2025/2026 State Legislative Sessions

A REVIEW OF VACCINE-RELATED LEGISLATION

AUGUST 15, 2026

Summary Report

Association of Immunization Managers

Contents

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' navigation of the policy environment. 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 monitors and tracks 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 provides a summary of these efforts.

Background

For the purpose of this report, state vaccine policy encompasses state bills and resolutions that collectively shape how vaccines are recommended, financed, delivered, required, monitored, documented, and communicated. State vaccine policy is actively evolving amid increasingly divergent approaches across states. Although several years removed from the peak of the COVID-19 pandemic and the accompanying surge in vaccine-related legislation (more than **2,000** vaccine-related bills from 2021 to 2023)[1], that period continues to shape the current state policy environment. AIM identified **497** total vaccine-related bills in the 2024 state legislative sessions report and **668** total bills in the 2025 legislative sessions report.[2,3] In 2026, sustained national attention to immunization has continued to drive legislative action in statehouses across the country, contributing to steady elevated bill volume with **662** total vaccine-related bills under consideration when including all carryover bills.

Methodology

From August 1, 2025-July 31, 2026, AIM staff flagged all proposed state-level legislation with the words 'vaccine,' 'vaccinate,' 'vaccination,' 'immunize,' and 'immunization,' utilizing PolicyNote software. All bills introduced in jurisdictions with active regular or special sessions were analyzed and included if they were deemed potentially impactful to the 66 federally funded immunization programs, excluding bills focused on appropriations. Carryover bills from the previous year were included if they had legislative activity during the current year.

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[1] 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/.

[2] 2023/2024 State Legislative Sessions Report. https://www.immunizationmanagers.org/resources/2023-2024-state-legislative-sessions-report/

[3] 2024/2025 State Legislative Sessions Report. https://www.immunizationmanagers.org/resources/2024-2025-state-legislative-sessions-report/

Additional vaccine-related legislation was identified through member and partner referrals, Google Alerts, and other health-related PolicyNote search terms. Each identified bill was then summarized, tracked throughout the legislative process, and ultimately categorized by theme. Perplexity Pro was utilized to support bill analysis and report generation. All AI-assisted findings were reviewed and validated by AIM staff.

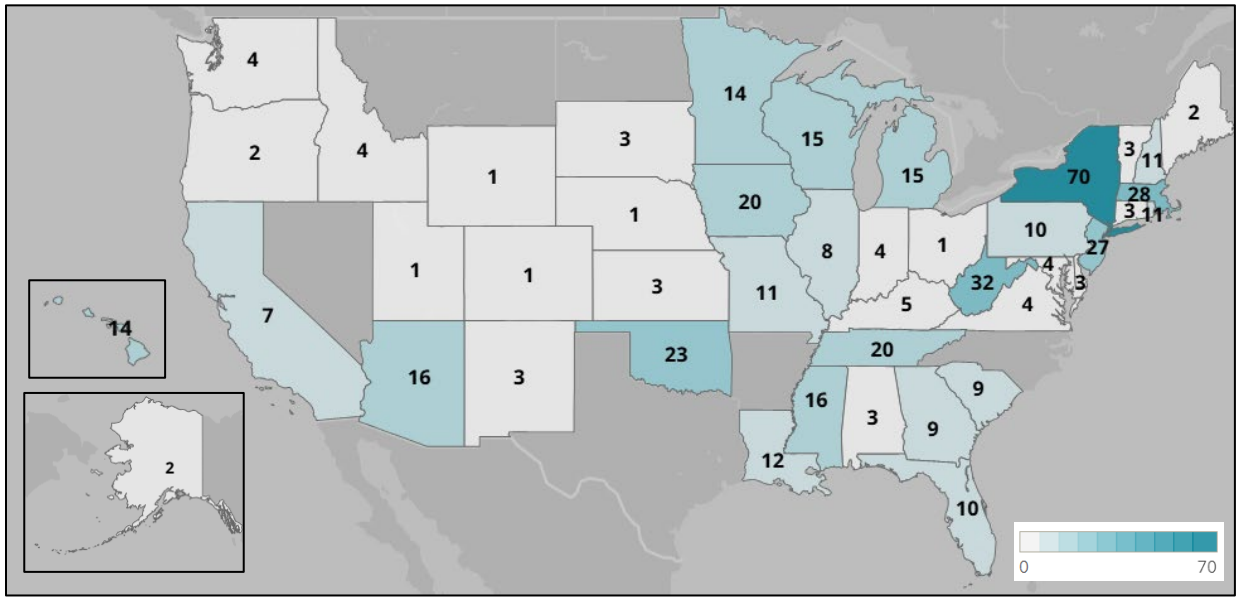
Note: AIM's previous cumulative legislative reports tracked legislation from August 1, 2024, to June 1, 2025, capturing the vast majority of each state's legislative session. The tracking period was extended through July 31 in this year's report to encompass an entire calendar year, ensuring complete coverage of increasing special sessions and the few jurisdictions whose veto periods or enactment deadlines fell after June 1. To maintain year-over-year comparability, select figures and counts for this year are presented using a June 1 cutoff date.

Executive Summary

Total Bills

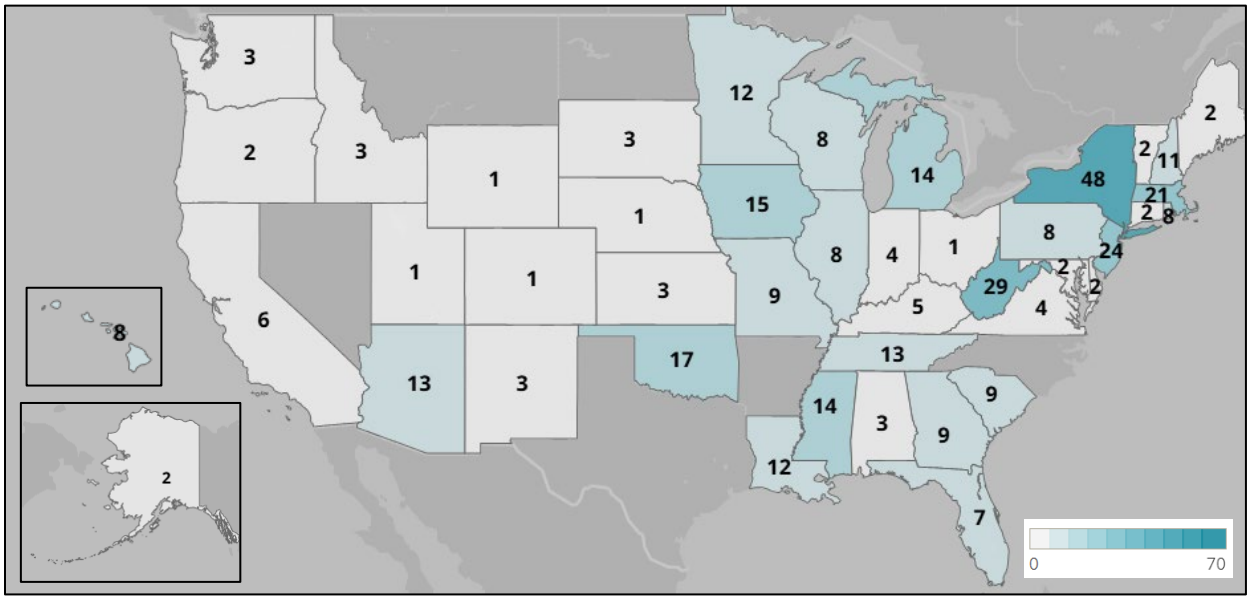
AIM tagged **469 total vaccine-related bills** that were introduced, considered, enacted, and/or vetoed between August 1, 2025, and July 31, 2026 [Figure 1]. As of June 1, 2026 (mirroring last year's reporting period), AIM was monitoring **463** of these total bills. This is **205** fewer than the **668** bills AIM tagged during the same period last year (**31%** decrease). This 463 count includes "carryover" bills that moved in states with a two-year legislative term, in which bills introduced in the first session automatically continue into the second session under the same bill number. Although they did not record new activity this year, **193** additional carryover bills from AIM's legislative report last year remained technically active, bringing the total number of bills for immunization programs to monitor this year to **662**. This overall volume is more comparable to the **668** total bills seen last year.

Figure 1. Total Vaccine-related Bill Movement, August 1, 2025–July 31, 2026



In some states, it is commonplace for the same exact bill language to be introduced in both the House and Senate (called a companion bill) or even within the same chamber at times, but it is functionally one piece of legislation for a state to monitor. Accounting for this type of legislation, AIM tagged **374 effective vaccine-related bills** with movement between August 1, 2025, and July 31, 2026 [Figure 2]. As of June 1, 2026 (mirroring last year's reporting period), AIM was monitoring **371** effective bills. This is **176** less bills than the **547** effective bills that AIM tagged last year during the same period (32% decrease), but similar to the **363** effective bills AIM tagged in 2023/24.

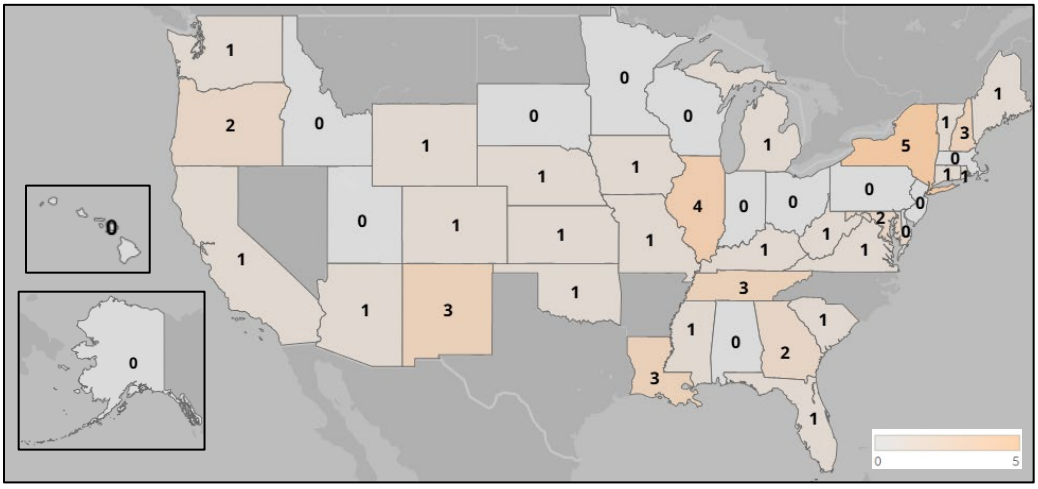
Figure 2. Effective Vaccine-related Bill Movement, August 1, 2025–July 31, 2026



Enacted Legislation

Of the **374** effective vaccine-related bills, **54** bills were passed by the legislature (**14%**) between August 1, 2025, and July 31, 2026. **Six** bills were subsequently vetoed by the governor, with the legislature overriding the veto on **1** of them, resulting in a total **of 49 vaccine-related bills (13%) becoming law** [Figure 3]. **Forty** of these bills were enacted as of June 1. This count of **40** bills reaching enactment by June 1 is **7** more bills enacted than last year during the same period.

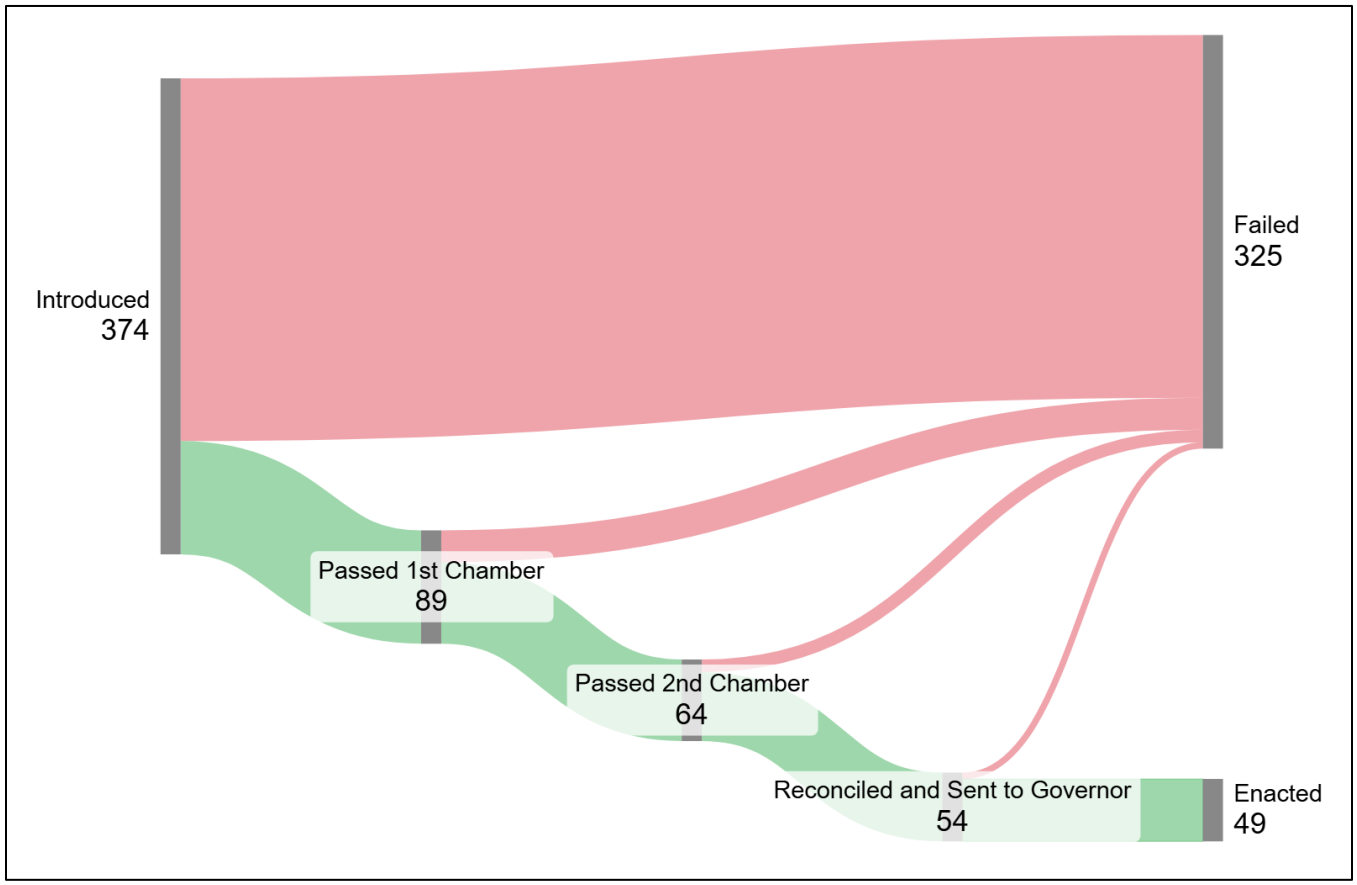
Figure 3. Enacted Vaccine-Related Legislation, August 1, 2025–July 31, 2026



Legislative Progress

Figure 4 shows how far each vaccine-related bill moved in the legislative process. **Fifty-five percent** of bills that passed one chamber (**49** of **89** bills) ultimately became law. *Higher bill movement this year may partly reflect two-year legislative cycles in some states, in which carryover bills have an additional year to advance.*

Figure 4. Progression of Vaccine-related Bills Through State Lawmaking Process, August 1, 2025–July 31, 2026



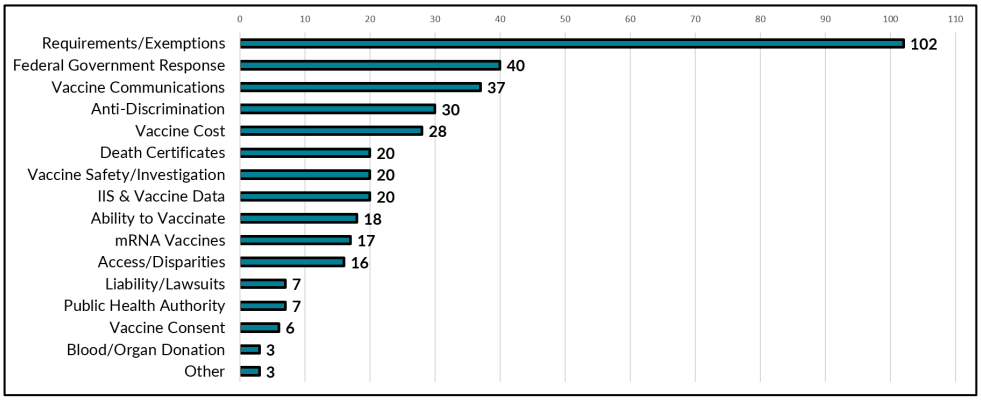
The Sankey chart illustrates that most attrition continued to occur early in the process, between introduction and first chamber action, but bills which crossed that threshold were more likely to progress to final passage. This pattern points to a legislative environment where initial gatekeeping remains stringent, but where vaccine bills are increasingly nearing and crossing the finish line once they have cleared early procedural hurdles.

Major Themes

AIM categorized all 374 effective vaccine-related bills into 16 primary themes that are described further in this report [Figure 5]. In order of frequency, those themes were Requirements/Exemptions (102 bills), Federal Government Response [Advisory Committee on Immunization Practices (ACIP) Decoupling] (40 bills), Vaccine Communications (37 bills), Anti-

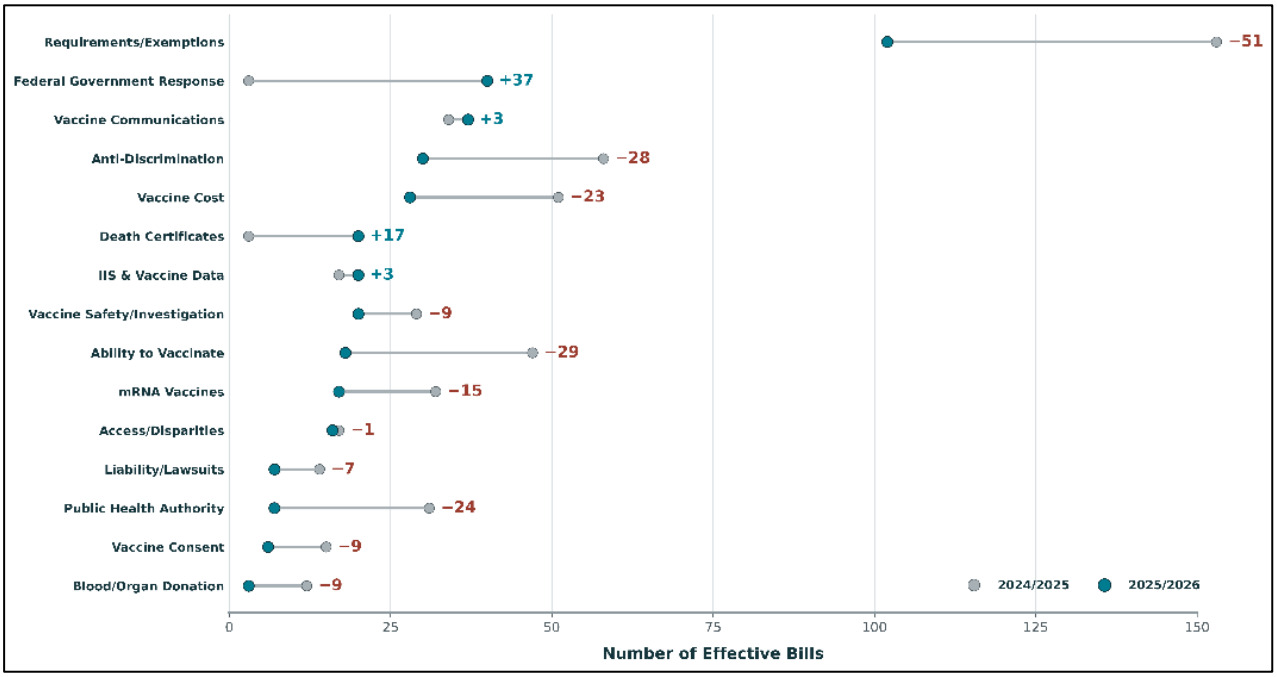
Discrimination (30 bills), Vaccine Cost (28 bills), Death Certificates (20 bills), Vaccine Safety/Investigation (20 bills), Immunization Information Systems (IIS) and Vaccine Data (20 bills), Ability to Vaccinate [Provider Scope of Practice] (18 bills), mRNA Vaccines (17 bills), Access/Disparities (16 bills), Liability/Lawsuits (7 bills), Public Health Authority (7 bills), Vaccine Consent (6 bills), Blood/Organ Donation (3 bills), and Other (3 bills).

Figure 5. Vaccine-related Legislative Themes, August 1, 2025–July 31, 2026



Most thematic categories remain consistent with last year's report, though overall legislative volume declined, and priorities shifted across several key areas. Requirements and exemptions remained the most prevalent category but saw a notable decrease in total bills compared to the prior year, along with declines in anti-discrimination, vaccine cost, and ability-to-vaccinate legislation. In contrast, legislation related to federal government response grew substantially

Figure 6. Year-over-year Change in Vaccine-related Bill Themes



and emerged as a major area of activity in 2026. Death certificate-related legislation also increased sharply and represents one of the most significant year-over-year shifts despite remaining a smaller category overall. Vaccine communications and IIS and vaccine data bills saw some growth, reflecting continued interest in information infrastructure and public messaging. Meanwhile, categories such as public health authority, liability, consent, and blood and organ donation experienced notable declines, suggesting a narrowing of legislative focus relative to 2025.

Thematic Analysis Breakdown

The following sections provide more detailed information on the **16** primary themes of all AIM-identified vaccine-related legislation from August 1, 2025-July 31, 2026, in order of frequency. A full list of all bills by theme can be found in the appendix.

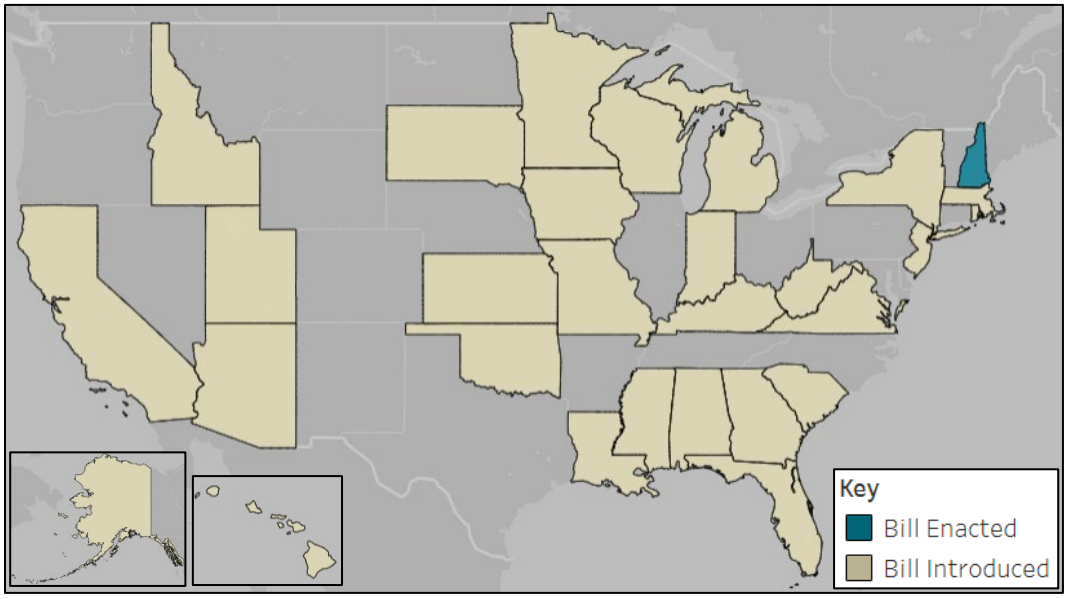
Note: Many bills address multiple aspects of immunization policy and could reasonably fit into more than one thematic category. For the purposes of this analysis, AIM staff assigned each bill to a single category judged to be its primary focus. Overlapping content across themes is acknowledged and discussed throughout.

