supervision | Introduced |
| New York | NY S 1963 & NY A 7534 | Would set new defining regulations for retail clinics that administer vaccines | Introduced |
| New York | NY S 3808 | Would allow pharmacists to administer flu vaccines to those 9 years and older | Introduced |
| New York | NY S 3826 & NY A 4346 | Would add mpox to the list of vaccines that pharmacists and certified nurse practitioners can administer | Passed 1st Chamber |
| New York | NY S 5706 & NY A 7692 | Would allow nursing students to administer certain vaccines (to specific ages under specific circumstances) | Introduced |
| New York | NY S 5720 & NY S 7730 | Would allow medical assistants to prepare and administer vaccines | Introduced |

| | | | |
|----------|----------------------------------|---|------------|
| New York | NY A 2374 & NY S 2516 | Would establish a refugee resettlement program, including (amongst other services) providing immunizations | Introduced |
| New York | NY A 4879 & NY S 4583 | Would specify care required for incarcerated pregnant women, including timely access to vaccinations (specifically tDap and influenza) | Introduced |
| New York | NY A 7419 | Would list immunizations as a core/required service of all school-based health centers | Introduced |
| New York | NY S 3547 | Would detail the definition of a school-based health center, noting they shall provide immunizations to assist with vaccine requirement compliance | Introduced |
| New York | NY A 3686 & NY S 7207 | Would require any officer or employee dismissed for failure to receive a COVID-19 vaccine to be reinstated at the same position and pay | Introduced |
| New York | NY S 369 & NY A 7642 | Would prohibit discrimination against a person because they DID receive a vaccine | Introduced |
| New York | NY S 4644 | Would allow employees that refuse a COVID-19 vaccine to be eligible for unemployment insurance | Introduced |
| New York | NY A 1908 | Would require patients be provided a list of vaccine ingredient, potential benefits/side effects and information about how to report an adverse event at least 48 hours prior to vaccine administration | Introduced |
| New York | NY A 2704 | Would require all discharged maternity patients to receive an informational leaflet with newborn vaccination schedule information | Introduced |
| New York | NY S 1570 | Would allow minors 14 years old and older to consent to their own vaccinations | Introduced |
| New York | NY S 3299 & NY A 3455 | Would require the parent (for most children under 18) to be physically present at the time childhood vaccines are administered | Introduced |
| New York | NY S 653 & NY A 6866 | Would allow individuals under the age of 18 to consent to vaccination that prevent sexually transmitted infections | Introduced |
| New York | NY A 1263 & NY S 3162 | Would require schools submit detailed K-12 vaccine rate/exemption data to the health commissioner for inclusion in a searchable, publicly accessible database | Introduced |
| New York | NY A 1336 | Would add vaccine exemption data to the state's IIS | Introduced |
| New York | NY A 3359 & NY S 7921 | Would make tampering or falsifying IIS records a crime of computer tampering in the third degree | Introduced |
| New York | NY A 765 & NY S 453 | Would require all adult vaccinations be included in the state IIS (currently they "may" be included) | Introduced |

| | | | |
|----------|----------------------------------|---|------------|
| New York | NY S 3964 & NY A 5194 | Would add blood lead level analysis and asthma inhaler prescription data to the state's IIS system | Introduced |
| New York | NY S 4356 | Would require the IIS to record data on the number of vaccine exemptions reported by each health care provider | Introduced |
| New York | NY A 4993 & NY S 5910 | Would make the state liable for any injuries caused by any state mandated vaccines (including school vaccine requirements) | Introduced |
| New York | NY A 4798 & NY S 7342 | Would prohibit the use of mRNA vaccines until the health department conducts a study on their safety | Introduced |
| New York | NY S 7324 | Would shift the responsibility of school requirement/exemption immunization appeals from the Bureau of Education to the Bureau of Immunization | Introduced |
| New York | NY A 1153 | Would require the health department to create a standardized form for medical vaccine exemptions in schools | Introduced |
| New York | NY A 1358 | Would authorize religious exemptions for K-12 vaccine requirements | Introduced |
| New York | NY A 2045 | Would prohibit school vaccine requirements against poliomyelitis, mumps, measles, diphtheria, Haemophiles influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, meningococcal disease, or hepatitis B; authorizing individuals in a parental relation to the child to make their vaccine decisions | Introduced |
| New York | NY A 2078 & NY S 5724 | Would add Hepatitis B as a required vaccine for post-secondary institutions | Introduced |
| New York | NY A 3254 & NY S 3958 | Would require staff and children at summer camps to be vaccinated against a series of routine diseases | Introduced |
| New York | NY A 3325 | Would remove non-medical exemptions to school vaccine requirements | Introduced |
| New York | NY A 3807 | Would prohibit the COVID-19 vaccine from being required or promoted, and require independent communications (not from the government, quasi government entity or vaccine manufacturer) be provided to patients prior to administration; prohibiting mandates, coercion and pressure to take experimental vaccines | Introduced |
| New York | NY A 389 & NY S 3436 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine requirements | Introduced |
| New York | NY A 4137 | Would allow homeschool students to participate in career education classes if they follow the same vaccine requirements | Introduced |
| New York | NY A 4207 & NY A 8261 | Would prohibit any COVID-19 vaccine requirements for those under 18 (including schools) and incapacitated | Introduced |

| | | | |
|----------------|------------------------------------|--|--------------------|
| | | persons, as well as prohibits requiring that one presents evidence of COVID-19 vaccination | |
| New York | NY A 4407 | Would require undocumented immigrants to be vaccinated in order to receive certain state resources | Introduced |
| New York | NY A 4996 | Would exempt private schools, parochial schools and day care centers from state immunization requirements | Introduced |
| New York | NY S 266 | Would specify that a religious exemption is permissible in place of a vaccination record certificate for school vaccine requirements | Introduced |
| New York | NY S 285 | Would prohibit any COVID-19 vaccine requirements | Introduced |
| New York | NY S 3020 | Would exempt private, parochial and daycare centers from state immunization requirements | Introduced |
| New York | NY S 3200 | Would add influenza as a required immunization for daycare facilities in the state | Introduced |
| New York | NY S 5700 | Would only allow medical exemptions for any vaccine requirements in the state | Introduced |
| New York | NY S 686 & NY A 3860 | Would specify the components of a form necessary for a medical exemption to school vaccine requirements | Introduced |
| New York | NY S 7087 & NY S 7088 | Would prohibit any mandatory COVID-19 vaccinations | Introduced |
| New York | NY S 7729 | Would add rotavirus to the list of vaccines required for school entry | Introduced |
| New York | NY S 7823 & NY A 8383 | Would remove mention to ACIP in the state's meningococcal vaccine recommendation | Introduced |
| New York | NY A 3839 & NY S 5852 | Would specify provider reimbursement amounts for vaccines from insurers (CDC private sector cost + 21% minimum for shipping/handling/storage + administration/ancillary supply cost) | Introduced |
| New York | NY A 3082 | Would requires instruction on vaccine science in every middle school and every high school | Introduced |
| New York | NY S 2518 | Would direct an investigation by the health commissioner into the health department's pandemic response with regard to nursing homes and adult care and assisted living facilities | Introduced |
| New York | NY S 6117 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| New York | NY S 7851 & NY A 8343 | Would add failure to immunize one's child to the definition of parental neglect | Introduced |
| North Carolina | NC SB 335, NC SB 357, NC SB | Would add "administration of a vaccine or medication" to the scope of pharmacy practice | Passed 1st Chamber |

| | | | |
|----------------|--------------------------------------|---|----------------------|
| | 314, NC HB 736 & NC HB 67 | | |
| North Carolina | NC SB 373 | Would prohibit healthcare providers from dismissing minors as patients for refusal to comply with the frequency or timing of the ACIP schedule | Introduced |
| North Carolina | NC HB 75 | Would require more specifics about side effects/clinical trial data be included in any vaccine manufacturer advertising | Introduced |
| North Carolina | NC HB 380 | Would add conscientious exemptions (in addition to existing religious and medical exemptions) to school vaccine requirements | Introduced |
| North Carolina | NC HB 803 | Would require that vaccines be FDA approved for a minimum of 3 years before being added to the childhood vaccine schedule (unless recommended by NC Medical Society and NC Pediatric Society) | Introduced |
| North Carolina | NC HB 89 | Would remove all state vaccine requirements at colleges/universities | Introduced |
| North Carolina | NC HB 440 | Would require any food that contains vaccine or vaccine material be considered a drug | Introduced |
| North Dakota | ND HB 1391 | Would prohibit discrimination in employment based on "health status" (defined to include vaccination refusal) | Passed 1st Chamber |
| North Dakota | ND HB 1519 | Would combine vaccination receipt information with death records, requiring all deaths within one, three, seven, fourteen, twenty-one, and thirty days of vaccination to be aggregated and posted on the health department website | Introduced |
| North Dakota | ND SB 2555 | States that the State Health Officer serves at the pleasure of the governor in relation to their capacity, role and decision-making authority | Enacted |
| North Dakota | ND HB 1454 | Would prohibit any vaccine requirement without religious/philosophical opt-out, excluding a list of defined settings that are excluded (originally would have prohibited any vaccine requirements unless manufacturers have full liability for the product) | Passed Both Chambers |
| North Dakota | ND HB 1457 | Would prohibit any vaccine requirements for vaccines without manufacturer liability, placebo-controlled trials, and posted vaccine-injury data | Introduced |
| North Dakota | ND HB 1458 | Would define any recombinant, attenuated or modified version of a virus as "self-spreading," prohibiting the release on any such product (including vaccines) | Passed 1st Chamber |
| North Dakota | ND HB 1467 | Would require the health department to create and publish a state-level version of VAERS | Introduced |