Vaccine Requirements/Exemptions

- Bills related to vaccine requirements, and/or exemptions to those requirements, were the most common theme again this year, with **102** bills tagged (**27%** of all moving vaccine-related legislation)
- **Eighteen** bills sought to increase vaccine requirements and/or remove exemptions, while **84** bills sought to decrease vaccine requirements and/or expand exemptions
- **Seventy** bills impacted requirements specifically, **26** bills impacted exemptions specifically, and **6** bills impacted a combination of requirements and exemptions
- Of the **76** bills that impacted vaccine requirements:
    - Legislation was introduced specific to requirements for K-12 schools (**47** bills), employers (**13** bills), daycares (**8** bills), colleges and universities (**7** bills), health care facilities (**6** bills), accessing government services (**3** bills), foster care homes (**2** bills), and summer camps (**2** bills)
    - **Seventeen** bills were broad prohibitions on all vaccine mandates, including multiple near identical “medical freedom” and “medical mandate” ban measures
    - Other requirement-focused bills were specific to certain vaccines, including COVID-19 and/or mRNA vaccines (**18** bills), hepatitis B (**9** bills), measles (**3** bills), meningococcal disease (**3** bills), chickenpox (**2** bills), Haemophilus influenzae type b (**2** bills), pneumococcal disease (**2** bills), rotavirus (**1** bill), and/or tetanus (**1** bill)

- Of the **32** bills that impacted vaccine exemptions:
  - **Thirteen** bills were explicitly about the form (or lack thereof) needed to obtain said exemption (**2** increasing form requirements and **11** decreasing/simplifying them)
  - **Sixteen** bills referenced religious exemptions, and **6** bills referenced philosophical exemptions. **Four** of these bills sought to remove such non-medical exemptions and **18** sought to further simplify or allow them
  - **Two** bills involved specifying the protection of medical exemptions
- **Thirteen** of the bills in this category made it through one chamber. Of those, **6** bills passed both chambers.
- **One** bill was not reconciled between chambers, and **3** bills were vetoed by the governor, for a final total of just **2** bills enacted in this category:
  - **NH SB 453** authorizes advanced practice registered nurses and physician associates to sign vaccine exemption forms
  - **NH HB 1219** prohibits vaccine requirements for adults residing in a foster home that exceed those required for school entry

Figure 7. States With Moving or Enacted Vaccine Requirements/Exemptions Bills, August 1, 2025–July 31, 2026



Federal Government Response [ACIP Decoupling Bills]

- Bills that are primarily a response to federal policy changes were the second-most common state legislative theme, with **40** bills this year (up from just **3** bills last year)
- Clarifying the role of ACIP within state statutes was the primary focus of bills in this category
- **Two** bills sought to reaffirm or specify that vaccines must have an ACIP (or CDC) recommendation, while **36** bills sought to in some way remove, or "decouple," direct ties to ACIP across various statute types

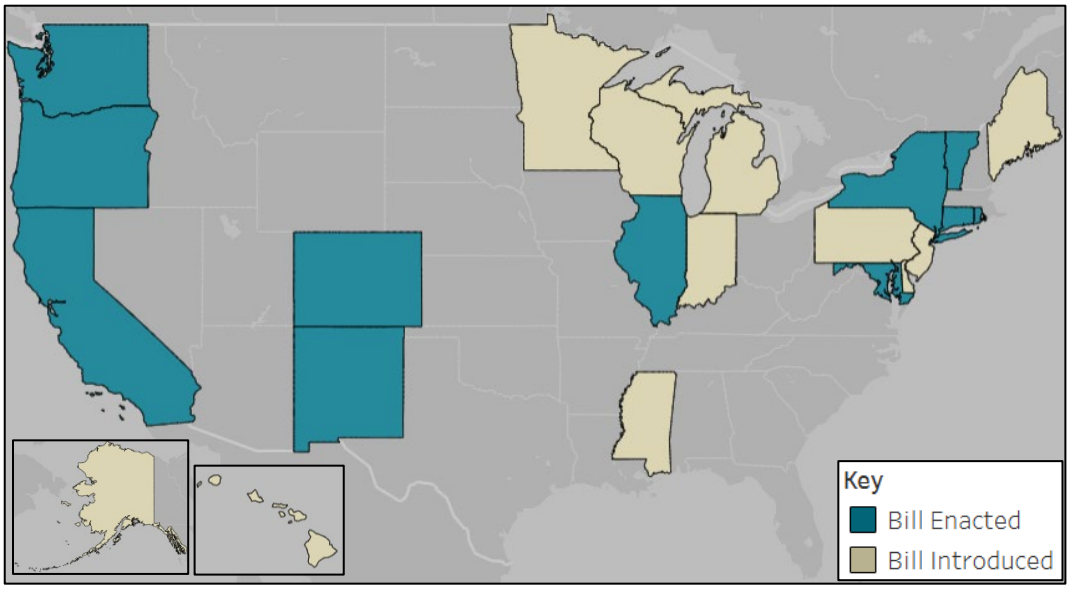
- Within these **36** ACIP decoupling bills:
    - **Ten** bills removed ACIP references entirely
    - **Twenty-one** bills expanded ACIP references, leaving ACIP in the statute but listing alternative bodies with equal or greater weight
    - **Five** bills froze ACIP references in place, anchoring them to a date prior to recent committee changes (i.e., "ACIP recommendations current as of January 1, 2025"); **two** of which allowed for expansion beyond this frozen list as well
- In place of or alongside ACIP, bills proposed including/considering recommendations from medical societies (**26** bills), the health department/commissioner (**34** bills), newly formed state-based committees (**4** bills), and/or a multi-state public health alliance (**1** bill)
    - **Four** bills that referenced medical societies did not list any by name, but others included references to vaccine schedules from the American Academy of Pediatrics (AAP) with **22** bills, the American College of Obstetricians and Gynecologists (ACOG) with **15** bills, the American Academy of Family Physicians (AAFP) with **14** bills, and/or the American College of Physicians (ACP) with **11** bills
- Bills sought to decouple ACIP references in statutes governing the vaccines that are:
    - Recommended by the state (**26** bills)
    - Covered by insurance without cost-sharing (**21** bills)
    - Within the scope of practice of different provider types, like pharmacists (**13** bills)
    - Purchased by the state (**7** bills)
    - Required for school entry (**6** bills)
    - Covered by state liability protections (**2** bills)
    - Included in a state's Universal Vaccine Purchase Program (**1** bill)
        - Some decoupling bills addressed many vaccine-related statute types, while others focused on just one
        - In some states, state recommendations are used as the basis for other vaccine-related statutes so the impact of this category can be broad
- **Two** bills did not mention ACIP directly but still alluded to decoupling. **One** bill would have reiterated support for their governor joining a multi-state public-health alliance and **1** bill would have established state guidelines for the procurement and distribution of vaccines
- **Twenty-two** bills passed the first chamber, **18** of those passed the second chamber
- **Four** bills were not reconciled by both chambers, for a total of **14** bills enacted in this category (**35%** which is the second-highest enactment rate among all themes)
    - **CA SB 144 and CA AB 144** freeze federal vaccine and preventive-service recommendations (including ACIP) as of January 1, 2025, and then authorizes the California Department of Public Health (CDPH) to modify or supplement that baseline for coverage and provider administration (referencing medical societies)

- **CO SB 26-032** decouples various statutes from ACIP instead listing the health commissioner or AAP schedule, authorizing state vaccine purchase based on those schedules
- **CT HB 5044 and CT SB 450** remove reference to ACIP in various statutes and allows the commissioner to recommend a schedule instead, establishing a "standard of care for immunization" based on ACIP, AAP, ACOG, and AAFP schedules as of a given date and then authorizing the Public Health Commissioner to update that standard
- **DC B 26-0414, DC B 26-0351, DC B 26-0350, and DC B 26-0496** remove direct references to ACIP, instead allowing the health department director to jointly reference "a competent medical or public health organization"
- **IL HB 767** allows vaccine coverage and administration according to state guidelines and recommendations (not just ACIP). It also requires pharmacy reporting to IIS and formally codifies an immunization advisory committee to develop those guidelines
- **MD SB 385 and MD HB 637** authorize the health secretary to make additional vaccine recommendations (outside of ACIP) that pharmacists are able to administer and that insurers must cover without cost-sharing
- **NM HB 156** maintains reference to the Department of Health (DOH) authority for vaccine requirements and purchase (not ACIP) passed in Special Session, removing the language that would revert back to ACIP
- **NM SB 3** removes direct ties to ACIP from childhood and adult immunization statutes and the Vaccine Purchasing Act, instead allowing DOH to promulgate its own immunization regulations or follow recommendations from AAP for child vaccines and AAFP, ACOG, and ACP for adult vaccines
- **NY A 10710 and NY S 9599** remove direct ties to ACIP in statutes related to insurance coverage for vaccines, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP
- **NY A 10711 and NY S 9598** remove direct ties to ACIP in statutes related to vaccine requirements and provider scope of practice, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP
- **OR SB 1598** allows the public health officer to determine vaccines that require insurance coverage and to issue respective standing orders for their administration outside of ACIP, requiring certain health benefit plans to cover preventive services under federal rules in effect on June 30, 2025, and immunizations recommended by the public health officer thereafter

- **RI SB 2379 and RI HB 7625** allow the director of the health department to determine vaccines that must be covered without cost-sharing (previously was just those recommended by ACIP)
- **VT H 545 and VT S 166** removes mention of ACIP in statute (instead referring to the commissioner and medical societies) and allows for the commissioner to enact standing orders (providing immunity from liability to providers following the standing orders), and states that vaccines recommended by the commissioner be covered without cost sharing. It also authorizes vaccine purchase outside of federal contracts.
- **WA SB 5967 and WA HB 2242** remove mention of ACIP in statute and allows for the department to issue its own immunization recommendations and guidance, ensuring vaccine coverage of those recommended vaccines and allowing purchase of vaccines outside of federal contracts if needed

- *Bills seeking to remove hepatitis B vaccine requirements (introduced following ACIP's vote to stop universally recommending the hepatitis B birth dose), urging U.S. Congress to take action (like reinstating service members discharged for refusing COVID-19 vaccines) and specifying informed consent procedures (following increased parental choice rhetoric) could jointly be included here, but they are less direct and captured in other sections*

Figure 8. States With Moving or Enacted Federal Government Response Bills, August 1, 2025–July 31, 2026



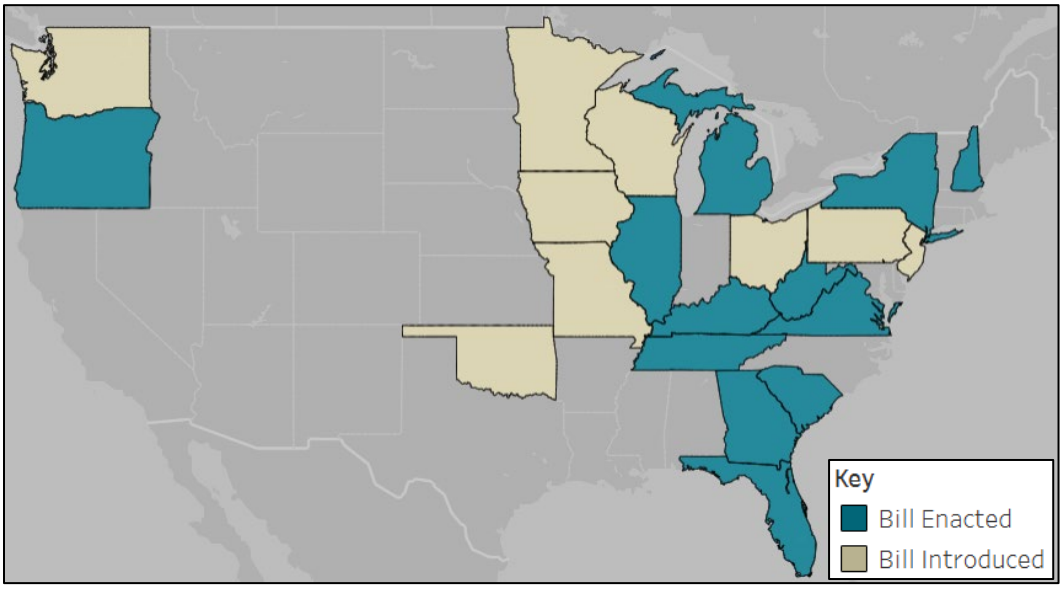
Vaccine Communications

- **Thirty-seven** bills and resolutions primarily involved the way that vaccines were communicated, discussed, and/or promoted
- **Twenty** of the bills were vaccine-awareness-focused resolutions and proclamations

    - **One** resolution would have designated an immunization injury awareness month, but the other **19** resolutions/bills all noted the benefits of vaccination, largely declaring days or months for vaccine awareness
    - **Twelve** resolutions were general to all vaccines, while **3** focused on HPV, **3** focused on hepatitis B, and **1** focused on meningitis B
- **Seven** bills sought to add new requirements for information that needed to be provided to patients prior to vaccination, including various details about vaccine ingredients, side effects, safety, potential risks, and reported injuries
- **Four** bills required that information about obtaining a vaccine exemption be included on any vaccine promotional materials
- **Two** bills involved required childcare communications about vaccines; **1** bill removing a requirement that parents receive flu vaccine information and **1** bill adding a requirement that parents receive RSV vaccine information
- **Four** other bills involved other restrictions or requirements for vaccine-related communications
- **Seventeen** bills and resolutions passed one chamber, **16** of which were enacted, the highest number of any category. However, most were resolutions which typically require only passage in a single chamber (often by voice vote) and do not change statute in the same way as bills
    - **FL SR 1244** designates August as Immunization Awareness Month in the state
    - **GA HB 334** requires that daycare and childcare centers provide RSV prevention information to parents and guardians each year based on AAP guidance
    - **GA SR 669** recognizes February 5 as Cancer Prevention Day, noting the evidence-based strategy of HPV vaccination in the proclamation
    - **IL HR 803** established June 28, 2026, as Hepatitis B Awareness Day, noting the importance of vaccination efforts
    - **IL HR 810** established July 10, 2026, as Vaccine Awareness Day and urged the health department to take various vaccine promotion actions
    - **KY SR 282** encouraged all Kentuckians to be vaccinated
    - **MI HR 250** declared February 22-28, 2026, as School-Based Health Care Awareness Week, noting children served by these clinics have increased immunization rates in the proclamation
    - **NH HB 1584** requires that all vaccine promotional materials include text stating that medical and religious exemptions are available (was also set to simplify the process for obtaining a religious exemption (stating no form is needed, just any signed statement) but that was removed via amendment)
    - **NY J 1396** establishes April 24-30 as Immunization Week

- **NY J 1608** proclaimed June 2026 as Meningitis B Awareness Month, noting the benefits of vaccination in the proclamation
- **NY J 2098 and NY K 1398** designated May 2026 as Hepatitis B Awareness Month in the state, noting the benefits of Hepatitis B vaccination
- **OR HB 4135** designates March 4 of each year as HPV Awareness Day, noting the need for increased vaccination
- **SC H 4189** makes several changes to the health department structure, and was amended to include new definitions for "gene therapy," "vaccine," and "informed consent"
- **TN HJR 908** recognized March 4 as HPV Awareness Day, noting the importance of HPV vaccination
- **VA HJ 24** designates August as Immunization Awareness Month in the state
- **WV SR 45** proclaimed February 23, 2026, as West Virginia American Academy of Pediatrics Child Health Advocacy Day, noting their legislative priority of maintaining strong immunization laws in the proclamation

Figure 9. States With Moving or Enacted Vaccine Communication Bills, August 1, 2025–July 31, 2026

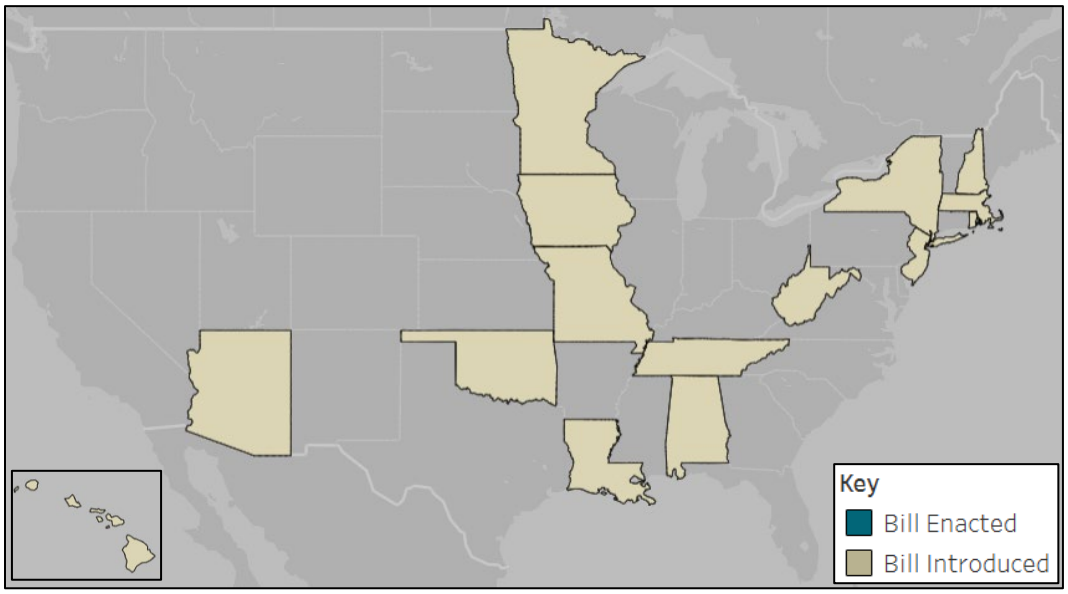


Anti-Discrimination

- **Thirty bills** involved prohibiting discrimination and/or service refusal due to one's vaccination status, many of which could be equally captured under the requirements theme but are reported separately here because they center on anti-discrimination framings and rights-based rhetoric
- **Six** bills sought to add a broad right to refuse vaccination (and related medical interventions) to state constitutions or other fundamental rights provisions

- **Five** bills created or expanded bills of rights for specific groups, including all citizens, teachers, parents, or children, that explicitly include a right to refuse vaccination or exempt a child from vaccinations
- **Five** bills focused on employment protections and consent related to vaccination, including unemployment eligibility and limits on employer penalties tied to vaccine status. **Two** more bills focused on reinstating service members discharged for previously refusing the COVID-19 vaccine
- **Four** bills involved discrimination in health care delivery or payer policy, such as prohibiting providers from refusing to treat unvaccinated patients or conditioning Medicaid payments on accepting these patients
- **Five** bills and resolutions otherwise broadly prohibited discrimination or service refusals based on one's vaccination status
- **Ten** of these bills explicitly referenced discrimination due to COVID-19 or mRNA vaccination refusal
- **Two** bills passed the first chamber, **1** of which passed both chambers, but none were ultimately enacted

Figure 10. States With Moving or Enacted Anti-discrimination Bills, August 1, 2025–July 31, 2026

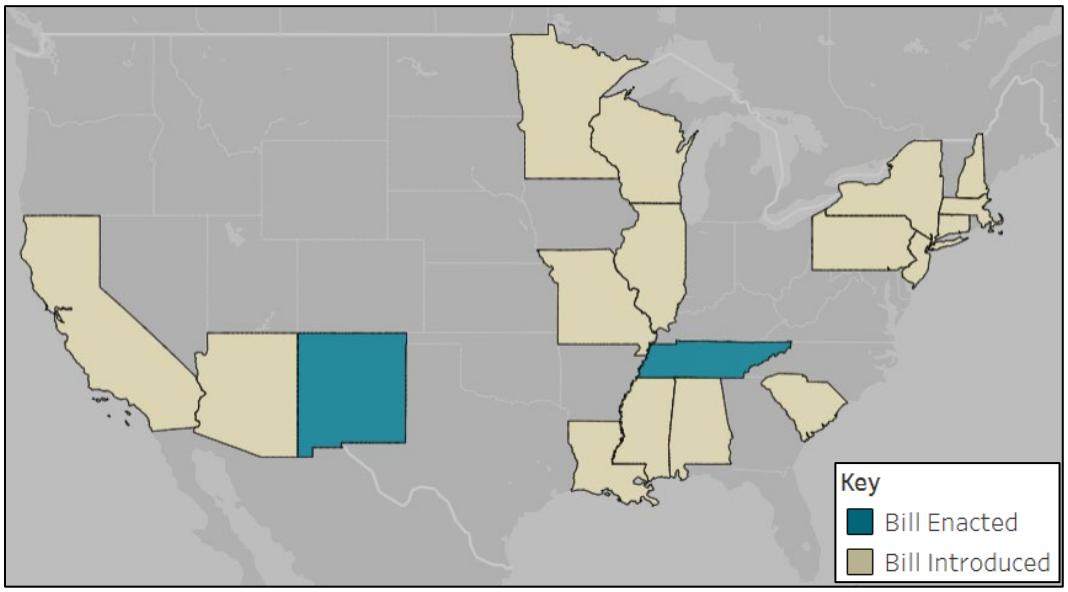


Vaccine Cost

- **Twenty-seven** bills addressed vaccine cost, purchase, payment, coverage, or reimbursement
- **Eight** bills focused on provider reimbursement, payment structures, or vaccine-related quality-measure adjustments
- **Four** bills impacted state universal purchase programs and related vaccine-purchase financing or provider choice requirements

- **Four** bills involved financial incentives tied to vaccination status, **2** bills prohibiting them, and **2** bills establishing new tax credits for those who receive vaccines
- **Ten** bills addressed vaccine cost-sharing, coverage requirements, and patient out-of-pocket costs for vaccines; **2** of which would create new state-based health insurance plans that included vaccine coverage
- **One** bill would have created a new grant program to address vaccine-preventable diseases
- **Eight** bills passed one chamber, and **5** of those bills passed both chambers
- **Two** bills were not reconciled, and **1** was vetoed by the governor, for a total of **2** enacted bills in this category
    - **NM HB 306** prohibits health care facilities from charging any fees associated with receiving a vaccine in an outpatient setting
    - **TN SB 2070 and TN HB 2243** prohibit health insurance entities from including a provider's patients with vaccine exemptions in the denominator of vaccine-related quality measures used to calculate provider reimbursement, ratings, incentive payments, or network status

Figure 11. States With Moving or Enacted Vaccine Cost Bills, August 1, 2025–July 31, 2026