| | | | |
|--------------|-----------------------------------|--|------------|
| North Dakota | ND SB 2031 | Would require nursing services agencies to maintain employee immunization records (amongst other things) as a requirement for licensure in the state | Introduced |
| Ohio | OH HB 112 | Would prohibit various forms of service refusal/discrimination over someone's refusal to receive a vaccine or RNA based product | Introduced |
| Ohio | OH SB 78 & OH HB 289 | Would establish a universal "Ohio Health Care Plan" for state residents, including coverage for immunizations | Introduced |
| Oklahoma | OK SB 1017 | Would state immunizations are not "medically necessary services" required to be covered at school-based health centers via the State Medicaid Program | Introduced |
| Oklahoma | OK SB 14 | Would prohibit discrimination against employees who refuse to disclose their COVID-19 vaccination status, providing a certificate to document their disclosure exemption | Introduced |
| Oklahoma | OK SB 422 | Would prohibit public entities and contractors from requiring COVID-19 vaccinations or discriminating due to vaccination status | Introduced |
| Oklahoma | OK SB 807 & OK HB 1079 | Would require detailed information about the ability to exempt, vaccine safety and ingredients be provided to patients prior to any vaccine administration; allowing for civil penalty if deemed to be violated | Introduced |
| Oklahoma | OK SB 879 | Would prohibit healthcare providers from administering vaccines without informed consent, emphasizing vaccines are voluntary or opt-in only | Introduced |
| Oklahoma | OK SB 547 | Would specify vaccines are not a type of healthcare minors can consent to without parental permission | Introduced |
| Oklahoma | OK SB 801 | Would allow residents to sue pharmaceutical companies for vaccine injury, stating VICP does not have jurisdiction in the state | Introduced |
| Oklahoma | OK HB 1475 | Would prohibit schools from "distinguishing students based on their vaccination status," including denying participation in the classroom | Introduced |
| Oklahoma | OK SB 762 | Would expand current prohibition of utilizing WHO and CDC guidance, rules and recommendations, specifying the state cannot implement anything originating from an organization that infringes on individual freedoms | Introduced |
| Oklahoma | OK SB 862 | Would prohibit government officials from requiring or compelling residents to receive a shot, or restrict constitutional rights during an emergency | Introduced |
| Oklahoma | OK HB 1449 | Would prohibit any COVID-19 vaccine requirement in the state | Introduced |
| Oklahoma | OK SB 611 | Would prohibit any vaccine requirements as a new component of the citizen bill of rights | Introduced |

| | | | |
|--------------|-------------------|---|--------------------|
| Oklahoma | OK SB 943 | Would reaffirm the right of individuals to refuse any vaccine, given purported shortcomings and missteps with COVID-19 vaccine rollout | Introduced |
| Oklahoma | OK SB 802 | Would prohibit the sale of foods that contain vaccine or vaccine material | Introduced |
| Oklahoma | OK SB 941 | Would require a list of all vaccine ingredients (including specific mRNA vaccine sequences) to be listed on vaccine products and publicly posted on the manufacturer's website | Introduced |
| Oklahoma | OK HB 1122 | Removes proof of Hepatitis B vaccination as an accepted substitute for a negative Hepatitis B test for participants in events sanctioned by the Oklahoma Athletic Commission | Enacted |
| Oregon | OR HB 3824 | Would authorize physical therapists to vaccinate individuals over the age of 7 years (over the age of 6 months for influenza vaccine), permitting vaccination down to age 3 during a declared public health emergency | Passed 1st Chamber |
| Oregon | OR SB 1030 | Would require that residential care facilities make available at least one on-site vaccine clinic per year to residents of the facility | Introduced |
| Oregon | OR SB 383 | Would prohibit requiring individuals receive experimental vaccines, vaccine passports and any discrimination against individuals who refuse such measures | Introduced |
| Oregon | OR HB 2429 | Would allow emancipated minors to consent or exempt from required vaccinations, amongst other healthcare choices | Introduced |
| Oregon | OR SJR 31 | Would add a constitutional amendment stating the governor and/or executive branch cannot implement any vaccine mandates without legislature approval | Introduced |
| Oregon | OR SB 1100 | Would prohibit any vaccine requirements for COVID-19 or other mRNA vaccines | Introduced |
| Oregon | OR SB 883 | Would prohibit the state or any state agency from enforcing a COVID-19 vaccine mandate | Introduced |
| Oregon | OR SB 42 | Would require the health department to study vaccine financing and submit a report to the legislature, including any potential legislative recommendations | Introduced |
| Pennsylvania | PA SB 196 | Would expand the current law requiring all those 65+ discharged from a hospital to be offered influenza and pneumococcal vaccine, to also include those who are "high risk" and 50+ (for influenza) | Introduced |
| Pennsylvania | PA HB 617 | Would add the right to refuse any medical treatment (including vaccines) to the state constitution | Introduced |
| Pennsylvania | PA SB 193 | Would prohibit members of the state national guard from being required to receive a COVID-19 vaccine, | Introduced |