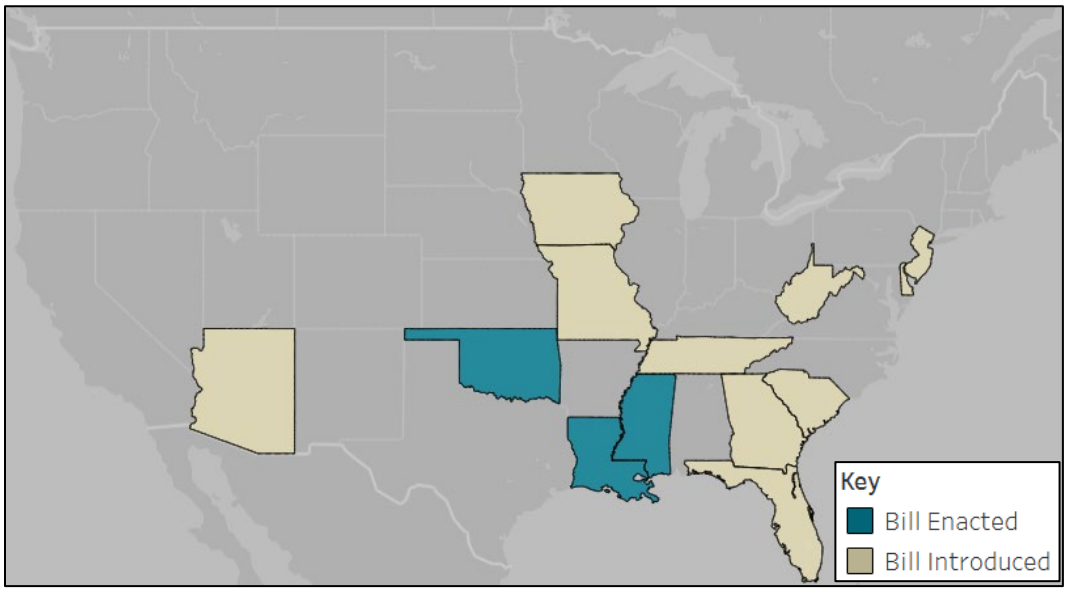


Death Certificates

- **Twenty** bills involved requiring the inclusion of vaccine receipt information on death certificates, jumping up from just **3** such bills last year and **7** bills the year prior
- **Twelve** bills included near copy language requiring that recent vaccines be documented in sudden infant or child death investigations using a 90-day lookback period
    - Ages for the 90-day lookback ranged from just infant deaths under the age of 1 to all child deaths

    - Most bills also included that deaths with vaccine receipt listed must be reported to the federal Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) registries with fines for medical examiners who do not comply
- **Four** bills specifically called to study or further identify vaccine-related deaths
- **Three** bills inserted vaccine information more directly into infant death forms and investigations, without using a 90-day lookback window
- **Four** of these bills made it through the legislature, but **1** was vetoed by the governor for a total of **3** enacted bills in this category
    - **LA SB 29** requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry
    - **MS HB 1637** created a Fetal and Infant Mortality Review Panel (amended to include revised death certificate bill language - specifically stating that any vaccine adverse events be reported to the Vaccine Adverse Event Reporting System (VAERS) if they hadn't been already)
    - **OK SB 1484** requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry

Figure 12. States With Moving or Enacted Death Certificate Bills, August 1, 2025–July 31, 2026

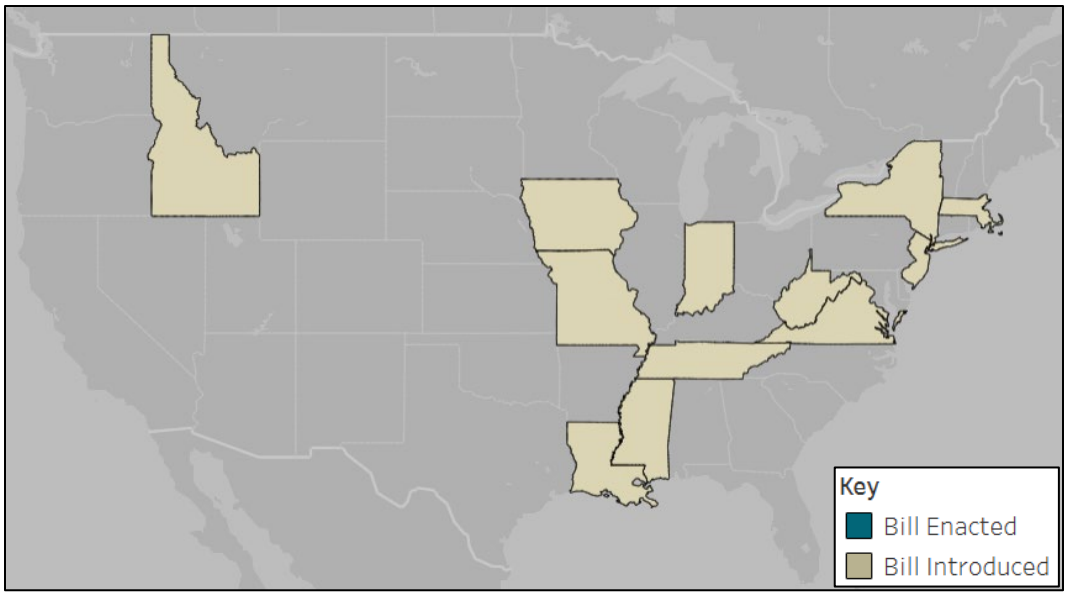


Vaccine Safety/Investigation

- **Twenty** bills primarily involved aspects of vaccine safety and/or investigations
- **Seven** bills and resolutions would create commissions, advisory councils, workgroups, task forces, studies, or other investigations related to vaccines and vaccine safety

- **Five** bills addressed vaccine-safety reporting, monitoring, or compensation, including state-level VAERS systems and the National Vaccine Injury Compensation Program (VICP) provisions
- **Three** bills addressed foods containing vaccines or vaccine material, including sale restrictions and classification as drugs
- **Five bills** addressed other vaccine-safety policies, including vaccine-related manufacturer communications, vaccine ingredients, post-vaccination side effects, and recognition of natural immunity
- **Zero** bills in this category moved beyond introduction

Figure 13. States With Moving or Enacted Vaccine Safety Bills, August 1, 2025–July 31, 2026

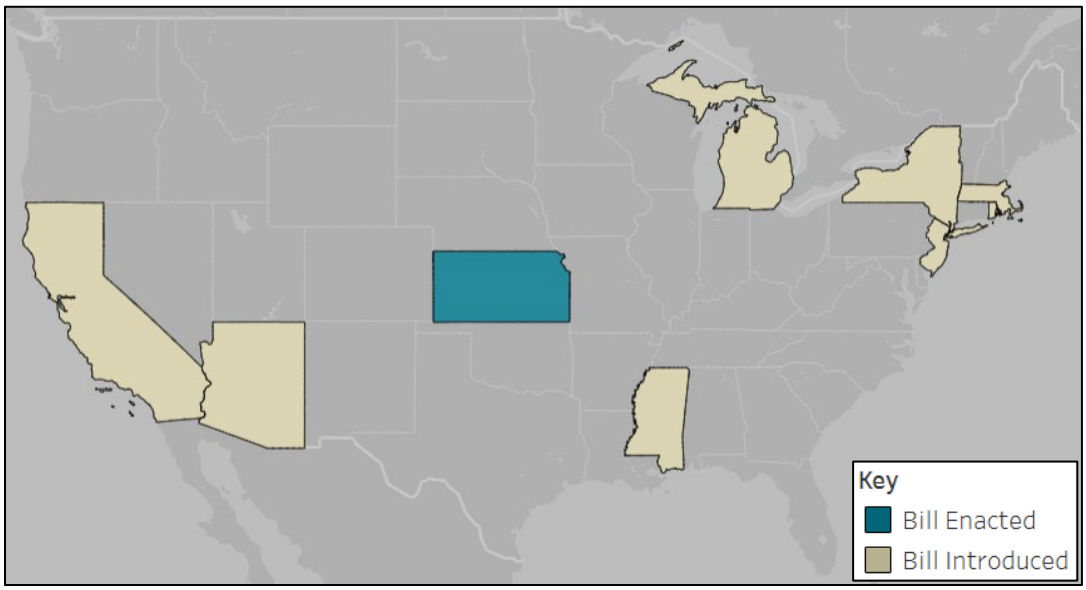


IIS and Vaccine Data

- **Twenty** bills sought to make changes to a state's IIS and/or related data and reports on vaccine rates
- **Ten** bills involved the collection, sharing, or public dissemination of immunization and exemption data
    - **Six** bills required schools, childcare facilities, or local health departments to share aggregate immunization or exemption data with parents or the public
    - **Four** bills addressed disclosure of individual-level immunization registry data, including IIS queries, data-sharing agreements with the U.S. Department of Health and Human Services (HHS), and disclosures to specified entities unless a parent objects
- **Six** bills involved expanding what must be included in a state's IIS

    - Bills proposed including adult vaccines (**3** bills), exemptions (**1** bill), adverse events (**1** bill), and blood lead level and asthma inhaler prescriptions (**1** bill) within the IIS
- **Three** bills involved giving parents the ability to opt-out and/or opt-in to the IIS
- **One** bill would have made tampering or falsifying IIS records a crime of computer tampering in the third degree
- **Two** bills in this category passed one chamber, but only **one** was ultimately enacted after the legislature overrode the governor's veto
    - **KS HB 2004** requires that the health department execute any requested data share agreements with HHS as they request it without any condition or limitations

Figure 14. States With Moving or Enacted IIS/Vaccine Data Bills, August 1, 2025–July 31, 2026

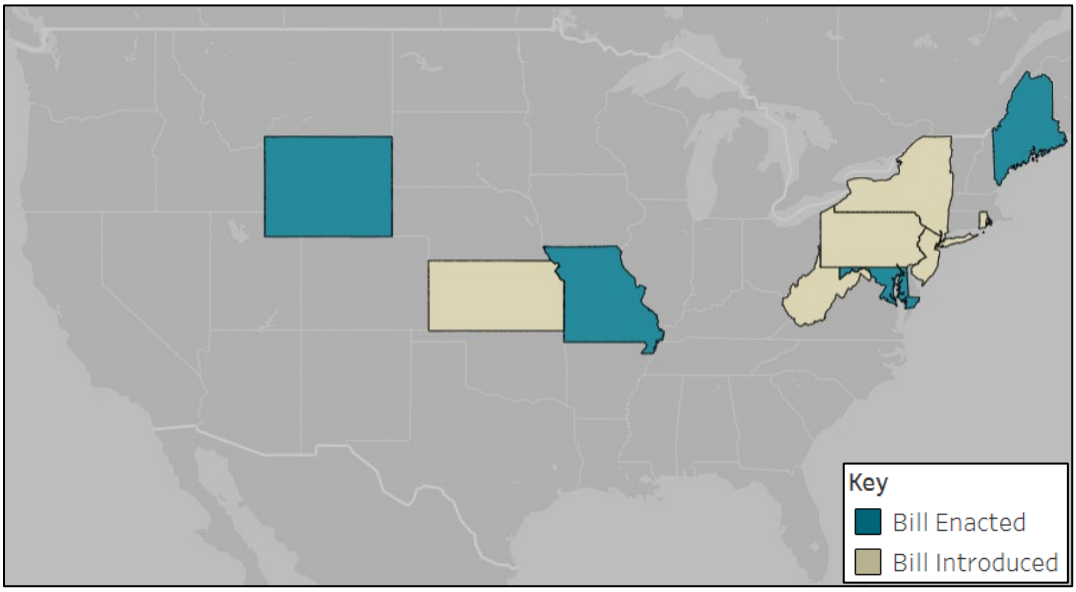


Ability to Vaccinate

- **Eighteen** bills involved the ability of various professions to vaccinate (provider scope of practice), down from **45** such bills last year
- Bills in this category sought to expand or specify the vaccinating authority of pharmacists (**10** bills), pharmacy technicians (**2** bills), nurse practitioners (**2** bills), emergency medical technicians (**1** bill), medical assistants (**1** bill), dentists (**1** bill), nursing students (**1** bill), optometrists (**1** bill), and licensed midwives (**1** bill)
- **Seven** bills expanded vaccine administration authority to a new provider type
- **Five** bills expanded or modified the types of vaccines a profession could administer
- **Three** bills proposed expanding the ages at which pharmacists could vaccinate
- **Two** bills expanded prescribing or ordering authority
- **One** bill addressed insurance coverage for pharmacist-administered immunizations

- **Ten bills** passed at least one chamber, **4** of which were ultimately enacted; however, **2** were amended to remove the relevant provision, leaving **2** enacted bills with a substantive impact on scope of practice (one of which jointly decouples from ACIP)
    - **MD HB 1135 and MD SB 773** allow pharmacists to order the administration of vaccines (in addition to administering them)
    - **ME HP 1384** allows pharmacists to administer all vaccines, prohibiting patient cost-sharing and removing certain references to ACIP
    - *MO HB 2372 & MO SB 841 would have excluded chikungunya from the list of vaccines that pharmacists can administer, amongst other health-related changes (but amended to say that can administer anything except those excluded in statute or by pharmacy board rule)*
    - *WY SF 121 would have authorized pharmacists to vaccinate down to age 3 (currently age 7) but this component was removed via amendment in final bill version*

Figure 15. States With Moving or Enacted Ability to Vaccinate Bills, August 1, 2025–July 31, 2026

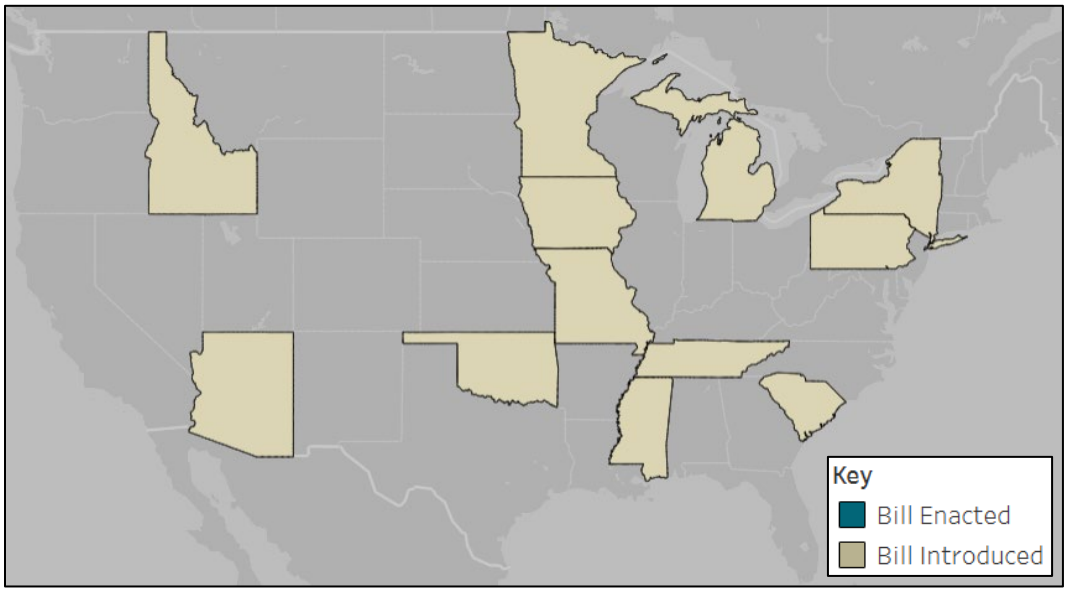


mRNA Vaccines

- **Seventeen** bills primarily involved prohibitions or restrictions on the use of mRNA vaccines, although an additional **44** bills across other themes also mention mRNA or COVID-19 (**61** bills total) so this theme is arguably even larger
- **Ten** of these bills would have prohibited the use of mRNA vaccines entirely in the state, **2** of which would classify mRNA vaccines as weapons of mass destruction in such prohibition and **2** of which would request a state study on their safety until use can resume
- **Four** bills involved food labeling if the animal had received an mRNA vaccine

- **Two** bills involved removing liability protections and/or establishing financial penalties for mRNA vaccine use
- **Zero** of these bills advanced beyond introduction

Figure 16. States With Moving or Enacted mRNA Bills, August 1, 2025–July 31, 2026

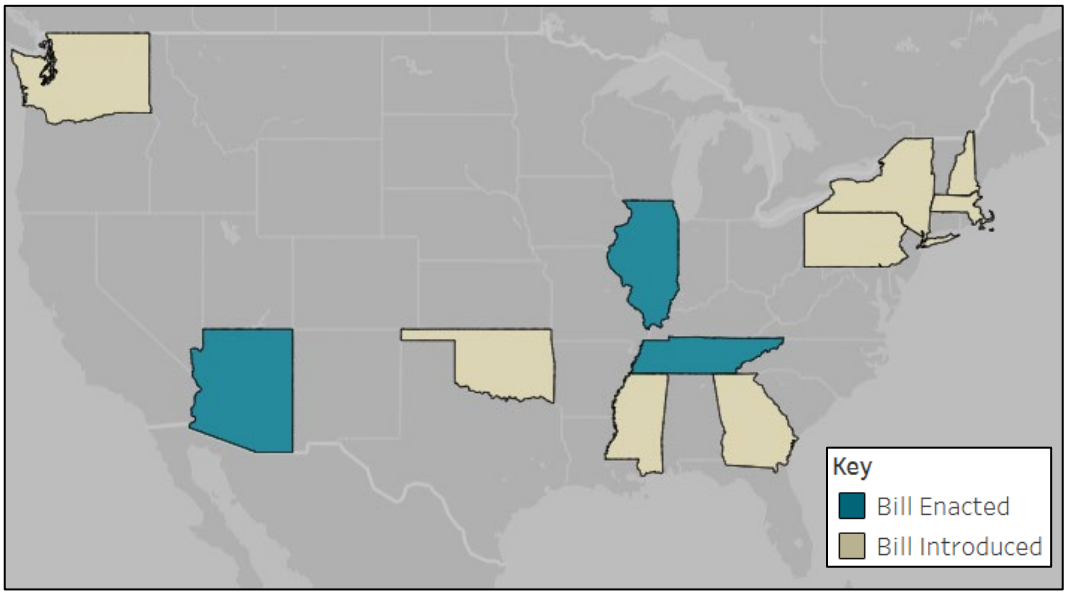


Access/Disparities

- **Sixteen** bills would have impacted vaccine access and associated disparities in access, for specific populations in specific settings
    - Although many vaccine-policy measures have downstream implications for access, this category is limited to bills that directly address the availability of vaccine services for particular populations or at particular sites of care
- **One** bill in this category would have decreased vaccine access, imposing restrictions on school-located vaccination events, but the other **15** bills would increase vaccine access
- **Seven** bills required hospitals to offer or expand their offering of influenza, pneumococcal, and/or RSV vaccines to eligible patients during hospitalization or at discharge
- **Six** bills addressed vaccine access for other populations or in other care settings, including people experiencing homelessness (**1** bill), long-term care residents (**1** bill), refugees (**1** bill), and incarcerated pregnant people (**1** bill), as well as retail clinics (**1** bill) and nursing facilities (**1** bill)
- **Two** bills sought to define certain professions as essential workers for prioritized vaccine access in a future public health emergency, including funeral home workers and certain longshoremen, maritime, port, and warehouse workers

- **Six** bills passed one chamber, **4** of which went on to pass the second chamber
- **One** bill was not reconciled, and **1** bill was amended to remove relevant provisions, for a total of **2** bills enacted in this category (one of which jointly decouples from ACIP)
    - **IL SB 3487** requires that hospitals offer influenza vaccinations and pneumococcal vaccinations to all those eligible at discharge (currently only those 50+ and 65+ respectively); jointly stating that state vaccine guidelines supersede ACIP in the event they differ
    - **TN SB 1584 and TN HB 2569** require hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, along with pneumococcal vaccination
    - *AZ HB 2195 would have imposed a violation on nursing care facilities that did not make influenza and pneumonia vaccines available (but this provision was removed via amendment)*

Figure 17. States With Moving or Enacted Access/Disparities Bills, August 1, 2025–July 31, 2026

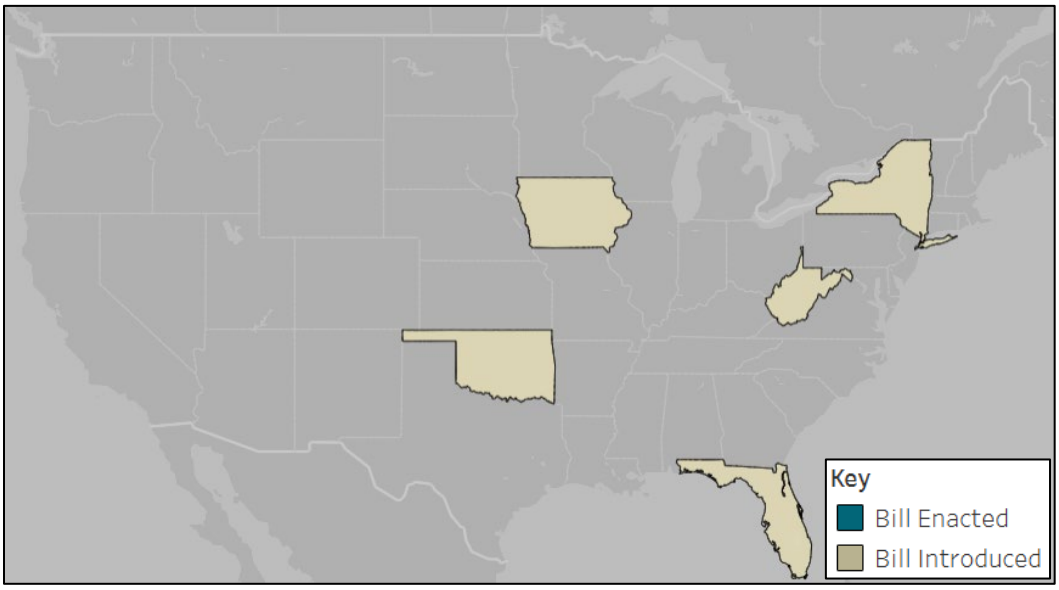


Liability/Lawsuits

- **Seven** bills primarily involved vaccine liability and lawsuits, usually for vaccine injuries (with an additional **7** bills in other categories also including a liability-related provision)
- **One** bill clarified or extended liability protections for health care providers administering vaccines consistent with state recommendations, the other **6** bills would have reallocated or expanded liability for vaccine injuries
- **Five** bills would have increased manufacturers' potential liability for vaccine injuries or enabled lawsuits against manufacturers
    - **Two** of these bills sought to limit the application of the National Vaccine Injury Compensation Program (VICP) in their state

- **One** bill would make the state liable for any injuries caused by any state-mandated vaccines, including those required for school
- **One** bill cleared both chambers but was not officially enacted in the legislative window