| | | | |
|--------------|-----------------------------------|---|--------------------|
| | | reinstating and back paying any employees who were dismissed previously for not receiving | |
| Pennsylvania | PA HB 447 | Would require any communications about vaccine requirements to include information (in same size and font) about exemptions | Introduced |
| Pennsylvania | PA HB 120 | Would allow students over the age of 18, as well as minors who have graduated high school, become pregnant or been emancipated, to consent to their own vaccines | Introduced |
| Pennsylvania | PA SB 695 | Would prohibit patient dismissal for not following the CDC vaccine schedule, prohibit healthcare providers from billing the patient or insurers for a meeting to discuss vaccine importance, and require that health insurers cover alternative vaccine schedules (prohibiting insurers from providing incentives for providers to vaccinate) | Introduced |
| Rhode Island | RI HB 5427 & RI SB 699 | Would allow pharmacists to administer COVID-19 vaccines to those 9 years and older (currently can only administer flu vaccines) | Passed 1st Chamber |
| Rhode Island | RI HB 6037 | Would allow pharmacists to vaccinate down to age 3 (currently only adults or for influenza down to age 9) | Introduced |
| Rhode Island | RI SB 166 | Would allow pharmacists to administer the flu vaccine to patients of any age | Passed 1st Chamber |
| Rhode Island | RI SB 478 & RI HB 5858 | Would authorize certified professional midwives to administer vaccines | Introduced |
| Rhode Island | RI SB 284 | Would establish a parental bill of rights, emphasizing parent's ability to exempt their children from vaccines | Introduced |
| Rhode Island | RI SB 469 | Would prohibit any form of discrimination due to vaccine status, prohibit financial incentives to providers who vaccinate, require patients all have written consent (that includes language advising they have the right to decline the vaccine and information about the VICP program), allowing for civil liability if violated | Introduced |
| Rhode Island | RI HB 5856 | Would prohibit any COVID-19 vaccine requirements without broad individual exemptions | Introduced |
| Rhode Island | RI SB 264 | Would prohibit the government from recommending or encouraging "indemnified products", and that nobody be required or coerced into receiving one | Introduced |
| Rhode Island | RI HB 5126 | Would prohibit and criminalize price gouging of vital drugs (including vaccines) during shortages or emergencies | Introduced |
| Rhode Island | RI HB 5627 | Would require insurers reimburse pharmacists for vaccine administration and education | Introduced |

| | | | |
|----------------|----------------------------------|---|------------|
| Rhode Island | RI HB 6373 | Would require Medicaid reimbursement for immunization administration be no less than 100% of Medicare's reimbursement rate | Introduced |
| Rhode Island | RI SB 897 | Would require health insurers reimburse pharmacists for vaccine education and administration | Introduced |
| South Carolina | SC H 3568 | Would establish a health disparities committee to address childhood/adult immunization disparities (amongst other health conditions/disparities) | Introduced |
| South Carolina | SC H 3118 | Would establish a parental bill of rights, emphasizing parent's ability to make vaccine decision for their children | Introduced |
| South Carolina | SC H 4009 | Would establish the right of any individuals in the state to refuse medical treatment (including vaccines) and prohibit state medical boards from investigating medical professionals who engage in "protected speech" against public health policies (providing injunctive relief if violated) | Introduced |
| South Carolina | SC H 3119 | Would require blood donations to be disclosed and labeled if there is presence of high-count spike proteins from long COVID-19 or products from gene therapy biologics | Introduced |
| South Carolina | SC S 2 | Specifies the requirements of informed consent for vaccination | Enacted |
| South Carolina | SC S 343 | Would require individuals receiving a COVID-19 vaccine be verbally notified (and sign a form) that states that the vaccine is a new vaccine, the vaccine is contaminated by the presence of fragments of bacterial plasmid DNA, and the long-term safety of the vaccine is unknown | Introduced |
| South Carolina | SC H 3172 & SC H 3747 | Would prohibit any food product labeled with "SC Homegrown" from containing mRNA | Introduced |
| South Carolina | SC H 3198 & SC H 3746 | Would require any food product in the state to be labeled if it contains mRNA vaccines | Introduced |
| South Carolina | SC H 4262 | Would prohibit any healthcare provider from administering mRNA vaccines | Introduced |
| South Carolina | SC H 3581 | Would change meningococcal and hepatitis B vaccine recommendation for colleges/universities to a requirement | Introduced |
| South Carolina | SC S 54 | Would prohibit any vaccine or "gene therapy" mandates | Introduced |
| South Carolina | SC H 4562 | Would prohibit prior authorization from insurers for vaccines recommended by ACIP | Introduced |