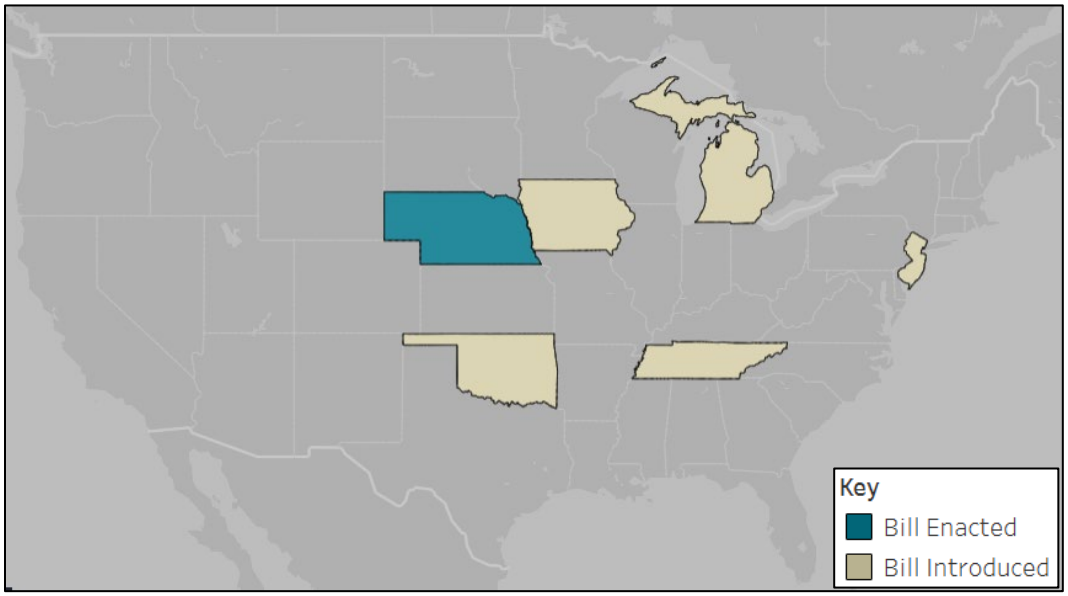
Figure 18. States With Moving or Enacted Liability/Lawsuit Bills, August 1, 2025–July 31, 2026



Public Health Authority

- **Seven** bills primarily addressed the public health authority of state or local governmental actors to establish, implement, or enforce vaccine-related policies
    - Unlike ACIP-decoupling bills, which often shifted authorities from federal references to state references, these measures focused on limiting, conditioning, or reallocating the authority of state and local officials themselves
- **Four** bills would have limited the authority of health departments, local health commissioners, or other government officials to require vaccines, issue vaccine-related rules, or implement related public-health measures
- **Three** bills would have changed other state vaccine-policy authorities, including shifting emergency powers from the governor to the legislature (**1** bill), removing a parent or guardian's statutory responsibility to vaccinate (**1** bill), and restricting state-employer COVID-19 requirements (**1** bill)
- **One** bill was ultimately enacted
    - **NE LB 203** requires that local health commissioners must receive written approval by a majority of the publicly elected representatives of their county board and/or city council before implementing certain health-related measures, including vaccine distribution

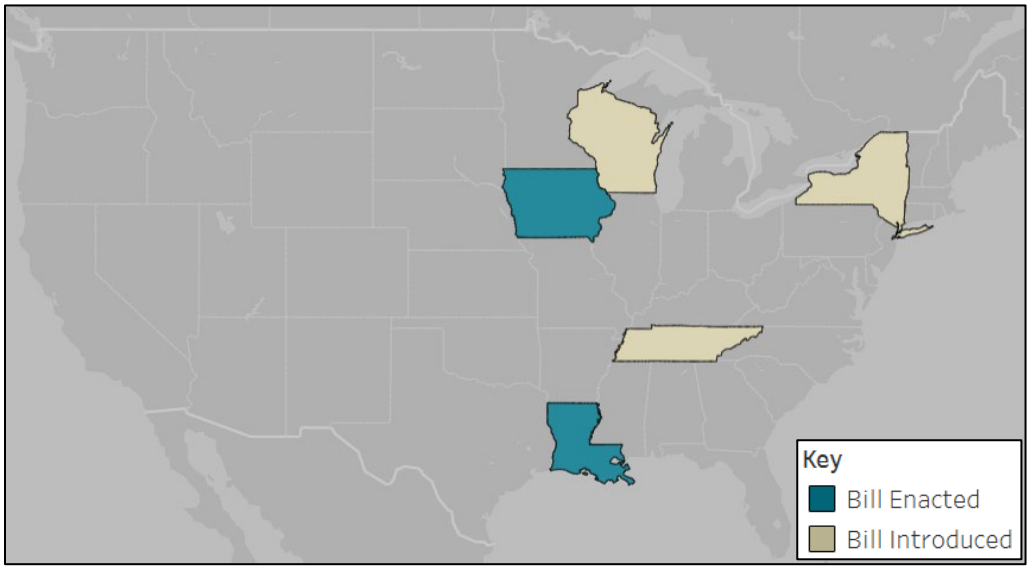
Figure 19. States With Moving or Enacted Public Health Authority Bills, August 1, 2025–July 31, 2026



Vaccine Consent

- **Six** bills addressed when minors may consent to vaccination and/or the informed-consent requirements that apply
- **Two** bills would have expanded minors' ability to consent to their own vaccinations, at ages 14 and 16, respectively
- **Three** bills would have specified that parental consent is required for minor vaccinations or otherwise excluded vaccines from the care that minors can consent to independently
- **One** resolution requested that the surgeon general develop a report on informed consent for vaccinations
    - Several bills categorized under Vaccine Communications and Vaccine Safety would also have expanded informed-consent requirements in requiring that patients receive specified vaccine-related information before vaccination
- **Three** bills and resolutions were enacted
    - **IA SF 304** specifies vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval
    - **LA HB 775** specifies that minors can't consent to their own medical care until the age of 17, specifically noting their inability to consent to vaccines to prevent sexually transmitted infections
    - **LA SCR 37** requests that the surgeon general develop a report relative to informed consent for vaccinations

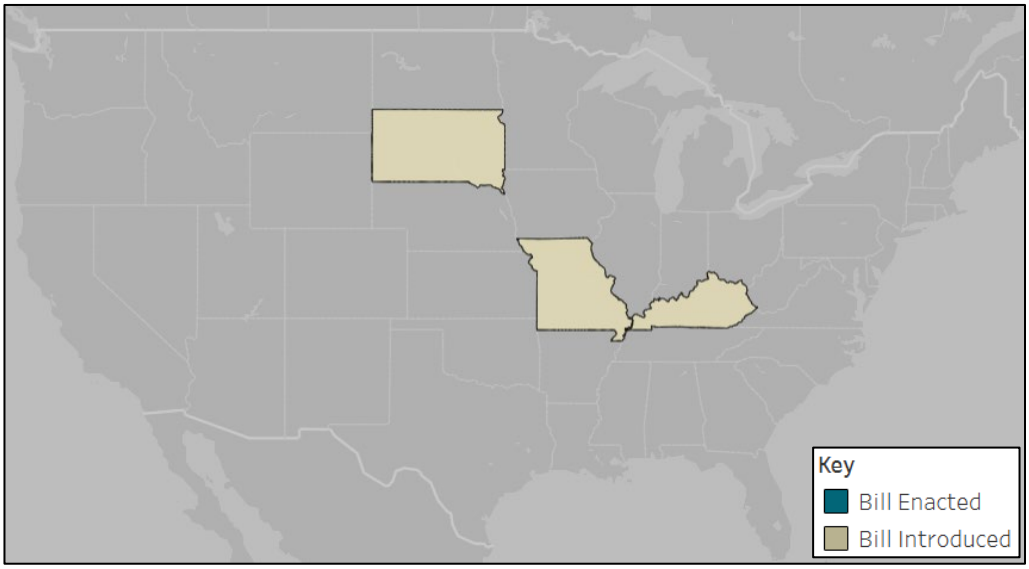
Figure 12. States With Moving or Enacted Vaccine Consent Bills, August 1, 2025–July 31, 2026



Blood/Organ Donation

- Although this theme was more common in the years immediately following the COVID-19 pandemic, only **3** bills addressed blood or organ donation and vaccine status
- **Two** bills would have allowed patients to seek blood donations based on a donor's vaccination status and/or required disclosure of mRNA/COVID-19 vaccination status on blood donations
- **One** bill would have restricted consideration of COVID-19 vaccination status in organ-transplant decisions
- **Zero** bills moved beyond introduction

Figure 20. States With Moving or Enacted Blood/Organ Donation Bills, August 1, 2025–July 31, 2026



Other

- **Three** bills did not fit cleanly into another primary theme and did not have sufficient volume to warrant their own theme
- **Two** bills would have incorporated vaccine-related curriculum into school instruction (**3** such bills last year) and **1** bill would have created a state vaccine stockpile (**5** such bills last year)
- **Zero** of these bills moved beyond introduction

Key Takeaways

Legislative volume remained high this year, reinforcing that vaccine policy is now potentially a standing fixture of state agendas rather than a temporary pandemic-era spike. While AIM monitored hundreds of bills, a familiar pattern persisted: most proposals stall after introduction. At the same time, a growing subset of bills advanced further in the process, inching closer to enactment even if they ultimately fell short. This shift requires immunization programs to continue devoting resources to monitoring a high volume of bills, many of which will not pass, while remaining alert to those that are increasingly positioned to carry real operational impacts. The breadth of activity across states and parties underscores that vaccine policy debates remain active across the political spectrum, even when legislators ultimately decline to fully advance many of these ideas.

Removing vaccine requirements and/or expanding exemptions again emerged as the most common legislative theme, but the nature of the push widened considerably. Several proposals this year aimed much higher, including broad bans on all vaccine mandates, expansive medical freedom measures, and constitutional amendments that would enshrine a right to refuse vaccination. Despite this escalation in scope, not a single sweeping ban on vaccine requirements was enacted, suggesting that while rhetoric has intensified, lawmakers remain cautious about dismantling existing immunization infrastructure. At the same time, anti-discrimination and rights-based bills increasingly framed vaccine refusal as a matter of civil liberties and bodily autonomy, illustrating a continued strategic shift in how opposition to existing vaccine policy is presented.

A particularly notable development this session was the emergence of “ACIP decoupling” bills. This category had one of the highest enactment rates of any theme tracked, reflecting increased efforts by some states to insulate and maintain their existing vaccine policies from potential federal changes. Federal decisions and rhetoric have clearly influenced the state policy environment more broadly too: ACIP’s December 2025 vote on the universal hepatitis B birth

dose and increased emphasis on informed consent from federal leadership coincided with multiple states considering bills that would remove hepatitis B requirements or formalize new consent processes. At the same time, COVID-19 and mRNA-focused bills continued to appear, with explicitly anti-mRNA proposals rarely advancing but persisting as a visible reminder of the pandemic's lasting impact.

There was also a rise of coordinated model bills focused on vaccine safety concerns. Death certificate proposals that would require documentation of all vaccines administered in the days preceding a child's sudden death appeared in near-identical form across numerous states. While only a small subset of these bills were enacted, their spread demonstrates how quickly certain concepts can gain a foothold in legislative text when advocates work from shared templates.

Several additional measures supporting vaccination also found some success, particularly in the realm of awareness resolutions, proclamations, and other communications-related bills, which remain among the most likely to pass but have limited direct programmatic impact. Among the bills and resolutions that were enacted, those that increase, preserve, or support vaccine access outnumbered restrictive measures.

Immunization programs are working in a legislative environment that is crowded, increasingly sophisticated, and deeply shaped by both federal decisions and coordinated advocacy on all sides. Familiar themes around requirements and exemptions are now interwoven with efforts to recalibrate the relationship between states and the federal government, to formalize informed consent in new ways, and to reframe vaccine refusal as a rights-based issue. Across states, vaccine policy activity is becoming more interconnected, with shared language and strategic framing shaping how proposals are introduced and advanced. AIM's policy and government relations team remains focused on tracking these developments, sharing lessons between states, and supporting program managers as they navigate complex legislative seasons.

Additional AIM Policy Resources

Visit AIM's Policy Toolkit to view all our legislative resources. The toolkit includes Connecting the Dots: Legislative Sessions, a one-stop compilation of resources that equips AIM members to respond to and prepare for legislative inquiries.

Please reach out to AIM at info@immunizationmanagers.org if you need any assistance with vaccine-related policy in your jurisdiction.

APPENDIX 1: Enacted Legislation Summary (8/1/2025-7/31/2026)

The following section includes the 49 vaccine-related bills officially enacted, as well as the 5 bills vetoed by governors, between August 1, 2025, and July 31, 2026. As noted, **several bills were amended to remove or lessen their impact on vaccination prior to their enactment.**

- **AZ HB 2086 (VETOED)** would have broadly prohibited all vaccine requirements and masks
- **AZ HB 2195** would have, in-part, allowed for the health department to impose a violation on a nursing care facility if they do not make influenza and pneumonia vaccines available to patients as currently required (but this provision was removed via amendment)
- **AZ HB 2248 and AZ SB 1016 (VETOED)** would have broadly prohibited the requirement of any medical intervention in the state; prohibiting discrimination against workers who religiously refuse any medical product, providing a simple form for such a declaration
- **AZ SB 1011 (VETOED)** would have required medical examiners to review and include all immunizations a child received in the last 90 days in death reports and analysis
- **AZ SB 1212 (VETOED)** would have stated that health insurers can't reimburse health professionals at a different rate based on a covered individual's vaccination status
- **CA AB 1074 (VETOED)** would have imposed a sanction on recipients of the CalWORKs program who fail to verify the immunization of their child
- **CA SB 144 and CA AB 144** freeze federal vaccine and preventive-service recommendations (including ACIP) as of January 1, 2025, and then authorizes CDPH to modify or supplement that baseline for coverage and provider administration (referencing medical societies)
- **CO SB 26-032** decouples various statutes from ACIP, instead listing the health commissioner or AAP, authorizing state vaccine purchase based on those schedules
- **CT HB 5044 and CT SB 450** remove reference to ACIP in various statutes and allows the commissioner to recommend a schedule instead
- **DC B 26-0414, DC B 26-0351, DC B 26-0350, and DC B 26-0496** remove direct references to ACIP, instead allowing the health department director to jointly reference "a competent medical or public health organization"
- **FL SR 1244** designated August as Immunization Awareness Month in the state
- **GA HB 334** requires that daycares and childcare centers provide RSV prevention information to parents and guardians each year based on AAP guidance
- **GA SR 669** recognizes February 5 as Cancer Prevention Day, noting the evidence-based strategy of HPV vaccination in the proclamation
- **IA SF 304** specifies vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval
- **IL HB 767** allows vaccine coverage and administration according to state guidelines and recommendations (not just ACIP); also requires pharmacy reporting to IIS and formally codifies an Immunization Advisory Committee to develop those guidelines
- **IL HR 803** established June 28, 2026, as Hepatitis B Awareness Day, noting the importance of vaccination efforts

- **IL HR 810** established July 10, 2026, as Vaccine Awareness Day and urged the health department to take various vaccine promotion actions
- **IL SB 3487** requires that hospitals offer influenza vaccinations and pneumococcal vaccinations to all those eligible at discharge (currently only those 50+ and 65+ respectively); jointly stating that state vaccine guidelines supersede ACIP in the event they differ. Initially required that hospitals offer influenza vaccinations to those 18 and older and pneumococcal vaccinations to those 50 and older but this was removed via amendment)
- **KS HB 2004 (VETO OVERIDE)** requires that the health department execute any requested data share agreements with U.S. HHS as they request it without any condition or limitations
- **KY SR 282** encouraged all Kentuckians to be vaccinated
- **LA HB 775** specifies that minors can't consent to their own medical care until the age of 17, specifically noting their inability to consent to vaccinations to prevent sexually transmitted infections
- **LA SB 29** requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry
- **LA SCR 37** requests that the surgeon general develop a report relative to informed consent for vaccinations
- **MD HB 1135 and MD SB 773** allow pharmacists to order the administration of vaccines (in addition to administering them)
- **MD SB 385 and MD HB 637** authorize the health secretary to make additional vaccine recommendations (outside of ACIP) that pharmacists are able to administer and that insurers must cover without cost-sharing
- **ME HP 1384** allows pharmacists to administer all vaccines, prohibiting patient cost-sharing and removing references to ACIP
- **MI HR 250** declared February 22-28, 2026, as School-Based Health Care Awareness Week, noting children served by these clinics have increased immunization rates in the proclamation
- **MO HB 2372 and MO SB 841** would have excluded chikungunya from the list of vaccines that pharmacists can administer, amongst other health-related changes (but amended to say that they can administer anything except those excluded in statute or by pharmacy board rule)
- **MS HB 1637** creates a Fetal and Infant Mortality Review Panel (amended to include revised certificate bill language, specifically stating that any vaccine adverse events be reported to VAERS if they hadn't been already)
- **NE LB 203** requires that local health commissioners must receive written approval by a majority of the publicly elected representatives of their county board and/or city council before implementing certain health-related measures, including vaccine distribution
- **NH SB 453** authorizes advanced practice registered nurses and physician associates to sign vaccine exemption forms
- **NH HB 1219** prohibits vaccine requirements for adults residing in a foster home that exceed those required for school entry
- **NH HB 1584** requires that all vaccine promotional materials include text stating that medical and religious exemptions are available (was also set to simplify the process for obtaining a religious

exemption, stating no form is needed just any signed statement, but that was removed via amendment)

- **NM HB 156** maintains reference to DOH authority for vaccine requirements and purchase (not ACIP) passed in Special Session, removing the language that would revert back to ACIP
- **NM HB 306** prohibits health care facilities from charging any fees associated with receiving a vaccine in an outpatient setting
- **NM SB 3** removes direct ties to ACIP from childhood and adult immunization statutes and the Vaccine Purchasing Act, instead allowing DOH to promulgate its own immunization regulations or follow recommendations from AAP for child vaccines and AAFP, ACOG, and ACP for adult vaccines
- **NY A 10710 and NY S 9599** remove direct ties to ACIP in statutes related to insurance coverage for vaccines, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG and ACP
- **NY A 10711 and NY S 9598** remove direct ties to ACIP in statutes related to vaccine requirements and provider scope of practice, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG and ACP
- **NY J 1396** established April 24-30 as Immunization Week
- **NY J 1608** proclaimed June 2026 as Meningitis B Awareness Month, noting the benefits of vaccination in the proclamation
- **NY J 2098 and NY K 1398** designated May 2026 as Hepatitis B Awareness Month in the state, noting the benefits of Hepatitis B vaccination
- **OK SB 1484, OK SB 1853, OK SB 1485, OK SB 1808, and OK SB 1652** require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry
- **OR HB 4135** designates March 4 of each year as HPV awareness day, noting the need for increased vaccination
- **OR SB 1598** allows the public health officer to determine vaccines that require insurance coverage and to issue respective standing orders for their administration outside of ACIP, requiring certain health benefit plans to cover preventive services under federal rules in effect on June 30, 2025, and immunizations recommended by the public health officer thereafter
- **RI SB 2379 and RI HB 7625** allow the director of health department to determine vaccines that must be covered without cost-sharing (previously was just those recommended by ACIP)
- **SC H 4189** makes several changes to the health department structure, and was amended to include new definitions for "gene therapy," "vaccine," and "informed consent"
- **TN HJR 908** recognized March 4 as HPV awareness day, noting the importance of HPV vaccination
- **TN SB 1584 and TN HB 2569** require hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, along with pneumococcal vaccination
- **TN SB 2070 and TN HB 2243** prohibit health insurance entities from including a provider's patients with vaccine exemptions in the denominator of vaccine-related quality measures used to calculate provider reimbursement, ratings, incentive payments, or network status
- **VA HJ 24** designated August as Immunization Awareness Month in the state

- **VT H 545 and VT S 166** remove mention of ACIP in statute (instead referring to the commissioner and medical societies) and allows for the commissioner to enact standing orders (providing immunity from liability to providers following the standing orders), and states that vaccines recommended by the commissioner be covered without cost sharing. It also authorizes vaccine purchase outside of federal contracts.
- **WA SB 5967 and WA HB 2242** remove mention of ACIP in statute and allows for the department to issue its own immunization recommendations and guidance, ensuring vaccine coverage of those recommended vaccines and allowing purchase of vaccines outside of federal contracts if needed
- **WV SR 45** proclaimed February 23, 2026, as West Virginia American Academy of Pediatrics Child Health Advocacy Day, noting their legislative priority of maintaining strong immunization laws in the proclamation
- **WY SF 121** would have authorized pharmacists to vaccinate down to age 3 (currently age 7) but this component was removed via amendment in final bill version

APPENDIX 2: All Tagged Legislation by Primary Theme (8/1/2025-7/31/2026)

Primary Theme	Bill Number(s)	Summary	Status
Ability to Vaccinate	**KS HB 2369**	Would specify that apart from a select list of vaccines, pharmacists ARE able to vaccinate those 7 years and older	Introduced
Ability to Vaccinate	**MD HB 1135 and MD SB 773**	Allows pharmacists to order the administration of vaccines (in addition to administering them)	Enacted
Ability to Vaccinate	**ME HP 1384**	Allows pharmacists to administer all vaccines, prohibiting patient cost-sharing and removing references to ACIP	Enacted
Ability to Vaccinate	**MO HB 2372 and MO SB 841**	Would have excluded chikungunya from the list of vaccines that pharmacists can administer, amongst other health-related changes (but amended to say that they can administer anything except those excluded in statute or by pharmacy board rule)	Enacted
Ability to Vaccinate	**NJ S 178**	Would allow optometrists to administer flu, COVID, and varicella-zoster vaccines to patients 18 and 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 4346**	Would allow pharmacists and certified nurse practitioners to administer mpox vaccines	Passed 1st Chamber
Ability to Vaccinate	**NY A 7692 and NY S 5706**	Would allow nursing students to administer certain vaccines (to specific ages under specific circumstances)	Passed 1st Chamber
Ability to Vaccinate	**NY A 9260 and NY S 8716**	Would permit licensed pharmacists and nurse practitioners to prescribe and order COVID-19 immunizations	Introduced
Ability to Vaccinate	**NY S 4548**	Would allow dentists to administer HPV vaccines	Passed 1st Chamber
Ability to Vaccinate	**NY S 5340 (formerly 5460)**	Would allow medical assistants to vaccinate in an outpatient office setting under the direct supervision of a physician or a physician assistant	Passed 1st Chamber
Ability to Vaccinate	**NY S 7025 and NY A 5152**	Would allow pharmacy technicians to administer any vaccine that pharmacists can administer (if under their supervision)	Passed 1st Chamber