| | | | |
|----------------|------------------------------------|--|--------------------|
| South Carolina | SC S 531 | Would prohibit health insurers from requiring prior authorization for immunizations recommended by ACIP | Introduced |
| South Carolina | SC H 3096 | Would require anyone distributing vaccines or gene therapy products to disclose how those who did not receive the product may be exposed to it or its components | Introduced |
| South Dakota | SD HB 1233 | Would establish that an individual has the right to be exempt from any mandate, requirement, obligation, or demand to receive a medical treatment (including vaccines, excluding those required for school entry) | Introduced |
| South Dakota | SD HB 1078 | Would require blood banks to require donors disclose their COVID-19 vaccination status, labeling and disclosing such blood accordingly for potential recipients | Introduced |
| South Dakota | SD HB 1152 | Would prohibit the state from implementing any rule, regulation, fee, tax, policy, or mandate from WHO or CDC | Introduced |
| South Dakota | SD SB 183 | Would require written consent from the governor and several new cost-related documents before a state agency can submit any grant | Introduced |
| Tennessee | TN HB 638 & TN SB 1389 | Would prohibit providers who participate in Medicaid (or CoverKids) from refusing to see/treat patients due to vaccine refusal | Passed 1st Chamber |
| Tennessee | TN SB 828 | Would require blood donations to be labeled if the donor had received a COVID-19 vaccine, allowing those in need of donation to request blood based on such status | Introduced |
| Tennessee | TN HB 318 | Would prohibit the state from following any requirements or mandates issued from WHO | Introduced |
| Tennessee | TN HB 446 | Would restrict the authority of WHO within the state | Introduced |
| Tennessee | TN SB 1030 & TN HB 1156 | Would remove the listed responsibility of a parent/guardian to ensure their child receives vaccines as recommended by guidelines of CDC or AAP | Introduced |
| Tennessee | TN SB 263 | Prohibits the enforcement and recognition of requirements or mandates issued by the WHO | Enacted |
| Tennessee | TN SB 1031 & TN HB 1157 | Prohibits the state or local health department from promoting, distributing or endorsing FDA regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification) | Enacted |
| Tennessee | TN SB 680 | Requires that any school parental communications about vaccines also include information about Type 1 and Type 2 Diabetes (final version allows for separate communications) | Enacted |
| Tennessee | TN SB 260 | Would allow meat to be labeled as mRNA free if it did not receive mRNA vaccines | Introduced |

| | | | |
|-----------|------------------------------------|--|--------------------|
| Tennessee | TN HJR 28 | Would add a constitutional amendment stating individuals have the right to refuse vaccination even in times of emergency | Introduced |
| Tennessee | TN SB 1272 & TN HB 1308 | States that a child in state custody cannot be denied admission to any school if the child has not been immunized or is unable to produce immunization records | Enacted |
| Tennessee | TN SB 827 & TN HB 1003 | Removes vaccine requirements for private schools that are fully online | Enacted |
| Tennessee | TN HB 1100 | Would prohibit the sale of any food that contains a vaccine or vaccine material, unless the food labeling contains a conspicuous notification of the presence of them (classifying such food as a drug) | Introduced |
| Tennessee | TN SB 616 & TN HB 928 | Would prohibit the sale of any food product that contains a live vaccine | Introduced |
| Tennessee | TN SB 584 & TN HB 688 | Would create a state stockpile of essential medicines, including vaccines | Introduced |
| Tennessee | TN SB 1287 | Would remove the requirement that a parent or caretaker enter a personal responsibility plan that requires a child to receive immunizations | Introduced |
| Texas | TX HB 2374 | Would require every long-term care facility in the state to have a designated primary and secondary infection control preventionist, each of whom would need to complete 8 hours of training annually on infectious diseases and vaccination | Introduced |
| Texas | TX HB 3540 | Would let pharmacists vaccinate ages 3 and older for flu and COVID-19 (ages 5 and older for other vaccines) | Passed 1st Chamber |
| Texas | TX HB 5611 | Would allow districts that contract with EMS providers and first responder organizations to use such entities for preventative services (including immunizations) | Introduced |
| Texas | TX SB 1859 & TX HB 3794 | Would authorize advanced practice registered nurses to administer vaccines | Introduced |
| Texas | TX SB 254 | Would simplify the process for pharmacists (and pharmacy technicians) to vaccinate | Introduced |
| Texas | TX SB 398 | Would allow pharmacists to delegate vaccinating authority to pharmacist technicians | Introduced |
| Texas | TX SB 623 | Would give pharmacists exclusive authority to determine whether or not to vaccinate (including COVID-19 vaccines) | Introduced |
| Texas | TX SB 911 | Would let advanced practice registered nurses prescribe and order vaccinations | Introduced |
| Texas | TX HB 1356 | Would prohibit healthcare facilities/providers from denying or refusing treatment to someone based on their vaccination status | Introduced |

| | | | |
|-------|------------------------------------|---|----------------------|
| Texas | TX HB 1620 & TX SB 2375 | Prohibits providers who take Medicaid or CHIP from refusing services based on an individual's vaccination status | Enacted |
| Texas | TX HB 3392 | Would prohibit healthcare providers from refusing service based on one's vaccination status, allowing for penalties if violated | Introduced |
| Texas | TX HB 3957 | Would prohibit providers from discriminating against children (refusing service) due to their vaccination status | Introduced |
| Texas | TX HB 4381 | Would establish a parental bill of rights, emphasizing parent's ability to exempt their children from vaccines | Introduced |
| Texas | TX HB 4076 | Would prohibit utilizing one's immunization status to make organ transplant decisions | Passed Both Chambers |
| Texas | TX HB 3472 | Would prohibits any person from compelling or coercing an individual to receive any medical service (including vaccines) | Introduced |
| Texas | TX HB 3852 | Would remove the requirement that recommended vaccines and vaccine clinic information be included on school district website, requiring all written notices about vaccine requirements to include explicit exemption information | Introduced |
| Texas | TX HB 4535 | Would require an informed consent process before COVID-19 vaccine administration that specifically includes the risks of COVID-19 vaccination, the expedited speed they were developed, whether long term studies have been conducted, whether vaccine manufacturers have product liability and VAERS information | Passed Both Chambers |
| Texas | TX HB 943 | Would state any attempt at compelling or coercing someone to receiving a COVID-19 vaccine is a violation of informed consent, allowing the state to grant injunctive relief if violated | Introduced |
| Texas | TX SB 754 | Would specify the requirements of informed consent for vaccination (allowing for civil suit if violated) | Introduced |
| Texas | TX SB 96 | Would require VAERS and NCICP information be provided to patients prior to any vaccination and would broaden vaccine exemptions; allowing for civil suit if violated | Introduced |
| Texas | TX SB 95 | Would allow for civil suit if informed consent for vaccination is not obtained | Passed 1st Chamber |
| Texas | TX HB 1134 | Would prohibit the health department from maintaining a count of vaccine exemption forms that have been distributed | Introduced |
| Texas | TX HB 2755 | Would require schools (and ultimately the health department) to provide the legislature with an annual deidentified report of vaccine coverage and exemptions | Introduced |

| | | | |
|-------|------------------------------------|--|----------------------|
| Texas | TX HB 2872 | Would prohibit the release or disclosure of one's vaccination record without their consent (explicitly including a contractor for the purposes of reminder/recall or vaccine encouragement), allowing a civil penalty between \$2,000 and \$50,000 if violated | Introduced |
| Texas | TX HB 772 & TX SB 46 | Would require patients (and/or their representative) be notified that their vaccination will be included in the IIS and provided a form to exempt themselves | Introduced |
| Texas | TX HB 774 & TX SB 1821 | Would state that childcare facilities "may" report the proportion of their students/employees who are immunized | Introduced |
| Texas | TX HB 3441 | Would make vaccine manufactures liable for any vaccine injuries in the state | Passed Both Chambers |
| Texas | TX SB 91 | Would allow employees (and their families) to sue employers for any adverse events results from employer mandated vaccinations | Introduced |
| Texas | TX HB 3176 & TX SB 1983 | Would prohibit the manufacture, sale, or distribution of a product developed with mRNA material | Introduced |
| Texas | TX HB 3465 | Would prohibit the use of mRNA vaccines in livestock intended for human consumption | Introduced |
| Texas | TX HB 3737 | Would prohibit the use (and advertisement) of any COVID-19 and/or mRNA vaccines in the state | Introduced |
| Texas | TX HB 5022 | Would prohibit any immunization with "mRNA material" unless used for the treatment of cancer or a genetic disorder | Introduced |
| Texas | TX SB 119 | Prohibits the sale of any food item/meat product containing mRNA vaccine or vaccine material from being sold unless labeled on the packaging | Introduced |
| Texas | TX SB 1887 | Would prohibit the use of immunizations that contain mRNA in the state | Introduced |
| Texas | TX SB 315 | Would establish individual property rights to one's DNA, prohibiting anything that would alter or modify it | Passed 1st Chamber |
| Texas | TX HB 3440 | Would repeal public health authority to exclude certain students without certain required immunizations from attending public school in times of emergency or epidemic | Introduced |
| Texas | TX HB 468 | Would shift the authority of the state HHS commission to make adjustments to the list of school required vaccines to the state legislature, and outlaw any type of vaccine requirements outside of schools | Introduced |
| Texas | TX SB 118 | Would repeal the authority to exclude students without immunizations from public school during an emergency or epidemic | Introduced |

| | | | |
|-------|--|---|----------------------|
| Texas | TX HB 1586 & TX HB 1082 & TX HB 730 | 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 | Passed Both Chambers |
| Texas | TX HB 3304 | Would remove, and prohibit any additional, vaccine requirements or mandates in the state (including schools and colleges/universities) | Introduced |
| Texas | TX HB 3705 | Would prohibit members of the state national guard from being required to receive or administer a vaccine | Introduced |
| Texas | TX HB 383 | Would prohibit any private employer from establishing COVID-19 vaccine mandates | Introduced |
| Texas | TX HB 4587 | Would require that students be provisionally admitted to school without evidence of vaccination or exemption if they are in the process of obtaining an exemption affidavit (requiring that such forms be made easily available online) | Introduced |
| Texas | TX HB 4927 & TX SB 2119 | Would require exemptions of conscious to vaccine requirements at medical and veterinary schools | Passed 1st Chamber |
| Texas | TX HB 5622 | Would amend existing law prohibiting COVID-19 vaccine workplace requirements to now prohibit all vaccine workplace requirements | Introduced |
| Texas | TX HB 775 & TX SB 401 | Would allow homeschool students to participate in public school athletics (originally if they follow the same vaccine procedures but removed from final version) | Passed Both Chambers |
| Texas | TX HJR 91 & TX SJR 10 | Would add a constitutional amendment recognizing the right of an individual to refuse a vaccination | Introduced |
| Texas | TX SB 117 | Would restrict school required vaccinations to the following list: diphtheria, mumps, poliomyelitis, rubella, rubeola, and tetanus (preventing any additional from being added) | Introduced |
| Texas | TX SB 407 & TX HB 1468 | Would prohibit a healthcare facility from rejecting an individual's vaccine exemption | Passed 1st Chamber |
| Texas | TX SB 94 | Would prohibit denying childcare, school or college/university attendance to any student for failing to receive vaccination or submit an exemption | Introduced |
| Texas | 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 | Passed Both Chambers |
| Texas | TX HB 3735 | Would require that insurers cover Hepatitis B vaccine in birthing centers, amongst other prenatal and postnatal care | Introduced |