Ability to Vaccinate	**NY S 8495**	Would allow pharmacists to administer vaccines outside of ACIP if recommended by the department or if an associated standing order had been issued	Introduced
Ability to Vaccinate	**PA HB 1881 and PA SB 1055**	Would authorize pharmacy technicians to administer flu and COVID-19 vaccines to those 8 years and older after receiving specified training	Passed 1st Chamber
Ability to Vaccinate	**RI HB 7934 and RI SB 2856**	Would authorize pharmacists to administer any age-appropriate immunization to those age 3-18 (currently they can just administer COVID-19 and influenza vaccines to this age group)	Introduced
Ability to Vaccinate	**RI SB 2386**	Would require that health insurers provide coverage for pharmacist services, including immunizations	Introduced
Ability to Vaccinate	**WV SB 189**	Would authorize licensed midwives in the state to obtain, transport, and administer hepatitis B vaccines (amongst other services)	Introduced
Ability to Vaccinate	**WY SF 121**	Would have authorized pharmacists to vaccinate down to age 3 (currently age 7) but this component was removed via amendment in final bill version	Enacted
Access/Disparities	**AZ HB 2195**	Would have, in-part, allowed for the health department to impose a violation on a nursing care facility if they do not make influenza and pneumonia vaccines available to patients as currently required (but this provision was removed via amendment)	Enacted
Access/Disparities	**GA HB 1335**	Would state that certain longshoremen, maritime, port, and warehouse workers be considered essential workers, and as one such benefit, receive priority access to vaccinations during a state of emergency	Introduced
Access/Disparities	**IL SB 3487**	Requires that hospitals offer influenza vaccinations and pneumococcal vaccinations to all those eligible at discharge (currently only those 50+ and 65+ respectively); jointly stating that state vaccine guidelines supersede ACIP in the event they differ. It initially required that hospitals offer influenza vaccinations to those 18 and older and pneumococcal vaccinations to those 50 and older but this was changed via amendment.	Enacted
Access/Disparities	**IL SB 3650**	Would require the health department to notify long-term care (LTC) facility residents, or their power of attorney, if a recommended vaccine can't be administered to the resident within the timeframe set by the department	Introduced

Access/Disparities	**MA HD 1377**	Would require funeral home workers be in the same classification as healthcare workers during any future vaccine rollout campaign	Introduced
Access/Disparities	**MA HD 2916 and MA HD 4135**	Would require hospitals to offer flu vaccines to every patient 65 years and older during flu season	Introduced
Access/Disparities	**MA SD 944 and MA HD 847**	Would establish a bill of rights for individuals experiencing homelessness, including the right to receive COVID-19 vaccines without discrimination	Introduced
Access/Disparities	**MS SB 2551**	Would require hospitals to offer flu vaccination to high-risk patients aged 50+ (currently 65+) at discharge	Introduced
Access/Disparities	**NH HB 1449**	Would limit times vaccine clinics can operate in school and require that parents/guardians be physically present; parental presence piece ultimately removed by amendment and exception for influenza and emergency vaccines added	Passed 2nd Chamber
Access/Disparities	**NY A 4879 and NY S 4583**	Would specify care required for incarcerated pregnant women, including timely access to vaccinations (specifically Tdap and influenza)	Passed 1st Chamber
Access/Disparities	**NY S 1963**	Would set new defining regulations for retail clinics (that administer vaccines amongst other services)	Introduced
Access/Disparities	**NY S 2516**	Would establish a refugee resettlement program, including (amongst other services) providing immunizations	Passed 1st Chamber
Access/Disparities	**OK SB 1507**	Would require that hospitals provide influenza vaccinations to inpatients aged sixty-five years or older	Introduced
Access/Disparities	**PA HB 2378**	Would require hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, adding pneumococcal disease vaccines for those 65+ as well (amended to list RSV vaccine as well)	Introduced
Access/Disparities	**TN SB 1584 and TN HB 2569**	Requires hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, along with pneumococcal vaccination	Enacted
Access/Disparities	**WA HB 2122**	Would require hospitals to offer flu vaccines during patient discharge to those 65+ and with underlying medical conditions	Introduced
Anti-Discrimination	**AL HB 12**	Would prohibit discrimination based on an individual's refusal of certain drugs, vaccines, or face	Introduced

		coverings for reasons of conscience, including religious beliefs and authorizing civil suits if violated	
Anti-Discrimination	**AZ SB 1194, AZ HB 2335, and AZ HB 2005**	Would prohibit providers from refusing to treat patients based on their vaccination status	Passed 1st Chamber
Anti-Discrimination	**HI HB 2199**	Would prohibit any infringement on an individual's right to bodily autonomy, including the refusal of a vaccine, based on the individual's own religious, conscientious, or personal beliefs	Introduced
Anti-Discrimination	**HI HB 2512**	Would prohibit any discrimination or service refusals due to one's vaccination status	Introduced
Anti-Discrimination	**IA SJR 2006**	Would add the right to refuse a vaccine to the state's constitution	Introduced
Anti-Discrimination	**LA HB 485**	Would state the freedom of a parent in the nurturing, education, care, custody, and control of the parent's child is a fundamental right and shall not be infringed	Introduced
Anti-Discrimination	**LA HB 948**	Would state that parental decisions to decline medical interventions for their child or pursue alternatives shall not constitute medical neglect/abuse or subject them to any adverse consequences	Introduced
Anti-Discrimination	**MA HD 2301**	Would prohibit employment termination for COVID-19 vaccine refusal and prohibit COVID-19 vaccine passports	Introduced
Anti-Discrimination	**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	**MO HB 1679 and MO HB 2374**	Would prohibit providers from refusing to treat a child based on their vaccination status	Introduced
Anti-Discrimination	**NH HB 1671**	Would prohibit state Medicaid payments to facilities who discriminate/discharge patients for valid medical and religious exemptions	Introduced
Anti-Discrimination	**NJ ACR 140**	Would urge U.S. Congress to pass legislation to reinstate service members discharged for refusing COVID-19 vaccination	Introduced
Anti-Discrimination	**NJ S 1306**	Would establish a "Children's Vaccination Bill of Rights"	Introduced

Anti-Discrimination	**NJ S 1959**	Would allow employees that refuse a COVID-19 vaccine to be eligible for unemployment insurance	Introduced
Anti-Discrimination	**NJ S 69**	Would prohibit discrimination against those who have not received a COVID-19 vaccine	Introduced
Anti-Discrimination	**NJ SCR 93**	Would urge U.S. Congress to pass legislation to reinstate service members discharged for refusing COVID-19 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	**NY S 7207 and NY A 3686**	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
Anti-Discrimination	**OK HB 3838**	Would prohibit discrimination due to vaccine status, and prohibit any requirements for vaccines under emergency use authorization (EUA)	Introduced
Anti-Discrimination	**OK SB 1237**	Would create a teacher's bill of rights, including the right to refuse a vaccine	Introduced
Anti-Discrimination	**OK SB 1656**	Would establish the right to refuse any vaccine, medication, microchip, external tracker, or any other manufactured product	Introduced
Anti-Discrimination	**OK SB 1785**	Would create a new citizens bill of rights, including that governments and businesses can't force citizens to receive a vaccine	Introduced
Anti-Discrimination	**OK SB 1977**	Would prohibit the government and political subdivisions (including schools) from requiring COVID-19 vaccines and discriminating against those who have not received it	Introduced
Anti-Discrimination	**OK SB 2029**	Would add a right to refuse any vaccine, prohibiting discrimination and coercion to vaccinate, and prohibiting any disciplinary actions against providers who advocate for informed consent	Introduced
Anti-Discrimination	**RI SB 2485**	Would create a new parental bill of rights, including the ability to exempt their child from immunizations	Introduced
Anti-Discrimination	**RI SB 2565**	Would require written consent before vaccination and prohibit discrimination, insurer/employer penalties, and bonus incentives tied to vaccines, with fines up to $25,000 per violation.	Introduced

Anti-Discrimination	**TN HB 638 and TN SB 1389**	Would prohibit providers who participate in Medicaid (or Cover Kids) from refusing to see/treat patients due to vaccine refusal	Passed 2nd Chamber
Anti-Discrimination	**TN HJR 28**	Would add a constitutional amendment stating individuals have the right to refuse vaccination even in times of emergency	Introduced
Anti-Discrimination	**TN SJR 620**	Would add the state cannot compel anyone to be vaccinated, even in a declared state of emergency, to the state constitution	Introduced
Anti-Discrimination	**WV HJR 24**	Would add the right to refuse a vaccine to the state's bill of rights	Introduced
Blood/Organ Donation	**KY HB 752**	Would state that an individual shall have the right to select a willing blood donor for his or her own blood transfusion and that health care facilities can't refuse directed donations based on a donor's or recipient's vaccination status	Introduced
Blood/Organ Donation	**MO SB 1261**	Would prohibit the use of COVID-19 vaccine status when making an organ transplant decision, unless it is a lung	Introduced
Blood/Organ Donation	**SD HB 1171**	Would have required mRNA and COVID-19 vaccine receipt to be disclosed and included on blood donations, allowing individuals in need of a blood transfusion to request different blood	Introduced
Death Certificates	**AZ HB 2774**	Would require any deaths that a medical examiner deems caused by a vaccine or vaccine side effect to be reported to the health department	Introduced
Death Certificates	**AZ SB 1011**	Would require medical examiners to review and include all immunizations a child received in the last 90 days in death reports and analysis	Vetoed
Death Certificates	**DE HB 422-1 and DE HV 422-2**	Would require any vaccine given in the 7 days prior to death be considered in SUID investigations for temporal association and jointly specify the process for obtaining informed consent (422-1 requiring a new informed consent form and 422-2 just requiring verification)	Introduced
Death Certificates	**FL HB 819 and FL SB 188**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced

Death Certificates	**GA SB 546**	Would require medical examiners to review and include all immunizations a child received in the last 90 days in death reports and analysis	Introduced
Death Certificates	**GA SR 813**	Would urge the Department of Public Health to conduct a study on the relationship between sudden unexpected deaths of infants and children, ages two and under, and the administration of vaccines	Introduced
Death Certificates	**IA HF 2097 and IA SF 2071**	Would require all infant death certificates for those age 0-3 to include the date and type of their last immunization	Introduced
Death Certificates	**LA SB 29**	Requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Enacted
Death Certificates	**MO SB 1387**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced
Death Certificates	**MS HB 1180**	Would require families be notified if a death is suspected to be caused by COVID-19 vaccination and authorize corresponding autopsies without a court order	Introduced
Death Certificates	**MS HB 1283**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
Death Certificates	**MS HB 1637**	Created a Fetal and Infant Mortality Review Panel (amended to include revised death certificate bill language-specifically stating that any vaccine adverse events be reported to VAERS if they hadn't been already)	Enacted
Death Certificates	**MS SB 2457 and MS SB 2481**	Would require autopsy reports for infants who die suddenly to list all vaccines and emergency countermeasures received in the last 90 days, with tiered fines for medical examiners who fail to comply	Introduced
Death Certificates	**NJ S 766**	Would require infant death certificates to include all vaccines received in the last six months, and direct analysis of all fatalities and near-fatalities that were the result of such vaccination	Introduced
Death Certificates	**OK SB 1484, OK SB 1853, OK SB 1485, OK SB**	Requires autopsy reports for children who die suddenly to list all vaccines received in the last 90	Enacted

	1808 and OK SB 1652	days, and report them to the SUID and SDY Case Registry	
Death Certificates	**SC H 4630**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced
Death Certificates	**TN SB 1948 and TN SB 2607**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
Death Certificates	**WV HB 4666**	Would require medical examiners to review medical and immunization records and document any immunizations or emergency countermeasures given within 90 days before their death	Introduced
Death Certificates	**WV HB 4915**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
Death Certificates	**WV HB 5031**	Would require vaccination history be reviewed in addition to other medical and dental records in any death investigation	Introduced
Federal Government Response	**AK HB 238**	Would list AAP, alongside ACIP, for vaccines that need to be covered under Medicaid	Introduced
Federal Government Response	**CA SB 144 and CA AB 144**	Freezes federal vaccine and preventive-service recommendations (including ACIP) as of January 1, 2025, and then authorizes CDPH to modify or supplement that baseline for coverage and provider administration (referencing medical societies)	Enacted
Federal Government Response	**CA SB 829**	Would establish state funding for the development, production, procurement, and distribution of vaccines	Introduced
Federal Government Response	**CO SB 26-032**	Decouples various statutes from ACIP instead listing the health commissioner or AAP schedule, authorizing state vaccine purchase based on those schedules	Enacted
Federal Government Response	**CT HB 5044 and CT SB 450**	Removes references to ACIP in various statutes and allows the commissioner to recommend a schedule instead, establishing a “standard of care for immunization” based on ACIP, AAP, ACOG, and AAFP schedules as of a given date and then authorizing the Public Health Commissioner to update that standard	Enacted

Federal Government Response	**DC B 26-0414, DC B 26-0351, DC B 26-0350, and DC B 26-0496**	Removes direct references to ACIP, instead allowing the health department director to jointly reference "a competent medical or public health organization"	Enacted
Federal Government Response	**DE HB 338**	Would shift the ACIP reference in statute related to insurance coverage without cost-sharing to include ACIP recommendations "in effect on January 1, 2025" (before committee changes occurred)	Passed 2nd Chamber
Federal Government Response	**HI HB 2313 and HI SB 3133**	Would establish a Hawaii Preventive Services Advisory Committee, authorized to advise the health department on immunizations, and require insurers to cover, and pharmacists and other providers to administer, DOH-recommended vaccines without cost-sharing, with DOH and the advisory committee using ACIP recommendations as a baseline as of July 1, 2025, but able to depart from them	Passed 2nd Chamber
Federal Government Response	**HI SB 3057**	Would allow the department of health to require insurance coverage for vaccines outside of the ACIP (and AAP) schedule if the evidence is clear and convincing	Introduced
Federal Government Response	**HI SR 21-2026 and HI SCR 24-2026**	Would support the governor's decision to join the West Coast Health Alliance to guide public health decisions, noting the importance of vaccination	Introduced
Federal Government Response	**IL HB 767**	Allows vaccine coverage and administration according to state guidelines and recommendations (not just ACIP). Also requires pharmacy reporting to IIS and formally codifies an Immunization Advisory Committee to develop those guidelines	Enacted
Federal Government Response	**IN SB 221**	Would strike reference to ACIP in pharmacist's ability to vaccinate, instead stating they can administer any FDA licensed product	Introduced
Federal Government Response	**MD SB 385 and MD HB 637**	Authorizes the health secretary to make additional vaccine recommendations (outside of ACIP) that pharmacists are able to administer and that insurers must cover without cost-sharing	Enacted
Federal Government Response	**ME SP 864 (LD 2146)**	Would add the recommendation from the Northeast Public Health Collaborative as justification to include a vaccine in the state's Universal Purchase Program, even if not under VFC contract. It also states pharmacists are immune from liability if they administer a vaccine outside of ACIP/federal government recommendations as long as the vaccine	Passed 2nd Chamber

		is recommended by the Northeast Public Health Collaborative	
Federal Government Response	**MI HB 5351**	Would direct the department to consider the recommendations of AAP, AAFP, ACOG and ACP, in addition to ACIP when promulgating rules, consulting the Michigan advisory committee if two or more entities conflict	Introduced
Federal Government Response	**MI HB 5352**	Would authorize Michigan's vaccine advisory committee to use recommendations from AAP, ACOG, ACP, ACIP or other organizations that use evidence-based science in recommending immunizations	Introduced
Federal Government Response	**MN HF 4373**	Would require that immunizations be covered by insurers even if they don't have an ACIP recommendation, as long as they meet preventive-service criteria and are recommended by AAP or other nationally recognized bodies	Introduced
Federal Government Response	**MN SF 3859**	Would establish the Minnesota Science-Based Vaccine Advisory Council to develop vaccine recommendations and determine updates as necessary to vaccines required for schools and colleges and universities, and require health plans to cover immunizations recommended for routine use by ACIP, AAP, and the new council without cost-sharing	Introduced
Federal Government Response	**MN SF 4458**	Would remove conscientious exemptions to vaccine requirements and strike ACIP references in several statutes in favor of the health commissioner	Introduced
Federal Government Response	**MS HB 747**	Would state that vaccines must be recommended by CDC to be required; prohibiting state agencies and political subdivisions from requiring any vaccination that is not recommended on CDC's most recent schedule	Introduced
Federal Government Response	**NJ A 4433 and NJ S 3965**	Would repeal the 2025 law that required health insurers cover vaccines recommended by the health department outside of ACIP (reverting back to just ACIP)	Introduced
Federal Government Response	**NJ S 4894, NJ A 6166 and NJ S 3020**	Would remove direct reference to ACIP in setting vaccine requirements, instead shifting to the Department and allowing use of AAP and ACOG recommendations, and mandating that insurers and Medicaid cover department-recommended vaccines without cost-sharing	Passed 1st Chamber

Federal Government Response	**NM HB 156**	Maintains reference to DOH authority for vaccine requirements and purchase (not ACIP) passed in Special Session, removing the language that would revert back to ACIP	Enacted
Federal Government Response	**NM SB 3**	Removes direct ties to ACIP from childhood and adult immunization statutes and the Vaccine Purchasing Act, instead allowing DOH to promulgate its own immunization regulations or follow recommendations from AAP for child vaccines and AAFP, ACOG, and ACP for adult vaccines	Enacted
Federal Government Response	**NY A 10710 and NY S 9599**	Removes direct ties to ACIP in statutes related to insurance coverage for vaccines, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP	Enacted
Federal Government Response	**NY A 10711 and NY S 9598**	Removes direct ties to ACIP in statutes related to vaccine requirements and provider scope of practice, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP	Enacted
Federal Government Response	**NY A 8383 and NY S 7823**	Would remove direct references to ACIP, instead jointly allowing the health department to make alternative recommendations	Introduced
Federal Government Response	**NY A 9060 and NY S 8496**	Would remove direct reference to ACIP in statute, instead expanding to also include the immunization advisory council and the 21st century workgroup for disease elimination and reduction (amended to list AAP, ACOG, ACP and the commissioner alongside ACIP, for statutes related to provider scope of practice and insurance coverage)	Passed 1st Chamber
Federal Government Response	**NY A 9077**	Would remove direct references to ACIP in recommendation statutes, instead referencing nationally recognized clinical guidelines	Introduced
Federal Government Response	**NY S 8853 and NY A 9648**	Would list AAP, ACOG, and ACP alongside ACIP, for statutes related to school entry requirements, newborn immunization schedules and immunization information for young children on public assistance	Passed 1st Chamber
Federal Government Response	**NY S 9849**	Would remove direct ties to ACIP in several statutes related to provider scope of practice, insurance coverage and meningococcal disease vaccine requirements, allowing the schedule to be determined by the commissioner	Introduced

Federal Government Response	**OR SB 1598**	Allows the public health officer to determine vaccines that require insurance coverage and to issue respective standing orders for their administration outside of ACIP, requiring certain health benefit plans to cover preventive services under federal rules in effect on June 30, 2025, and immunizations recommended by the public health officer thereafter	Enacted
Federal Government Response	**PA HB 2673**	Would require health insurers to cover ACIP-recommended vaccines without cost-sharing by codifying a state preventive-services list based on ACIP recommendations as of January 1, 2025	Introduced
Federal Government Response	**PA SB 989 and PA HB 1828**	Would remove direct reference to ACIP in statute, instead allowing the department to make decisions on requirements and insurance coverage using medical societies	Passed 1st Chamber
Federal Government Response	**RI HB 7540**	Would authorize the immunization program to include vaccines outside of ACIP, if recommended by AAP, ACOG, AAFP or similar provider groups, adding provider liability protections for administering vaccines under such recommendations	Introduced
Federal Government Response	**RI SB 2379 and RI HB 7625**	Allows the director of the health department to determine vaccines that must be covered without cost-sharing (previously was just those recommended by ACIP)	Enacted
Federal Government Response	**VT H 545 and VT S 166**	Removes mention of ACIP in statute (instead referring to the commissioner and medical societies) and allows for the commissioner to enact standing orders (providing immunity from liability to providers following the standing orders), and states that vaccines recommended by the commissioner be covered without cost sharing. It also authorizes vaccine purchase outside of federal contracts.	Enacted
Federal Government Response	**VT H 588**	Would remove reference to ACIP recommendations in the statute authorizing pharmacists and pharmacy technicians to vaccinate (but removed from final version)	Passed 2nd Chamber
Federal Government Response	**WA SB 5967 and WA HB 2242**	Removes mention of ACIP in statute and allows for the department to issue its own immunization recommendations and guidance, ensuring vaccine coverage of those recommended vaccines and allowing purchase of vaccines outside of federal contracts if needed	Enacted

Federal Government Response	**WI AB 1091 and WI SB 1044**	Would state that if the federal government withdraws the recommendations for a vaccine, insurance policies and plans must continue to provide coverage for the vaccine, on an equal basis, if the vaccine is recommended by the AAP or AAFP	Introduced
IIS & Vaccine Data	**AZ SB 1574**	Would require that school districts provide parents with aggregated immunization rates for their school upon request	Introduced
IIS & Vaccine Data	**AZ SB 1769**	Would expand the state's child IIS to include adult immunizations	Introduced
IIS & Vaccine Data	**CA AB 2651**	Would require parents or guardians of enrolled pupils be notified when an immunization rate at that school or institution has fallen below the rate needed to prevent the spread of disease	Passed 1st Chamber
IIS & Vaccine Data	**KS HB 2004**	Requires that the health department execute any requested data share agreements with U.S. HHS as they request it without any condition or limitations	Enacted (Veto Override)
IIS & Vaccine Data	**MA SD 1470 and MD 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 (while jointly removing religious vaccine exemptions)	Introduced
IIS & Vaccine Data	**MI HB 5344**	Would require schools to produce and disseminate a report of the school's vaccination coverage and exemption rates to parents	Introduced
IIS & Vaccine Data	**MI HB 5345**	Would require childcare facilities to maintain immunization rate data and share such data with parents	Introduced
IIS & Vaccine Data	**MI HB 5346**	Would require that users of the IIS be able to query and extract information on the immunization status of school-aged children by school building	Introduced
IIS & Vaccine Data	**MI HB 5350**	Would require local health departments to produce and disseminate a report of the local area's vaccination coverage rates and disseminate it	Introduced
IIS & Vaccine Data	**MI HB 5486**	Would expand the state IIS to jointly include (and require) reports of vaccine adverse events	Introduced
IIS & Vaccine Data	**MS SB 2533**	Would require patients to be notified of their ability to opt-out of the state's IIS before being included,	Introduced

		prohibiting any repercussions if they choose to opt out	
IIS & Vaccine Data	**NJ S 1957**	Would prohibit teaching staff from inputting individually identifiable health information, including vaccination status, into a third-party software	Introduced
IIS & Vaccine Data	**NJ S 2434**	Would require parent's express, informed, and written consent to enroll in the infant registry	Introduced
IIS & Vaccine Data	**NJ S 2987**	Would automatically enroll individuals in the IIS, unless a written declaration is signed, noting that such a written declaration could be denied during an outbreak	Introduced
IIS & Vaccine Data	**NY A 1336 and NY S 4536**	Would add vaccine exemption data to the state's IIS	Introduced
IIS & Vaccine Data	**NY A 3359**	Would make tampering or falsifying IIS records a crime of computer tampering in the third degree	Introduced
IIS & Vaccine Data	**NY A 5194 and NY S 3964**	Would add blood lead level analysis and asthma inhaler prescription data to the state's IIS system	Introduced
IIS & Vaccine Data	**NY A 765 and NY S 453**	Would require all adult vaccinations be included in the state IIS (currently they "may" be included)	Introduced
IIS & Vaccine Data	**NY S 9893**	Would state that providers 'shall' report adult vaccines in the IIS (current statute is 'may report')	Introduced
IIS & Vaccine Data	**RI HB 7936 and RI SB 3256**	Would specify the entities that immunization registry data can be released to, unless the parent/guardian objects	Introduced
Liability/Lawsuits	**FL SB 408 and FL HB 339**	Would make vaccine manufacturers liable for vaccine injury if they advertise vaccines in the state	Introduced
Liability/Lawsuits	**IA HF 2287**	Would require that vaccine manufacturers waive any immunity from suit under the VICP for any vaccines distributed in the state	Introduced
Liability/Lawsuits	**NY A 4993**	Would make the state liable for any injuries caused by any state-mandated vaccines (including school vaccine requirements)	Introduced
Liability/Lawsuits	**NY A 9140 and NY S 9604**	Would provide liability protections to health care providers who administer vaccines according to existing state regulations	Passed 2nd Chamber

Liability/Lawsuits	**OK SB 1548, OK SB 1483, and OK SB 1549**	Would make manufacturers liable for vaccine injury if they advertise vaccines in the state	Introduced
Liability/Lawsuits	**OK SB 2101**	Would state that the VICP shall not apply/supersede any claims brought to the state court	Introduced
Liability/Lawsuits	**WV HB 4681**	Would allow residents to sue vaccine manufacturers for damages related to COVID-19 vaccines with no limit on financial awards	Introduced
mRNA Vaccines	**AZ HB 2334**	Would require food products be labeled if they received an mRNA vaccine	Introduced
mRNA Vaccines	**AZ HB 2974**	Would prohibit the use of mRNA vaccines, adding them to the definition of prohibited biological agents, toxins, vectors and weapons of mass destruction	Introduced
mRNA Vaccines	**IA SF 2154**	Would require manufacturers of gene-based vaccines to conduct “integrative transmissibility, deoxyribonucleic acid contamination, and shedding studies" prior to their distribution, authorizing a penalty if violated and removing any liability protections for these vaccines	Introduced
mRNA Vaccines	**ID S 1346**	Would prohibit the use of "gene therapy products" in children and pregnant people, defined to include mRNA vaccines	Introduced
mRNA Vaccines	**MI HB 4778**	Would prohibit gene-based vaccines (including mRNA) from being ordered or administered by a person or government	Introduced
mRNA Vaccines	**MN HF 3219**	Would designate mRNA vaccines as weapons of mass destruction and prohibit their use	Introduced
mRNA Vaccines	**MO SB 1362**	Would require food products be labeled if they received an mRNA vaccine	Introduced
mRNA Vaccines	**MS HB 645**	Would prohibit the use of mRNA COVID-19 vaccines until the health department conducts a study on their safety	Introduced
mRNA Vaccines	**MS HB 783**	Would have required food to be labeled if it contained an mRNA vaccine	Introduced
mRNA Vaccines	**MS HB 811**	Would prohibit the use of mRNA vaccines in food products and livestock intended for human consumption	Introduced

mRNA Vaccines	**NY S 7342 and NY A 4798**	Would prohibit the use of mRNA vaccines until the health department conducts a study on their safety	Introduced
mRNA Vaccines	**OK SB 1938**	Would prohibit the production, sale, or administration of any DNA/RNA-based vaccines	Introduced
mRNA Vaccines	**OK SB 2017**	Would prohibit health care providers from administering any gene-based vaccines (defined to include mRNA vaccines) until 2030	Introduced
mRNA Vaccines	**PA SB 1018**	Would prohibit mRNA vaccine requirements and enact other rules relating to their use, including prohibiting termination for failure to receive and providing penalties if consent is violated	Introduced
mRNA Vaccines	**SC H 4262**	Would prohibit any health care provider from administering mRNA vaccines	Introduced
mRNA Vaccines	**TN SB 1767 and TN HB 1852**	Would prohibit the administration of any vaccine or other injectable solution that contains an mRNA vaccine or vaccine material, listing a variety of reported dangers	Introduced
mRNA Vaccines	**TN SB 1949**	Would classify mRNA vaccines as weapons of mass destruction and prohibit their possession/use in the state	Introduced
Other	**HI HB 100, HI SB 144 and HI SB 772**	Would require that age-appropriate media literacy training be incorporated into K-12 education (including misinformation/disinformation identification), specific call out to COVID-19 vaccine misinformation	Introduced
Other	**NY A 3082**	Would require instruction on vaccine science in every middle school and every high school	Introduced
Other	**TN HB 688**	Would create a state stockpile of essential medicines, including vaccines	Introduced
Public Health Authority	**IA HF 2087 and IA SF 2093**	Would limit health department authority during a disease outbreak, stating they can only recommend vaccination and provide individuals with all known and potential risks and benefits. Also changes religious exemptions from needing to conflict with the tenets and practices of a recognized religious denomination to sincerely held religious beliefs	Introduced
Public Health Authority	**IA HSB 726 (IA HF 2710)**	Would move certain public health disaster authorities from the governor to the general assembly, specifying that vaccines can only be recommended and not ordered	Introduced

Public Health Authority	**MI SB 798 and MI SB 797**	Would prevent the health department from promulgating rules that are more stringent than the requirements for claiming exemption from immunizations	Introduced
Public Health Authority	**NE LB 203**	Requires that local health commissioners must receive written approval by a majority of the publicly elected representatives of their county board and/or city council before implementing certain health-related measures, including vaccine distribution	Enacted
Public Health Authority	**NJ S 124**	Would prohibit any state employer from requiring individuals unvaccinated for COVID-19 to provide periodic testing or proof of a negative COVID-19 test	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	**TN SB 1030**	Would delete the responsibility of a parent/guardian to ensure their child receives vaccines as recommended by guidelines of CDC or AAP	Introduced
Requirements/Exemptions	**AZ HB 2086**	Would broadly prohibit all vaccine requirements and masks	Vetoed
Requirements/Exemptions	**AK HB 279**	Would state that vaccines must have received full FDA approval to be required in a variety of settings	Introduced
Requirements/Exemptions	**AL HB 24**	Would specify a simple written declaration is sufficient for religious exemptions to school vaccine requirements, striking that they are only accepted “in the absence of an epidemic or immediate threat"	Introduced
Requirements/Exemptions	**AZ HB 2248 and AZ SB 1016**	Would broadly prohibit the requirement of any medical intervention in the state, prohibiting discrimination against workers who religiously refuse any medical product, providing a simple form for such a declaration	Vetoed
Requirements/Exemptions	**AZ HCR 2056**	Would broadly prohibit all vaccine requirements in the state	Passed 1st Chamber
Requirements/Exemptions	**CA AB 1074**	Would impose a sanction on recipients of the CalWORKs program who fail to verify the immunization of their child	Vetoed
Requirements/Exemptions	**CA AB 2510**	Would exempt a family participating in a reunification case plan from specified immunization requirements	Introduced

Requirements/Exemptions	**FL HB 917 and FL SB 1756**	Would enact the Healthcare Medical Freedom Act prohibiting discrimination based on vaccine status, requiring that parents sign a form prior to vaccination noting they have been briefed on risks, benefits, safety, and efficacy, and requiring alternative vaccine schedule options	Passed 1st Chamber
Requirements/Exemptions	**FL SB 626**	Would add Hepatitis B, chickenpox, Haemophilus influenzae type b, and pneumococcal disease vaccine requirements directly in law	Introduced
Requirements/Exemptions	**FL SB 6D**	Would remove school vaccine requirements (special session version of Florida's Medical Freedom Bill)	Introduced
Requirements/Exemptions	**GA HB 1242**	Would broadly prohibit all forms of vaccine requirements and vaccine passports/identifications	Introduced
Requirements/Exemptions	**GA HB 1350**	Would enact the Georgia Medical Freedom Act, broadly prohibiting medical mandates in the state, including vaccine requirements	Introduced
Requirements/Exemptions	**HI SB 1437 and HI HB 1118**	Would remove non-medical (religious) exemptions to school vaccine requirements	Introduced
Requirements/Exemptions	**HI SB 2472 and HI HB 2166**	Would remove language stating religious vaccine exemptions must be in accordance with an established church they are a member of, instead stating they just need to be in accordance with the parent's belief	Introduced
Requirements/Exemptions	**IA HF 2171**	Would remove all vaccine requirements for elementary and secondary schools in the state	Introduced
Requirements/Exemptions	**IA HF 2347 (IA HSB 605)**	Would specify that all communications about vaccine requirements from a school, childcare facility or health department include information about exemptions	Introduced
Requirements/Exemptions	**IA HF 2366**	Would strike the requirement that parents enrolling their child in private schools provide the school district with evidence of immunization	Introduced
Requirements/Exemptions	**IA S 2095, IA SF 2424, and IA HF 2288**	Would require that postsecondary schools requiring a rotation component to identify a rotation placement where the student will be exempt from any vaccination requirements if requested, disqualifying them from Iowa Tuition grants if they can't comply	Introduced
Requirements/Exemptions	**IA SF 2211 and IA HF 2368**	Would broadly prohibit medical mandates in the state, including all vaccine requirements	Introduced

Requirements/Exemptions	**ID H 574 and ID H 808**	Would prohibit the mandate of any medical intervention in the state, clarified to include school, daycare, and employee vaccine requirements, jointly making the IIS opt-in	Introduced
Requirements/Exemptions	**IN HB 1196**	Would prohibit employee termination due to failure to receive a vaccine (current law is just COVID-19 vaccines) and prohibit employees from being otherwise coerced into receiving a vaccine	Introduced
Requirements/Exemptions	**IN SB 174**	Would remove school, employer, and childcare vaccine requirements, and prohibit discrimination based on vaccine status	Introduced
Requirements/Exemptions	**KS SB 522**	Would broadly prohibit all medical intervention mandates in the state, defined to include vaccines	Introduced
Requirements/Exemptions	**KY HB 466**	Would remove Hepatitis B requirements for schools, and states the legislature must approve any new vaccine requirements that are added	Introduced
Requirements/Exemptions	**KY HB 875**	Would allow non-public school students to participate in public school athletics if, in-part, they follow the same vaccine procedures	Introduced
Requirements/Exemptions	**KY SB 108**	Would establish a simplified process for employees to be exempt from required vaccines in their workplace, providing that such exemptions must be clearly communicated and include a simple form. It also allows for civil suit if an employee suffers an adverse reaction due to an employer required vaccine.	Introduced
Requirements/Exemptions	**LA HB 1041**	Would enact the Louisiana Medical Freedom Act, preserving school requirements but prohibiting schools from excluding unvaccinated students, even when there is an outbreak or public health emergency	Passed 1st Chamber
Requirements/Exemptions	**LA HB 737**	Would remove meningococcal vaccine requirements for students	Introduced
Requirements/Exemptions	**LA HB 742**	Would repeal the requirement that a recipient of Medicaid or the Family Independence Temporary Assistance Program (FITAP) be immunized as a condition of eligibility	Introduced
Requirements/Exemptions	**LA HB 926**	Would enact the Louisiana Medical Freedom Act, prohibiting vaccines from being required by employers, public services and businesses and prohibiting discrimination based on one's	Passed 1st Chamber

		vaccination status (amendment added to carve out schools and health care facilities)	
Requirements/Exemptions	**MA HD 1656 and MA SD 1429**	Would prohibit any person from being mandated, required, or coerced by any public or private entity to accept any health-related intervention (including vaccination)	Introduced
Requirements/Exemptions	**MA HD 2387**	Would prohibit health care facilities from requiring visitors to be vaccinated to visit patients	Introduced
Requirements/Exemptions	**MA HD 3480**	Would prohibit any public vaccine mandate outside of public schools (if 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**	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 HD 635**	Would prohibit any requirements in the state for COVID-19 vaccines, mRNA vaccines or any other purported "gene altering product"	Introduced
Requirements/Exemptions	**MA S 2623 and SD 2117 (amended as MA S 3070)**	Would require that participants in various educational and care programs, including childcare centers, public and private schools, and recreational camps, provide documentation of immunizations or specified exemption letters to enroll.	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 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	**MI HB 5348**	Would specify the process to obtain a medical or religious exemption, noting the exemption can come from a qualified health professional (not just a physician as currently written)	Introduced

Requirements/Exemptions	**MI HB 5349**	Would specify and expand the process to obtain a non-medical exemption, including documented counseling and other form requirements	Introduced
Requirements/Exemptions	**MI HB 5990**	Would prohibit vaccine requirements for parents/other individuals residing in a foster home	Introduced
Requirements/Exemptions	**MI HB 6076**	Would establish various regulations and restrictions on abortion clinics in the state, including amongst other provisions, vaccine requirements, and recommendations for clinic staff	Introduced
Requirements/Exemptions	**MN SF 3239**	Would prohibit conscientious exemptions for immunization requirements against measles, mumps, and rubella	Introduced
Requirements/Exemptions	**MN SF 4007**	Would broadly prohibit vaccine requirements in the state, with a carve out for those required for school and colleges/universities	Introduced
Requirements/Exemptions	**MN SF 4017**	Would increase the requirements to obtain a conscientious exemption to immunizations, including that the form now be notarized and requiring a consultation with a provider	Introduced
Requirements/Exemptions	**MN SF 717**	Would prohibit any government entity or its subdivisions from having authority to enforce mandatory vaccines, vaccine passports/passes, or vaccine credentials, additionally stating employers must accept natural antibodies as an alternative to meeting any employer-established vaccine requirements	Introduced
Requirements/Exemptions	**MO SB 1428**	Would prohibit any school or institute of higher education from requiring a COVID-19 vaccine or "gene therapy product"	Introduced
Requirements/Exemptions	**MS HB 1244**	Would specify a simplified process for parents to obtain religious or philosophical exemptions to vaccines	Introduced
Requirements/Exemptions	**MS SB 2070 and MS HB 609**	Would allow homeschool students to participate in public school athletics if they follow the same vaccine procedures	Introduced
Requirements/Exemptions	**NH HB 1022**	Would specify a simple form to be used for religious exemptions to vaccines	Passed 1st Chamber
Requirements/Exemptions	**NH HB 1219**	Prohibits vaccine requirements for adults residing in a foster home that exceed those required for school entry	Enacted

Requirements/Exemptions	**NH HB 1719**	Would remove Hepatitis B vaccine requirement for children	Passed 1st Chamber
Requirements/Exemptions	**NH HB 1811**	Would have removed all vaccine requirements for children, stating the department could only release recommendations	Introduced
Requirements/Exemptions	**NH LSR 2026-2371**	Would remove tetanus vaccine school requirements	Introduced
Requirements/Exemptions	**NH SB 453**	Authorizes advanced practice registered nurses and physician associates to sign vaccine exemption forms	Enacted
Requirements/Exemptions	**NJ A 4781**	Would require entities to accept proof of prior COVID-19 infection when proof of vaccination is required	Introduced
Requirements/Exemptions	**NJ S 1149**	Would prohibit COVID-19 vaccine school requirements	Introduced
Requirements/Exemptions	**NJ S 2543**	Would prohibit any requirements, or inquiries into the vaccination status, for COVID-19 and HPV vaccines in schools	Introduced
Requirements/Exemptions	**NJ S 785**	Would prohibit hospitals from requiring visitors to provide proof of immunization, irrespective of any public health emergency	Introduced
Requirements/Exemptions	**NJ S 878**	Would prohibit COVID-19 vaccine requirements at institutes of higher education	Introduced
Requirements/Exemptions	**NY A 1358**	Would authorize religious exemptions from K-12 vaccine requirements	Introduced
Requirements/Exemptions	**NY A 2045**	Would prohibit school vaccine requirements against poliomyelitis, mumps, measles, diphtheria, Haemophilus 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 and NY S 5724**	Would add Hepatitis B as a required vaccine for post-secondary institutions	Passed 1st Chamber
Requirements/Exemptions	**NY A 3254 and NY S 3958**	Would require staff and children at summer camps to be vaccinated against a series of routine diseases	Passed 2nd Chamber
Requirements/Exemptions	**NY A 3807**	Would prohibit the COVID-19 vaccine from being required or promoted, and require independent	Introduced

		communications (not from the government, quasi government entity or vaccine manufacturer) be provided to patients prior to administration, and prohibit mandates, coercion, and pressure to take experimental vaccines	
Requirements/Exemptions	**NY A 4207 and 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 S 7087 and 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 8723**	Would remove school vaccine requirements and prohibit medical intervention requirements of any kind	Introduced
Requirements/Exemptions	**OK SB 1560**	Would broadly prohibit all forms of vaccine requirements and other medical mandates	Introduced
Requirements/Exemptions	**OK SB 1568**	Would prevent any hospital or birthing facility from requiring Hepatitis B birth dose, requiring informed parental consent and provision of new ACIP guidelines	Introduced
Requirements/Exemptions	**OK SB 1906**	Would prohibit hospitals from requiring COVID-19 or any other vaccine (for any staff, patients, and visitors)	Introduced
Requirements/Exemptions	**RI SB 2456**	Would prohibit government agencies, employers, private businesses, or educational institutions from mandating "liability-free" products	Introduced
Requirements/Exemptions	**SC S 1029**	Would exempt registered church or religious child day care facilities and private schools from adhering to the state's vaccine requirements, allowing them to set (or not set) their own	Introduced
Requirements/Exemptions	**SC S 741**	Would prohibit any vaccine requirements for infants under the age of 24 months	Introduced

Requirements/Exemptions	**SC S 897**	Would remove a religious exemption for MMR vaccine in K-12 schools	Introduced
Requirements/Exemptions	**SD HB 1163**	Would have prohibited any vaccine requirements for 'genetic-based vaccinations,' defined to include mRNA vaccines	Introduced
Requirements/Exemptions	**SD HB 1210**	Would prohibit COVID-19 vaccine requirements as a condition of employment, enrollment, or for the receipt of a benefit or service	Introduced
Requirements/Exemptions	**UT HB 152**	Would repeal the requirement for parents to complete an online education module or attend an in-person consultation to obtain a vaccination exemption for their children	Introduced
Requirements/Exemptions	**VA HB 1478**	Would prohibit hospitals, nursing homes, and assisted living communities from establishing vaccine requirements for visitors	Introduced
Requirements/Exemptions	**VA HB 983**	Would direct the removal of Hepatitis B vaccine school requirements	Introduced
Requirements/Exemptions	**WI AB 398 and WI SB 447**	Would require schools and childcare to create a formal process for submitting vaccine requirement waivers/exemptions	Introduced
Requirements/Exemptions	**WI AB 891 and WI SB 950**	Would eliminate personal conviction exemptions from K-12 and childcare immunization requirements	Introduced
Requirements/Exemptions	**WV HB 4073**	Would establish religious exemptions to vaccine requirements, using a simple notarized form	Introduced
Requirements/Exemptions	**WV HB 4146**	Would require that anyone employed by the school system be required to adhere to the same pediatric vaccine schedule requirements without exemptions, being excluded from school for 21 days any time they travel to states with exemptions	Introduced
Requirements/Exemptions	**WV HB 4510**	Would prohibit any entity that receives state funding from requiring a COVID-19 vaccine as a prerequisite for participation or employment	Introduced
Requirements/Exemptions	**WV HB 4947**	Would remove Hepatitis B vaccine requirements and broadly authorize religious exemptions	Introduced
Requirements/Exemptions	**WV HB 5090**	Would remove and prohibit all school vaccine requirements	Introduced
Requirements/Exemptions	**WV HB 5111**	Would prohibit colleges and universities from having vaccine requirements for students and staff, prohibiting any incentives to vaccinate and stating	Introduced

		that if vaccines are offered informed consent must be obtained	
Requirements/Exemptions	**WV HB 5338**	Would prohibit the requirement of mandatory immunizations or medical treatments for both teachers, school employees, and students	Introduced
Requirements/Exemptions	**WV HB 5378**	Would allow for religious and philosophical exemptions to school and childcare vaccine requirements	Introduced
Requirements/Exemptions	**WV HB 5647**	Would allow homeschool students to participate in public school athletics if, in-part, they follow the same vaccine procedures	Introduced
Requirements/Exemptions	**WV SB 216**	Would remove the requirement that private and parochial schools maintain immunization records for their students	Introduced
Requirements/Exemptions	**WV SB 26 and WV HB 4168**	Would remove the need to report vaccine exemption numbers to the health commissioner, prohibiting any disciplinary actions against providers who offer exemptions and specifying religious and philosophical exemptions	Introduced
Requirements/Exemptions	**WV SB 606**	Would authorize religious exemptions to any employer mandated vaccination, prohibiting discrimination against those who do not receive the vaccine	Introduced
Requirements/Exemptions	**WV SB 608**	Would authorize religious exemptions for K-12 and childcare vaccine requirements	Introduced
Requirements/Exemptions	**WV SB 609**	Would authorize religious exemptions in colleges and universities	Introduced
Requirements/Exemptions	**WV SB 610**	Would remove the need for the health commissioner to approve/provide a medical vaccine exemption, stating that any signed form from a physician or advanced practice provider is sufficient for a medical exemption	Introduced
Requirements/Exemptions	**WV SB 731**	Would remove hepatitis B and meningitis vaccine school requirements	Introduced
Requirements/Exemptions	**WV SB 773**	Would have required the Department of Health to report positive alpha-gal tests to CDC (and was amended at the end to jointly remove school vaccine requirements)	Introduced

Vaccine Communications	**FL HB 765**	Would strike the requirement that childcare facilities provide parents information about flu vaccination in August/September	Introduced
Vaccine Communications	**FL SR 1244**	Designates August as Immunization Awareness Month in the state	Enacted
Vaccine Communications	**GA HB 334**	Requires that daycares and childcare centers provide RSV prevention information to parents and guardians each year based on AAP guidance	Enacted
Vaccine Communications	**GA HR 1202**	Would establish a national immunization week and express support for universal vaccine access	Introduced
Vaccine Communications	**GA HR 1476**	Would establish August as National Immunization Awareness Month in the state	Introduced
Vaccine Communications	**GA SR 669**	Recognizes February 5 as Cancer Prevention Day, noting the evidence-based strategy of HPV vaccination in the proclamation	Enacted
Vaccine Communications	**IA HF 2010**	Would require vaccine side effects be communicated in any promotional communications about vaccines	Introduced
Vaccine Communications	**IA SF 2345**	Would jointly require local health departments to include information about obtaining a vaccine exemption to any of their communications about vaccine requirements (alongside childcare, K-12, and colleges and universities who are already required to do so). Also adds a civil penalty if childcare facilities fail to do this	Introduced
Vaccine Communications	**IL HR 803**	Established June 28, 2026, as Hepatitis B Awareness Day, noting the importance of vaccination efforts	Enacted
Vaccine Communications	**IL HR 810**	Established July 10, 2026, as Vaccine Awareness Day and urged the health department to take various vaccine promotion actions	Enacted
Vaccine Communications	**IL SR 803**	Would encourage the promotion of Hepatitis B vaccination and the development of a Hepatitis B strategic plan	Introduced
Vaccine Communications	**KY SR 282**	Encouraged all Kentuckians to be vaccinated	Enacted
Vaccine Communications	**LA SB 36**	Would define how informed consent must be obtained, including a form from the surgeon general about vaccine risks, and that informed consent cannot be obtained in certain situations (like after	Introduced

		childbirth). Jointly prohibits using food to deliver mRNA vaccines	
Vaccine Communications	**MI HR 250**	Declared February 22-28, 2026, as School-Based Health Care Awareness Week, noting children served by these clinics have increased immunization rates in the proclamation	Enacted
Vaccine Communications	**MN HF 3880 and MN SF 4089**	Would require a poster be developed and displayed in health care facilities on preventing shoulder injuries during vaccination, jointly requiring all vaccine administrators to undergo additional training to prevent such injuries	Introduced
Vaccine Communications	**MO SB 1236**	Would require providers communicate with patients about any associated benefits/payments the provider is receiving associated with the vaccine they are recommending	Introduced
Vaccine Communications	**NH HB 1584**	Requires that all vaccine promotional materials include text stating that medical and religious exemptions are available (was also set to simplify the process for obtaining a religious exemption (stating no form is needed, just any signed statement) but that was removed via amendment)	Enacted
Vaccine Communications	**NH HB 1616**	Would prohibit state agencies and political subdivisions from advertising or expending funds to advertise vaccines	Introduced
Vaccine Communications	**NJ S 1305**	Would state that no vaccine can be administered unless patients (or their parents) receive a specified list of vaccine risk information 48 hours in advance	Introduced
Vaccine Communications	**NJ SR 90**	Would urge state citizens to stay up to date on vaccinations	Introduced
Vaccine Communications	**NY A 1908**	Would require patients be provided a list of vaccine ingredients, potential benefits/side effects, and information about how to report an adverse event at least 48 hours prior to vaccine administration	Introduced
Vaccine Communications	**NY J 1396**	Establishes April 24-30 as Immunization Week	Enacted
Vaccine Communications	**NY J 1608**	Proclaimed June 2026 as Meningitis B Awareness Month, noting the benefits of vaccination in the proclamation	Enacted
Vaccine Communications	**NY J 2098 and NY K 1398**	Designated May 2026 as Hepatitis B Awareness Month in the state, noting the benefits of Hepatitis B vaccination	Enacted