| | | | |
|---------|-----------------------------------|--|----------------------|
| Texas | TX HB 1304 & TX SB 122 | Would require vaccines to be labeled if they were developed using fetal cell lines/tissue | Introduced |
| Texas | TX HB 962 | Would require that all potential vaccine injuries be added to federal VAERS | Introduced |
| Texas | TX SB 2087 | Would require the biennial legislative immunization reports issued by the health department include information related to accessibility/disparities related to disability | Introduced |
| Texas | TX SB 269 | Would authorize disciplinary action by the Texas Medical Board for failure to report suspected vaccine adverse events into VAERS | Passed Both Chambers |
| Utah | UT HB 84 | Requires any food intended for human consumption that contains vaccine or vaccine material be considered a drug | Enacted |
| Utah | UT HB 228 | Removes any expiration of student vaccine exemption forms, and requires that schools transfer such exemption (or vaccination record) if a student changes schools | Enacted |
| Utah | UT SB 89 | Would require insurers to administer reimburse vaccines at the same cost for in-network and out-of-network physicians | Introduced |
| Vermont | VT H 241 | Would authorize the commissioner of health to let optometrists vaccinate during a public health emergency | Introduced |
| Vermont | VT H 274 | Would state hospital patient have the right not to be denied admission, care, or services based solely on their vaccination status | Introduced |
| Vermont | VT H 60 | Would add immunization status as a protected class against discrimination in employment and public accommodations | Introduced |
| Vermont | VT H 61 | Would specify individual's rights to refuse any vaccine for any reason (even during emergency) due to bodily autonomy, prohibiting coercion if and allowing for civil suit if violated | Introduced |
| Vermont | VT SR 14 | Urges USDA and CDC to expedite the establishment and implementation of an avian influenza vaccine national reserve and distribution system for farms | Enacted |
| Vermont | VT SR 16 | Would urge the federal government to reverse recent HHS-related actions, including reductions in force, withdrawing from WHO and "lack of understanding regarding vaccines" | Introduced |
| Vermont | VT H 185 | Would expand the state's universal childhood vaccine program to cover all primary care services | Introduced |
| Vermont | VT H 433 | Would implement Green Mountain Care, a publicly financed health care program for all Vermont residents, that would in-part cover all ACIP recommended vaccines | Introduced |

| | | | |
|---------------|------------------------------------|---|------------|
| Vermont | VT H 69 | Would require the Department of Health to submit a state-specific VAERS report (filtering federal data) annually to the legislature | Introduced |
| Virginia | VA HB 1785 | Would exempt childcare facilities operated by religious institutions from following vaccine requirements (amongst other licensure requirements) | Introduced |
| Virginia | VA HB 2189 | Would authorize religious exemptions for vaccines made mandatory during an epidemic/disease outbreak | Introduced |
| Virginia | VA SB 84 | Would allow homeschool students to participate in public school athletics if they follow the same vaccine procedures | Introduced |
| Virginia | VA HB 2023 | Would establish an independent pharmacy support program, funding 20 pharmacies annually (vaccine purchase being an allowable use of funds) | Introduced |
| Washington | WA HB 1520 & WA SB 5513 | Would allow pharmacists to prescribe (and administer) immunizations without a collaborative agreement with a physician | Introduced |
| Washington | WA SB 5783 | Would prohibit the courts from considering a person's vaccination status in making any order related to child support, child custody, visitation, or parental rights | Introduced |
| Washington | WA SB 5781 | Would prohibit the state or local health department from promoting, distributing or endorsing FDA regulated products outside of their labeling (specifically noting previous promotion of COVID-19 vaccines as justification) | Introduced |
| Washington | WA HB 1531 | Prohibits any additional (and nullifies any current) statutes, ordinances, rules, or policies that prevent health officials from implementing and promoting evidence-based, appropriate measures to control the spread of communicable diseases, including vaccines | Enacted |
| West Virginia | WV HB 2372 | Would establish a parental bill of rights, emphasizing parent's ability to make vaccine decision for their children | Introduced |
| West Virginia | WV HB 2375 | Would state people with natural immunity be treated equal or preferred to those who have vaccine induced immunity and counted as fully vaccinated | Introduced |
| West Virginia | WV HJR 9 | Would add the right to refuse any medical treatment (including vaccines) to the state bill of rights | Introduced |
| West Virginia | WV SB 689 | Would prohibit using any WHO requirements "as the basis for any action," including relating to vaccines | Introduced |
| West Virginia | WV HB 3019 | Would require that all school-related immunization communications include the FDA package insert and information about the VICP | Introduced |