Vaccine Communications	**OH HB 561**	Would require all communications from preschools, childcare centers, and schools about vaccine requirements also include specified information about obtaining an exemption, that doesn't involve a form or prohibit uninfected children from attending school during an outbreak	Introduced
Vaccine Communications	**Ok SB 1658**	Would require that each vaccine manufacturer prepare a plain-language summary of known or reasonably suspected side effects or adverse events that are material to informed consent for providers to distribute to patients	Introduced
Vaccine Communications	**OR HB 4135**	Designates March 4 of each year as HPV Awareness Day, noting the need for increased vaccination	Enacted
Vaccine Communications	**PA SR 264**	Would declare April 6-12 as Public Health Week in the state, noting the benefits of vaccination in the proclamation	Introduced
Vaccine Communications	**SC H 4189**	Makes several changes to the health department structure, and was amended to include new definitions for "gene therapy," "vaccine," and "informed consent"	Enacted
Vaccine Communications	**SC H 4803**	Would require that any communications about school vaccine requirements include clear details about how to obtain an exemption	Introduced
Vaccine Communications	**SC S 343**	Would require individuals receiving a COVID-19 vaccine be verbally notified (and sign and date 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
Vaccine Communications	**TN HJR 908**	Recognized March 4 as HPV Awareness Day, noting the importance of HPV vaccination	Enacted
Vaccine Communications	**VA HJ 24**	Designates August as Immunization Awareness Month in the state	Enacted
Vaccine Communications	**WA SB 5781**	Would require any communications about FDA-licensed products (mentioning COVID-19 vaccines specifically) be in compliance with the same terms as product labeling	Introduced
Vaccine Communications	**WI AJR 90 and WI SJR 85**	Would designate August as Immunization Awareness Month in the state	Introduced

Vaccine Communications	**WI SJR 89 and WI AJR 100**	Would designate October as Immunization Injury Awareness Month	Passed 1st Chamber
Vaccine Communications	**WV SR 45**	Proclaimed February 23, 2026, as West Virginia American Academy of Pediatrics Child Health Advocacy Day, noting their legislative priority of maintaining strong immunization laws in the proclamation	Enacted
Vaccine Consent	**IA SF 304**	Specifies vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval	Enacted
Vaccine Consent	**LA HB 775**	Specifies that minors can't consent to their own medical care until the age of 17, specifically noting their inability to consent to vaccinations to prevent sexually transmitted infections	Enacted
Vaccine Consent	**LA SCR 37**	Requests that the surgeon general develop a report relative to informed consent for vaccinations	Enacted
Vaccine Consent	**NY S 1570**	Would allow minors 14 years old and older to consent to their own vaccinations	Introduced
Vaccine Consent	**TN HB 853 and TN SB 259**	Would specify a parent/guardian must provide informed consent before a minor receives a vaccination	Introduced
Vaccine Consent	**WI AB 890 and WI SB 826**	Would allow minors 16 years and older to consent to their own vaccinations	Introduced
Vaccine Cost	**AL SB 278**	Would specify that health insurance plans and state Medicaid must cover all costs associated with influenza vaccinations	Introduced
Vaccine Cost	**AZ HB 2336**	Would prohibit health insurers from requiring vaccination as a condition of coverage	Introduced
Vaccine Cost	**AZ SB 1212**	Would state that health insurers can't reimburse health professionals at a different rate based on a covered individual's vaccination status	Vetoed
Vaccine Cost	**CA AB 1366**	Would reimburse pharmacists at the same rate as physicians for immunization administration in state Medicaid program	Introduced
Vaccine Cost	**CT HB 5375**	Would, in part, direct the Insurance Commission to conduct a study concerning various revisions to the insurance statutes regarding the compensation of pharmacists who administer vaccines (but removed from final bill)	Passed 2nd Chamber

Vaccine Cost	**IL HB 3745**	Would establish the Healthcare Funding Association, creating an immunization program fund for the universal purchase of vaccines for both children and adults	Introduced
Vaccine Cost	**IL HB 5774**	Would establish a new prospective payment system for FQHCs for all services outside of vaccination, keeping vaccines as separate fee-for-service payments	Introduced
Vaccine Cost	**LA HB 452**	Would prohibit financial incentives or penalties to encourage health care providers to administer vaccinations	Introduced
Vaccine Cost	**MA H 5381 (previously MA H 2384)**	Would add a provider brand choice requirement to the state's universal vaccine purchase program, amidst other technical statute changes	Introduced
Vaccine Cost	**MA HD 3868**	Would establish a $100 tax credit for individuals who are up to date on all recommended COVID-19 vaccines	Introduced
Vaccine Cost	**MA HD 4014**	Would establish a $100 tax credit for individuals who receive all vaccines recommended by the health department	Introduced
Vaccine Cost	**MA HD 923**	Would require all vaccines administered to Medicaid eligible residents be no less than the CMS regional reimbursement rate	Introduced
Vaccine Cost	**MA S 3141 and MA H 5630**	Would include vaccine administration in the definition of primary-care expenditures (with House version requiring the state's universal purchase program to allow provider brand choice)	Passed 2nd Chamber
Vaccine Cost	**MN HF 3240**	Would establish a two-year grant program to address vaccine-preventable disease outbreaks	Introduced
Vaccine Cost	**MN SF 932 and MN SF 933**	Would establish a Minnesota State Health Plan for all residents, in part covering all childhood and adult vaccinations	Introduced
Vaccine Cost	**MO SB 1705**	Would prohibit health insurers from implementing cost-sharing for vaccines recommended by ACIP	Introduced
Vaccine Cost	**MS HB 1184**	Would state health insurers can't deny a claim solely because the covered person has not received a vaccine	Introduced

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 S 2629**	Would require health insurance carriers to reimburse health care providers for vaccines at a rate no less than CDC cost per dose rate	Introduced
Vaccine Cost	**NM HB 306**	Prohibits health care facilities from charging any fees associated with receiving a vaccine in an outpatient setting	Enacted
Vaccine Cost	**NY A 3839 and NY S 5852**	Would specify provider reimbursement for vaccines from insurers (CDC private sector cost + 21% minimum for shipping/handling/storage + administration/ancillary supply cost)	Passed 1st Chamber
Vaccine Cost	**NY A 8824 and NY S 8334**	Would add COVID-19 vaccines to the list that are required to be covered by insurers	Passed 1st Chamber
Vaccine Cost	**PA HB 1802**	Would require that health insurers cover COVID-19 vaccines without cost sharing	Introduced
Vaccine Cost	**PA SB 1195**	Would, if federal preventive-services protections are weakened, require health insurers to cover ACIP-recommended vaccines and other preventive services without cost-sharing under a state-maintained preventive-services list	Introduced
Vaccine Cost	**SC H 4562**	Would prohibit prior authorization from insurers for vaccines recommended by ACIP	Introduced
Vaccine Cost	**TN SB 2070 and TN HB 2243**	Prohibits health insurance entities from including a provider's patients with vaccine exemptions in the denominator of vaccine-related quality measures used to calculate provider reimbursement, ratings, incentive payments, or network status	Enacted
Vaccine Cost	**WI AB 1224**	Would establish a Wisconsin State Health Plan for all residents, in-part covering all childhood and adult vaccinations	Introduced
Vaccine Cost	**WI AB 173 and WI SB 203**	Would establish a "maximum allowable cost list" for PBM's pharmaceutical products (including vaccines)	Introduced
Vaccine Safety/Investigation	**IA SF 2180**	Would prohibit the sale of food that contains vaccine or vaccine material unless it is labeled	Introduced
Vaccine Safety/Investigation	**ID S 1310**	Would require any product, including vaccines, that has used human fetal tissue in its research,	Introduced

		production or testing to include explicit labeling of such use	
Vaccine Safety/Investigation	**IN HB 1224**	Would establish a state-level version of VAERS	Introduced
Vaccine Safety/Investigation	**LA SB 434**	Would define food that contains a vaccine or vaccine material as a drug	Introduced
Vaccine Safety/Investigation	**MA H 2385**	Would establish a special commission on avian influenza (H5N1), including potential vaccination strategies	Introduced
Vaccine Safety/Investigation	**MA HD 3131 and MA SD 2548**	Would create a vaccine program advisory council made up of various experts	Introduced
Vaccine Safety/Investigation	**MO SB 1223**	Would require producers of vaccines to provide information about how those who don't receive it may be exposed to it	Introduced
Vaccine Safety/Investigation	**MS HB 1181**	Would direct the attorney general to investigate alleged criminal and wrongful actions of pharmaceutical manufacturers in Mississippi relating to the development, promotion and distribution of COVID-19 vaccines	Introduced
Vaccine Safety/Investigation	**NJ A 4868**	Would eliminate the use of mercury-containing vaccines in the state over a 3-year period	Introduced
Vaccine Safety/Investigation	**NJ S 767**	Would establish a state-level version of VAERS	Introduced
Vaccine Safety/Investigation	**NJ SR 23**	Would urge U.S. congress to compel the HHS Secretary to provide biannual reports on improvements to VICP and vaccine safety	Introduced
Vaccine Safety/Investigation	**NY A 9226**	Would establish a medical misinformation task force that in part looks into vaccines	Introduced
Vaccine Safety/Investigation	**NY S 8550**	Would require health insurance plans to cover electrocardiograms for adults and children who have received COVID-19 vaccines	Introduced
Vaccine Safety/Investigation	**TN SB 616 and TN HB 2628 (formally TN HB 928)**	Would prohibit the sale of any food product that contains a live vaccine	Introduced
Vaccine Safety/Investigation	**VA HB 831**	Would establish a workgroup to review and study vaccine labeling in the state	Introduced

Vaccine Safety/Investigation	**WV HB 4070**	Would state that natural immunity from a disease be counted as equal, or preferred to, vaccine-induced immunity	Introduced
Vaccine Safety/Investigation	**WV HB 4643**	Would require any liability shield product in the state to have placebo-controlled trials and associated VAERS data analysis	Introduced
Vaccine Safety/Investigation	**WV HR 3**	Would request the U.S. Congress convene a task force to investigate the response to the COVID-19 pandemic, citing discriminatory and coercive practices, mandates, and severe adverse events from vaccination as justification	Introduced
Vaccine Safety/Investigation	**WV SB 72, WV SB 415, and WV HB 5546**	Would require medical professionals to report injuries and side effects from vaccines to the bureau of public health	Introduced
Vaccine Safety/Investigation	**WV SB 992**	Would direct the secretary of health to conduct a study of health outcomes between vaccinated and unvaccinated pediatric populations	Introduced

APPENDIX 3: All Tagged Legislation by State (8/1/2025-7/31/2026)

State	Bill Number(s)	Summary	Status
Alabama	**AL HB 12**	Would prohibit discrimination based on an individual's refusal of certain drugs, vaccines, or face coverings for reasons of conscience, including religious beliefs; authorizing civil suits if violated	Introduced
Alabama	**AL HB 24**	Would specify a simple written declaration is sufficient for religious exemptions to school vaccine requirements, striking that they are only accepted "in the absence of an epidemic or immediate threat"	Introduced
Alabama	**AL SB 278**	Would specify that health insurance plans and state Medicaid must cover all costs associated with influenza vaccinations	Introduced
Alaska	**AK HB 238**	Would list AAP, alongside ACIP, for vaccines that need to be covered under Medicaid	Introduced
Alaska	**AK HB 279**	Would state that vaccines must have received full FDA approval to be required in a variety of settings	Introduced
Arizona	**AZ HB 2086**	Would broadly prohibit all vaccine requirements and masks	Vetoed
Arizona	**AZ HB 2195**	Would have, in-part, allowed for the health department to impose a violation on a nursing care facility if they do not make influenza and pneumonia vaccines available to patients as currently required (but this provision was removed via amendment)	Enacted
Arizona	**AZ HB 2248 and AZ SB 1016**	Would broadly prohibit the requirement of any medical intervention in the state; prohibiting discrimination against workers who religiously refuse any medical product, providing a simple form for such a declaration	Vetoed
Arizona	**AZ HB 2334**	Would require food products be labeled if they received an mRNA vaccine	Introduced
Arizona	**AZ HB 2336**	Would prohibit health insurers from requiring vaccination as a condition of coverage	Introduced
Arizona	**AZ HB 2774**	Would require any deaths that a medical examiner deems caused by a vaccine or vaccine side effect to be reported to the health department	Introduced
Arizona	**AZ HB 2974**	Would prohibit the use of mRNA vaccines, adding them to the definition of prohibited biological agents, toxins, vectors, and weapons of mass destruction	Introduced

Arizona	**AZ HCR 2056**	Would broadly prohibit all vaccine requirements in the state	Passed 1st Chamber
Arizona	**AZ SB 1011**	Would require medical examiners to review and include all immunizations a child received in the last 90 days in death reports and analysis	Vetoed
Arizona	**AZ SB 1194, AZ HB 2335, and AZ HB 2005**	Would prohibit providers from refusing to treat patients based on their vaccination status	Passed 1st Chamber
Arizona	**AZ SB 1212**	Would state that health insurers can't reimburse health professionals at a different rate based on a covered individual's vaccination status	Vetoed
Arizona	**AZ SB 1574**	Would require that school districts provide parents with aggregated immunization rates for their school upon request	Introduced
Arizona	**AZ SB 1769**	Would expand the state's child IIS to include adult immunizations	Introduced
California	**CA AB 1074**	Would impose a sanction on recipients of the CalWORKs program who fail to verify the immunization of their child	Vetoed
California	**CA AB 1366**	Would reimburse pharmacists at the same rate as physicians for immunization administration in state Medicaid Program	Introduced
California	**CA AB 2510**	Would exempt a family participating in a reunification case plan from specified immunization requirements	Introduced
California	**CA AB 2651**	Would require parents or guardians of enrolled pupils be notified when an immunization rate at that school or institution has fallen below the rate needed to prevent the spread of disease	Passed 1st Chamber
California	**CA SB 144 and CA AB 144**	Freezes federal vaccine and preventive-service recommendations (including ACIP) as of January 1, 2025, and then authorizes CDPH to modify or supplement that baseline for coverage and provider administration (referencing medical societies)	Enacted
California	**CA SB 829**	Would establish state funding for the development, production, procurement, and distribution of vaccines	Introduced
Colorado	**CO SB 26-032**	Decouples various statutes from ACIP instead listing the health commissioner or AAP schedule, authorizing state vaccine purchase based on those schedules	Enacted

Connecticut	**CT HB 5044 and CT SB 450**	Removes references to ACIP in various statutes and allows the commissioner to recommend a schedule instead, establishing a "standard of care for immunization" based on ACIP, AAP, ACOG, and AAFP schedules as of a given date and then authorizing the Public Health Commissioner to update that standard	Enacted
Connecticut	**CT HB 5375**	Would, in part, direct the Insurance Commission to conduct a study concerning various revisions to the insurance statutes regarding the compensation of pharmacists who administer vaccines (but removed from final bill)	Passed 2nd Chamber
Delaware	**DE HB 338**	Would shift the ACIP reference in statute related to insurance coverage without cost-sharing to include ACIP recommendations "in effect on January 1, 2025" (before committee changes occurred)	Passed 2nd Chamber
Delaware	**DE HB 422-1 and DE HV 422-2**	Would require any vaccine given in the 7 days prior to death be considered in SUID investigations for temporal association and jointly specify the process for obtaining informed consent (422-1 requiring a new informed consent form and 422-2 just requiring verification)	Introduced
District of Columbia	**DC B 26-0414, DC B 26-0351, DC B 26-0350, and DC B 26-0496**	Removes direct references to ACIP, instead allowing the health department director to jointly reference "a competent medical or public health organization"	Enacted
Florida	**FL HB 765**	Would strike the requirement that childcare facilities provide parents information about flu vaccination in August/September	Introduced
Florida	**FL HB 819 and FL SB 188**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced
Florida	**FL HB 917 and FL SB 1756**	Would enact the Healthcare Medical Freedom Act, prohibiting discrimination based on vaccine status, requiring that parents sign a form prior to vaccination noting they have been briefed on risks, benefits, safety, and efficacy, and requiring alternative vaccine schedule options	Passed 1st Chamber
Florida	**FL SB 408 and FL HB 339**	Would make vaccine manufacturers liable for vaccine injury if they advertise vaccines in the state	Introduced
Florida	**FL SB 626**	Would add Hepatitis B, chickenpox, Haemophilus influenzae type b, and pneumococcal disease vaccine requirements directly in law	Introduced

Florida	**FL SB 6D**	Would remove school vaccine requirements (special session version of Florida's Medical Freedom Bill)	Introduced
Florida	**FL SR 1244**	Designates August as Immunization Awareness Month in the state	Enacted
Georgia	**GA HB 1242**	Would broadly prohibit all forms of vaccine requirements and vaccine passports/identifications	Introduced
Georgia	**GA HB 1335**	Would state that certain longshoremen, maritime, port, and warehouse workers be considered essential workers, and as one such benefit, receive priority access to vaccinations during a state of emergency	Introduced
Georgia	**GA HB 1350**	Would enact the Georgia Medical Freedom Act, broadly prohibiting medical mandates in the state, including vaccine requirements	Introduced
Georgia	**GA HB 334**	Requires that daycares and childcare centers provide RSV prevention information to parents and guardians each year based on AAP guidance	Enacted
Georgia	**GA HR 1202**	Would establish a national immunization week and express support for universal vaccine access	Introduced
Georgia	**GA HR 1476**	Would establish August as National Immunization Awareness Month in the State	Introduced
Georgia	**GA SB 546**	Would require medical examiners to review and include all immunizations a child received in the last 90 days in death reports and analysis	Introduced
Georgia	**GA SR 669**	Recognizes February 5 as Cancer Prevention Day, noting the evidence-based strategy of HPV vaccination in the proclamation	Enacted
Georgia	**GA SR 813**	Would urge the Department of Public Health to conduct a study on the relationship between sudden unexpected deaths of infants and children, ages two and under, and the administration of vaccines	Introduced
Hawaii	**HI HB 100, HI SB 144, and HI SB 772**	Would require that age-appropriate media literacy training be incorporated into K-12 education (including misinformation/disinformation identification); specific call out to COVID-19 vaccine misinformation	Introduced
Hawaii	**HI HB 2199**	Would prohibit any infringement on an individual's right to bodily autonomy, including the refusal of a vaccine, based on the individual's own religious, conscientious, or personal beliefs	Introduced

Hawaii	**HI HB 2313 and HI SB 3133**	Would establish a Hawaii Preventive Services Advisory Committee, authorized to advise the health department on immunizations, and require insurers to cover, and pharmacists and other providers to administer, DOH-recommended vaccines without cost-sharing, with DOH and the advisory committee using ACIP recommendations as a baseline as of July 1, 2025, but able to depart from them	Passed 2nd Chamber
Hawaii	**HI HB 2512**	Would prohibit any discrimination or service refusals due to one's vaccination status	Introduced
Hawaii	**HI SB 1437 and HI HB 1118**	Would remove non-medical (religious) exemptions to school vaccine requirements	Introduced
Hawaii	**HI SB 2472 and HI HB 2166**	Would remove language stating religious vaccine exemptions must be in accordance with an established church they are a member of, instead stating they just need to be in accordance with the parent's belief	Introduced
Hawaii	**HI SB 3057**	Would allow the department of health to require insurance coverage for vaccines outside of the ACIP (and AAP) schedule if the evidence is clear and convincing	Introduced
Hawaii	**HI SR 21-2026 and HI SCR 24-2026**	Would support the governor's decision to join the West Coast Health Alliance to guide public health decisions, noting the importance of vaccination	Introduced
Idaho	**ID H 574 and ID H 808**	Would prohibit the mandate of any medical intervention in the state, clarified to include school, daycare, and employee vaccine requirements, jointly making the IIS opt-in	Introduced
Idaho	**ID S 1310**	Would require any product, including vaccines, that has used human fetal tissue in its research, production, or testing to include explicit labeling of such use	Introduced
Idaho	**ID S 1346**	Would prohibit the use of "gene therapy products" in children and pregnant people, defined to include mRNA vaccines	Introduced
Illinois	**IL HB 3745**	Would establish the Healthcare Funding Association, creating an immunization program fund for the universal purchase of vaccines for both children and adults	Introduced
Illinois	**IL HB 5774**	Would establish a new prospective payment system for FQHCs for all services outside of vaccination, keeping vaccines as separate fee-for-service payments	Introduced
Illinois	**IL HB 767**	Allows vaccine coverage and administration according to state guidelines and recommendations (not just ACIP). Also requires pharmacy reporting to IIS and formally codifies an	Enacted