| | | | |
|---------------|-----------------------------------|---|----------------------|
| West Virginia | WV HB 2430 | Would make manufacturers liable for COVID-19 vaccine injuries, with no limit on financial award amounts | Introduced |
| West Virginia | WV SB 904 | Would move several vaccine-related public health authorities from the Public Health Commissioner to the State Health Officer | Passed 1st Chamber |
| West Virginia | WV HB 2004 | Would allow religious and philosophical vaccine requirements, exempting virtual schools and requiring private schools submit a deidentified report about their vaccine coverage | Introduced |
| West Virginia | WV HB 2203 | Would remove vaccine requirements for virtual public schools | Introduced |
| West Virginia | WV HB 2376 | Would allow foster care parents with religious/moral objections to vaccines to exempt their foster care children from vaccines | Introduced |
| West Virginia | WV HB 2402 | (Non-vaccine-related bill: at one time was amended to prohibit vaccination records from being required) | Passed Both Chambers |
| West Virginia | WV HB 2517 & WV SB 466 | Would remove all state vaccine requirements, stating all vaccines shall be voluntary | Introduced |
| West Virginia | WV HB 2529 | Would prohibit any organization that receives state funding from requiring a COVID-19 vaccine | Introduced |
| West Virginia | WV HB 2729 | Would remove vaccine requirements for private, parochial, charter, virtual charter, and remote public schools | Introduced |
| West Virginia | WV HB 2732 | Would establish a notarized certificate of religious exemption form to be accepted in place of school vaccine requirements | Introduced |
| West Virginia | WV HB 2776 | (Non-vaccine-related bill: at one time was amended to include school requirement philosophical vaccine exemptions) | Passed Both Chambers |
| West Virginia | WV HB 3298 | Would prohibit COVID-19 vaccine requirements for in-person colleges and universities | Introduced |
| West Virginia | WV HB 3384 | Would prohibit vaccine requirements or incentives at any public universities and colleges in the state | Introduced |
| West Virginia | WV HB 3489 | Would state vaccine requirements are for public schools only, moving certain duties to the state health officer and removing penalties for falsifying vaccine records | Introduced |
| West Virginia | WV SB 108 | Would remove school vaccine requirements for private schools | Introduced |
| West Virginia | WV SB 250 | Would add religious exemptions to school vaccine requirements | Introduced |
| West Virginia | WV SB 289 | Would remove vaccine reporting requirements, simplify medical exemption process, eliminate State Immunization | Introduced |

| | | | |
|---------------|-----------------------------------|--|----------------------|
| | | Officer, and permit religious and philosophical vaccine exemptions (allowing injunctive relief if violated) | |
| West Virginia | WV SB 460 | Would add religious and philosophical exemptions for school vaccine requirements, and prohibit students from being excluded from school for lack of vaccination | Passed 1st Chamber |
| West Virginia | WV SB 49 | Would state vaccines cannot be mandated by any entity in the state | Introduced |
| West Virginia | WV SB 556 | Would prohibit foster care parents/family members from being required to be vaccinated unless the child has a medically verified immunosuppressive disease diagnosis | Introduced |
| West Virginia | WV SB 759 | Would prohibit vaccine requirements for foster care, adoptive or kinship parents | Introduced |
| West Virginia | WV HB 3477 | Would require all liability shield products, including vaccines, to have undergone a 5-year placebo-controlled trial before use in the state, requiring all data (specifically listing VAERS) associated with the product be made publicly available | Introduced |
| West Virginia | WV HR 7 | Would direct congress to investigate the origins and response to the COVID-19 pandemic | Introduced |
| West Virginia | WV SB 517 & WV HB 2954 | Would require medical professionals submit suspected vaccine adverse events to the bureau of public health (to develop an annual report for the legislature) and receive formal training on the negative side effects of vaccines every 5 years | Passed 1st Chamber |
| West Virginia | WV SB 929 | Would remove the requirement of private schools to maintain pupil-specific immunization records | Introduced |
| Wisconsin | WI SB 31 | Would authorize physician assistants and advanced practice nurses to supervise a school districts immunization program and issue orders for the administration of immunizations that are in accordance with state law (as physicians currently can) | Passed Both Chambers |
| Wisconsin | WI SB 203 | Would establish a "maximum allowable cost list" for PBM's pharmaceutical products (including vaccines) | Introduced |
| Wyoming | WY HB 96 | Would prohibit discrimination based on COVID-19 vaccine status and prohibit any communications suggesting COVID-19 vaccines were required, allowing for civil suit if violated | Passed 1st Chamber |
| Wyoming | WY HB 152 | Would require blood donations to be disclosed and labeled if the donor received an mRNA vaccines | Introduced |
| Wyoming | WY HB 141 | Would prohibit any CDC or WHO requirements, mandates, recommendations, instructions or guidance related to COVID-19 (and any variants of such guidance) from being implemented or enforced in the State | Introduced |