		Immunization Advisory Committee to develop those guidelines	
Illinois	**IL HR 803**	Established June 28, 2026, as Hepatitis B Awareness Day, noting the importance of vaccination efforts	Enacted
Illinois	**IL HR 810**	Established July 10, 2026, as Vaccine Awareness Day and urged the health department to take various vaccine promotion actions	Enacted
Illinois	**IL SB 3487**	Requires that hospitals offer influenza vaccinations and pneumococcal vaccinations to all those eligible at discharge (currently only those 50+ and 65+ respectively), jointly stating that state vaccine guidelines supersede ACIP in the event they differ. It initially required that hospitals offer influenza vaccinations to those 18 and older and pneumococcal vaccinations to those 50 and older but this was changed via amendment.	Enacted
Illinois	**IL SB 3650**	Would require the health department to notify LTC facility residents, or their power of attorney, if a recommended vaccine can't be administered to the resident within the timeframe set by the department	Introduced
Illinois	**IL SR 803**	Would encourage the promotion of Hepatitis B vaccination and the development of a Hepatitis B strategic plan	Introduced
Indiana	**IN HB 1196**	Would prohibit employee termination due to failure to receive a vaccine (current law is just COVID-19 vaccines) and prohibit employees from being otherwise coerced into receiving a vaccine	Introduced
Indiana	**IN HB 1224**	Would establish a state-level version of VAERS	Introduced
Indiana	**IN SB 174**	Would remove school, employer, and childcare vaccine requirements and prohibit discrimination based on vaccine status	Introduced
Indiana	**IN SB 221**	Would strike reference to ACIP in pharmacist's ability to vaccinate, instead stating they can administer any FDA licensed product	Introduced
Iowa	**IA HF 2010**	Would require vaccine side effects be communicated in any promotional communications about vaccines	Introduced
Iowa	**IA HF 2087 and IA SF 2093**	Would limit health department authority during a disease outbreak, stating they can only recommend vaccination and provide individuals with all known and potential risks and benefits. Also changes religious exemptions from needing to conflict with the tenets and practices of a	Introduced

		recognized religious denomination to sincerely held religious beliefs	
Iowa	**IA HF 2097 and IA SF 2071**	Would require all infant death certificates for those age 0-3 to include the date and type of their last immunization	Introduced
Iowa	**IA HF 2171**	Would remove all vaccine requirements for elementary and secondary schools in the state	Introduced
Iowa	**IA HF 2287**	Would require that vaccine manufacturers waive any immunity from suit under the VICP for any vaccines distributed in the state	Introduced
Iowa	**IA HF 2347 (IA HSB 605)**	Would specify that all communications about vaccine requirements from a school, childcare facility, or health department include information about exemptions	Introduced
Iowa	**IA HF 2366**	Would strike the requirement that parents enrolling their child in private schools provide the school district with evidence of immunization	Introduced
Iowa	**IA HSB 726 (IA HF 2710)**	Would move certain public health disaster authorities from the governor to the general assembly, specifying that vaccines can only be recommended and not ordered	Introduced
Iowa	**IA S 2095, IA SF 2424, and IA HF 2288**	Would require that postsecondary schools requiring a rotation component to identify a rotation placement where the student will be exempt from any vaccination requirements if requested, disqualifying them from Iowa tuition grants if they can't comply	Introduced
Iowa	**IA SF 2154**	Would require manufacturers of gene-based vaccines to conduct “integrative transmissibility, deoxyribonucleic acid contamination, and shedding studies" prior to their distribution, authorizing a penalty if violated and removing any liability protections for these vaccines	Introduced
Iowa	**IA SF 2180**	Would prohibit the sale of food that contains vaccine or vaccine material unless it is labeled	Introduced
Iowa	**IA SF 2211 and IA HF 2368**	Would broadly prohibit medical mandates in the state, including all vaccine requirements	Introduced
Iowa	**IA SF 2345**	Would jointly require local health departments to include information about obtaining a vaccine exemption to any of their communications about vaccine requirements (alongside childcare, K-12, and colleges and universities who are already required to do so). Also adds a civil penalty if childcare facilities fail to do this	Introduced

Iowa	**IA SF 304**	Specifies vaccinations do not fall under the scope of STI prevention care that minors can consent to without parental approval	Enacted
Iowa	**IA SJR 2006**	Would add the right to refuse a vaccine to the state's constitution	Introduced
Kansas	**KS HB 2004**	Requires that the health department execute any requested data share agreements with U.S. HHS as they request it without any condition or limitations	Enacted (Veto Override)
Kansas	**KS HB 2369**	Would specify that apart from a select list of vaccines, pharmacists ARE able to vaccinate those 7 years and older	Introduced
Kansas	**KS SB 522**	Would broadly prohibit all medical intervention mandates in the state, defined to include vaccines	Introduced
Kentucky	**KY HB 466**	Would remove Hepatitis B requirements for schools and states the legislature must approve any new vaccine requirements that are added	Introduced
Kentucky	**KY HB 752**	Would state that an individual shall have the right to select a willing blood donor for his or her own blood transfusion and that health care facilities can't refuse directed donations based on a donor's or recipient's vaccination status	Introduced
Kentucky	**KY HB 875**	Would allow non-public school students to participate in public school athletics if, in-part, they follow the same vaccine procedures	Introduced
Kentucky	**KY SB 108**	Would establish a simplified process for employees to be exempt from required vaccines in their workplace, providing that such exemptions must be clearly communicated and include a simple form. It also allows for civil suit if an employee suffers an adverse reaction due to an employer required vaccine.	Introduced
Kentucky	**KY SR 282**	Encouraged all Kentuckians to be vaccinated	Enacted
Louisiana	**LA HB 1041**	Would enact the Louisiana Medical Freedom Act, preserving school requirements but prohibiting schools from excluding unvaccinated students, even when there is an outbreak or public health emergency	Passed 1st Chamber
Louisiana	**LA HB 452**	Would prohibit financial incentives or penalties to encourage health care providers to administer vaccinations	Introduced
Louisiana	**LA HB 485**	Would state the freedom of a parent in the nurturing, education, care, custody, and control of the parent's child is a fundamental right and shall not be infringed	Introduced

Louisiana	**LA HB 737**	Would remove meningococcal vaccine requirements for students	Introduced
Louisiana	**LA HB 742**	Would repeal the requirement that a recipient of Medicaid or the Family Independence Temporary Assistance Program (FITAP) be immunized as a condition of eligibility	Introduced
Louisiana	**LA HB 775**	Specifies that minors can't consent to their own medical care until the age of 17, specifically noting their inability to consent to vaccinations to prevent sexually transmitted infections	Enacted
Louisiana	**LA HB 926**	Would enact the Louisiana Medical Freedom Act, prohibiting vaccines from being required by employers, public services and businesses and prohibiting discrimination based on one's vaccination status (amendment added to carve out schools and healthcare facilities)	Passed 1st Chamber
Louisiana	**LA HB 948**	Would state that parental decisions to decline medical interventions for their child or pursue alternatives shall not constitute medical neglect/abuse or subject them to any adverse consequences	Introduced
Louisiana	**LA SB 29**	Requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days and report them to the SUID and SDY Case Registry	Enacted
Louisiana	**LA SB 36**	Would define how informed consent must be obtained, including a form from the surgeon general about vaccine risks and that informed consent cannot be obtained in certain situations (like after childbirth); jointly prohibits using food to deliver mRNA vaccines	Introduced
Louisiana	**LA SB 434**	Would define food that contains a vaccine or vaccine material as a drug	Introduced
Louisiana	**LA SCR 37**	Requests that the surgeon general develop a report relative to informed consent for vaccinations	Enacted
Maine	**ME HP 1384**	Allows pharmacists to administer all vaccines, prohibiting patient cost-sharing and removing references to ACIP	Enacted
Maine	**ME SP 864 (LD 2146)**	Would add the recommendation from the Northeast Public Health Collaborative as justification to include a vaccine in the state's Universal Purchase Program, even if not under VFC contract. It also states pharmacists are immune from liability if they administer a vaccine outside of ACIP/federal government recommendations as long as the vaccine is recommended by the Northeast Public Health Collaborative.	Passed 2nd Chamber

Maryland	**MD HB 1135 and MD SB 773**	Allows pharmacists to order the administration of vaccines (in addition to administering them)	Enacted
Maryland	**MD SB 385 and MD HB 637**	Authorizes the health secretary to make additional vaccine recommendations (outside of ACIP) that pharmacists are able to administer and that insurers must cover without cost-sharing	Enacted
Massachusetts	**MA H 2385**	Would establish a special commission on avian influenza (H5N1), including potential vaccination strategies	Introduced
Massachusetts	**MA H 5381 (previously MA H 2384)**	Would add a provider brand choice requirement to the state's universal vaccine purchase program, amidst other technical statute changes	Introduced
Massachusetts	**MA HD 1377**	Would require funeral home workers be in the same classification as health care workers during any future vaccine rollout campaign	Introduced
Massachusetts	**MA HD 1656 and MA SD 1429**	Would prohibit any person from being mandated, required, or coerced by any public or private entity to accept any health-related intervention (including vaccination)	Introduced
Massachusetts	**MA HD 2301**	Would prohibit employment termination for COVID-19 vaccine refusal and prohibit COVID-19 vaccine passports	Introduced
Massachusetts	**MA HD 2387**	Would prohibit health care facilities from requiring visitors to be vaccinated to visit patients	Introduced
Massachusetts	**MA HD 2916 and MA HD 4135**	Would require hospitals to offer flu vaccines to every patient 65 years and older during flu season	Introduced
Massachusetts	**MA HD 3131 and MA SD 2548**	Would create a vaccine program advisory council made up of various experts	Introduced
Massachusetts	**MA HD 3480**	Would prohibit any public vaccine mandate outside of public schools (if vaccines FDA approved for at least 3 years), and private entities if they accept all exemptions and liability associated with potential vaccine injury	Introduced
Massachusetts	**MA HD 3633**	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 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 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 HD 635**	Would prohibit any requirements in the state for COVID-19 vaccines, mRNA vaccines or any other purported "gene altering product"	Introduced
Massachusetts	**MA HD 923**	Would require all vaccines administered to Medicaid eligible residents be no less than the CMS regional reimbursement rate	Introduced
Massachusetts	**MA S 2623 and SD 2117 (amended as MA S 3070)**	Would require that participants in various educational and care programs, including childcare centers, public and private schools, and recreational camps, provide documentation of immunizations or specified exemption letters to enroll	Introduced
Massachusetts	**MA S 3141 and MA H 5630**	Would include vaccine administration in the definition of primary-care expenditures (with House version requiring the state's universal purchase program to allow provider brand choice)	Passed 2nd Chamber
Massachusetts	**MA SD 1324**	Would prohibit COVID-19, mRNA, or other "gene altering" product requirements in the state	Introduced
Massachusetts	**MA SD 1470 and MD 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 (while jointly removing religious vaccine exemptions)	Introduced
Massachusetts	**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 SD 944 and MA HD 847**	Would establish a bill of rights for individuals experiencing homelessness, including the right to receive COVID-19 vaccines without discrimination	Introduced
Michigan	**MI HB 4778**	Would prohibit gene-based vaccines (including mRNA) from being ordered or administered by a person or government	Introduced
Michigan	**MI HB 5344**	Would require schools to produce and disseminate a report of the school's vaccination coverage and exemption rates to parents	Introduced
Michigan	**MI HB 5345**	Would require childcare facilities to maintain immunization rate data and share such data with parents	Introduced

Michigan	**MI HB 5346**	Would require that users of the IIS be able to query and extract information on the immunization status of school-aged children by school building	Introduced
Michigan	**MI HB 5348**	Would specify the process to obtain a medical or religious exemption, noting the exemption can come from a qualified health professional (not just a physician as currently written)	Introduced
Michigan	**MI HB 5349**	Would specify and expand the process to obtain a non-medical exemption, including documented counseling and other form requirements	Introduced
Michigan	**MI HB 5350**	Would require local health departments to produce and disseminate a report of the local area's vaccination coverage rates and disseminate it	Introduced
Michigan	**MI HB 5351**	Would direct the department to consider the recommendations of AAP, AAFP, ACOG and ACP, in addition to ACIP when promulgating rules, consulting the Michigan Advisory Committee if two or more entities conflict	Introduced
Michigan	**MI HB 5352**	Would authorize Michigan's vaccine advisory committee to use recommendations from AAP, ACOG, ACP, ACIP or other organizations that use evidence-based science in recommending immunizations	Introduced
Michigan	**MI HB 5486**	Would expand the state IIS to jointly include (and require) reports of vaccine adverse events	Introduced
Michigan	**MI HB 5990**	Would prohibit vaccine requirements for parents/other individuals residing in a foster home	Introduced
Michigan	**MI HB 6076**	Would establish various regulations and restrictions on abortion clinics in the state, including amongst other provisions, vaccine requirements and recommendations for clinic staff	Introduced
Michigan	**MI HR 250**	Declared February 22-28, 2026, as School-Based Health Care Awareness Week, noting children served by these clinics have increased immunization rates in the proclamation	Enacted
Michigan	**MI SB 798 and MI SB 797**	Would prevent the health department from promulgating rules that are more stringent than the requirements for claiming exemption from immunizations	Introduced
Minnesota	**MN HF 3219**	Would designate mRNA vaccines as weapons of mass destruction and prohibit their use	Introduced

Minnesota	**MN HF 3240**	Would establish a two-year grant program to address vaccine-preventable disease outbreaks	Introduced
Minnesota	**MN HF 3880 and MN SF 4089**	Would require a poster be developed and displayed in health care facilities on preventing shoulder injuries during vaccination, jointly requiring all vaccine administrators to undergo additional training to prevent such injuries	Introduced
Minnesota	**MN HF 4373**	Would require that immunizations be covered by insurers even if they don't have an ACIP recommendation, as long as they meet preventive-service criteria and are recommended by AAP or other nationally recognized bodies	Introduced
Minnesota	**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 SF 3239**	Would prohibit conscientious exemptions for immunization requirements against measles, mumps, and rubella	Introduced
Minnesota	**MN SF 3859**	Would establish the Minnesota Science-Based Vaccine Advisory Council to develop vaccine recommendations and determine updates as necessary to vaccines required for schools and colleges and universities, and require health plans to cover immunizations recommended for routine use by ACIP, AAP, and the new council without cost-sharing	Introduced
Minnesota	**MN SF 4007**	Would broadly prohibit vaccine requirements in the state, with a carve out for those required for school and colleges/universities	Introduced
Minnesota	**MN SF 4017**	Would increase the requirements to obtain a conscientious exemption to immunizations, including that the form now be notarized and requiring a consultation with a provider	Introduced
Minnesota	**MN SF 4458**	Would remove conscientious exemptions to vaccine requirements and strike ACIP references in several statutes in favor of the health commissioner	Introduced
Minnesota	**MN SF 717**	Would prohibit any government entity or its subdivisions from having authority to enforce mandatory vaccines, vaccine passports/passes, or vaccine credentials, additionally stating employers must accept natural antibodies as an alternative to meeting any employer-established vaccine requirements	Introduced

Minnesota	**MN SF 932 and MN SF 933**	Would establish a Minnesota State Health Plan for all residents, in part covering all childhood and adult vaccinations	Introduced
Mississippi	**MS HB 1180**	Would require families be notified if a death is suspected to be caused by COVID-19 vaccination and authorize corresponding autopsies without a court order	Introduced
Mississippi	**MS HB 1181**	Would direct the attorney general to investigate alleged criminal and wrongful actions of pharmaceutical manufacturers in Mississippi relating to the development, promotion, and distribution of COVID-19 vaccines	Introduced
Mississippi	**MS HB 1184**	Would state health insurers can't deny a claim solely because the covered person has not received a vaccine	Introduced
Mississippi	**MS HB 1244**	Would specify a simplified process for parents to obtain religious or philosophical exemptions to vaccines	Introduced
Mississippi	**MS HB 1283**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
Mississippi	**MS HB 1637**	Created a Fetal and Infant Mortality Review Panel (amended to include revised death certificate bill language-specifically stating that any vaccine adverse events be reported to VAERS if they hadn't been already)	Enacted
Mississippi	**MS HB 645**	Would prohibit the use of mRNA COVID-19 vaccines until the health department conducts a study on their safety	Introduced
Mississippi	**MS HB 747**	Would state that vaccines must be recommended by CDC to be required, prohibiting state agencies and political subdivisions from requiring any vaccination that is not recommended on CDC's most recent schedule	Introduced
Mississippi	**MS HB 783**	Would have required food to be labeled if it contained an mRNA vaccine	Introduced
Mississippi	**MS HB 811**	Would prohibit the use of mRNA vaccines in food products and livestock intended for human consumption	Introduced
Mississippi	**MS SB 2070 and MS HB 609**	Would allow homeschool students to participate in public school athletics if they follow the same vaccine procedures	Introduced
Mississippi	**MS SB 2457 and MS SB 2481**	Would require autopsy reports for infants who die suddenly to list all vaccines and emergency countermeasures received in the last 90 days, with tiered fines for medical examiners who fail to comply	Introduced

Mississippi	**MS SB 2533**	Would require patients be notified of their ability to opt-out of the state's IIS before being included, prohibiting any repercussions if they choose to opt out	Introduced
Mississippi	**MS SB 2551**	Would require hospitals to offer flu vaccination to high-risk patients aged 50+ (currently 65+) at discharge	Introduced
Missouri	**MO HB 1679 and MO HB 2374**	Would prohibit providers from refusing to treat a child based on their vaccination status	Introduced
Missouri	**MO HB 2372 and MO SB 841**	Would have excluded chikungunya from the list of vaccines that pharmacists can administer, amongst other health-related changes (but amended to say that they can administer anything except those excluded in statute or by pharmacy board rule)	Enacted
Missouri	**MO SB 1223**	Would require producers of vaccines to provide information about how those who don't receive it may be exposed to it	Introduced
Missouri	**MO SB 1236**	Would require providers communicate with patients about any associated benefits/payments the provider is receiving associated with the vaccine they are recommending	Introduced
Missouri	**MO SB 1261**	Would prohibit the use of COVID-19 vaccine status when making an organ transplant decision, unless it is a lung	Introduced
Missouri	**MO SB 1362**	Would require food products be labeled if they received an mRNA vaccine	Introduced
Missouri	**MO SB 1387**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced
Missouri	**MO SB 1428**	Would prohibit any school or institute of higher education from requiring a COVID-19 vaccine or "gene therapy product"	Introduced
Missouri	**MO SB 1705**	Would prohibit health insurers from implementing cost-sharing for vaccines recommended by ACIP	Introduced
Nebraska	**NE LB 203**	Requires that local health commissioners must receive written approval by a majority of the publicly elected representatives of their county board and/or city council before implementing certain health-related measures, including vaccine distribution	Enacted
New Hampshire	**NH HB 1022**	Would specify a simple form to be used for religious exemptions to vaccines	Passed 1st Chamber
New Hampshire	**NH HB 1219**	Prohibits vaccine requirements for adults residing in a foster home that exceed those required for school entry	Enacted

New Hampshire	**NH HB 1449**	Would limit times vaccine clinics can operate in school and require that parents/guardians be physically present, parental presence piece ultimately removed by amendment and exception for influenza and emergency vaccines added	Passed 2nd Chamber
New Hampshire	**NH HB 1584**	Requires that all vaccine promotional materials include text stating that medical and religious exemptions are available (was also set to simplify the process for obtaining a religious exemption (stating no form is needed, just any signed statement) but that was removed via amendment)	Enacted
New Hampshire	**NH HB 1616**	Would prohibit state agencies and political subdivisions from advertising or expending funds to advertise vaccines	Introduced
New Hampshire	**NH HB 1671**	Would prohibit state Medicaid payments to facilities who discriminate/discharge patients for valid medical and religious exemptions	Introduced
New Hampshire	**NH HB 1719**	Would remove Hepatitis B vaccine requirement for children	Passed 1st Chamber
New Hampshire	**NH HB 1811**	Would have removed all vaccine requirements for children, stating the department could only release recommendations	Introduced
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 Hampshire	**NH LSR 2026-2371**	Would remove tetanus vaccine school requirements	Introduced
New Hampshire	**NH SB 453**	Authorizes advanced practice registered nurses and physician associates to sign vaccine exemption forms	Enacted
New Jersey	**NJ A 4433 and NJ S 3965**	Would repeal the 2025 law that required health insurers cover vaccines recommended by the health department outside of ACIP (reverting back to just ACIP)	Introduced
New Jersey	**NJ A 4781**	Would require entities to accept proof of prior COVID-19 infection when proof of vaccination is required	Introduced
New Jersey	**NJ A 4868**	Would eliminate the use of mercury-containing vaccines in the state over a 3-year period	Introduced
New Jersey	**NJ ACR 140**	Would urge U.S. Congress to pass legislation to reinstate service members discharged for refusing COVID-19 vaccination	Introduced
New Jersey	**NJ S 1149**	Would prohibit COVID-19 vaccine school requirements	Introduced

New Jersey	**NJ S 124**	Would prohibit any state employer from requiring individuals unvaccinated for COVID-19 to provide periodic testing or proof of a negative COVID-19 test	Introduced
New Jersey	**NJ S 1305**	Would state that no vaccine can be administered unless patients (or their parents) receive a specified list of vaccine risk information 48 hours in advance	Introduced
New Jersey	**NJ S 1306**	Would establish a "Children's Vaccination Bill of Rights"	Introduced
New Jersey	**NJ S 178**	Would allow optometrists to administer flu, COVID, and varicella-zoster vaccines to patients 18 and older	Introduced
New Jersey	**NJ S 1957**	Would prohibit teaching staff from inputting individually identifiable health information, including vaccination status, into a third-party software	Introduced
New Jersey	**NJ S 1959**	Would allow employees that refuse a COVID-19 vaccine to be eligible for unemployment insurance	Introduced
New Jersey	**NJ S 2434**	Would require parent's express, informed, and written consent to enroll in the infant registry	Introduced
New Jersey	**NJ S 2543**	Would prohibit any requirements, or inquiries into the vaccination status, for COVID-19 and HPV vaccines in schools	Introduced
New Jersey	**NJ S 2629**	Would require health insurance carriers to reimburse health care providers for vaccines at a rate no less than CDC cost per dose rate	Introduced
New Jersey	**NJ S 2987**	Would automatically enroll individuals in the IIS, unless a written declaration is signed, noting that such a written declaration could be denied during an outbreak	Introduced
New Jersey	**NJ S 4894, NJ A 6166, and NJ S 3020**	Would remove direct reference to ACIP in setting vaccine requirements, instead shifting to the department and allowing use of AAP and ACOG recommendations, and mandating that insurers and Medicaid cover department-recommended vaccines without cost-sharing	Passed 1st Chamber
New Jersey	**NJ S 69**	Would prohibit discrimination against those who have not received a COVID-19 vaccine	Introduced
New Jersey	**NJ S 766**	Would require infant death certificates to include all vaccines received in the last six months, and direct analysis of all fatalities and near-fatalities that were the result of such vaccination	Introduced
New Jersey	**NJ S 767**	Would establish a state-level version of VAERS	Introduced

New Jersey	**NJ S 785**	Would prohibit hospitals from requiring visitors to provide proof of immunization, irrespective of any public health emergency	Introduced
New Jersey	**NJ S 878**	Would prohibit COVID-19 vaccine requirements at institutes of higher education	Introduced
New Jersey	**NJ SCR 93**	Would urge U.S. Congress to pass legislation to reinstate service members discharged for refusing COVID-19 vaccine	Introduced
New Jersey	**NJ SR 23**	Would urge U.S. Congress to compel the HHS Secretary to provide biannual reports on improvements to VICP and vaccine safety	Introduced
New Jersey	**NJ SR 90**	Would urge state citizens to stay up to date on vaccinations	Introduced
New Mexico	**NM HB 156**	Maintains reference to DOH authority for vaccine requirements and purchase (not ACIP) passed in Special Session, removing the language that would revert back to ACIP	Enacted
New Mexico	**NM HB 306**	Prohibits health care facilities from charging any fees associated with receiving a vaccine in an outpatient setting	Enacted
New Mexico	**NM SB 3**	Removes direct ties to ACIP from childhood and adult immunization statutes and the Vaccine Purchasing Act, instead allowing DOH to promulgate its own immunization regulations or follow recommendations from AAP for child vaccines and AAFP, ACOG, and ACP for adult vaccines	Enacted
New York	**NY A 10710 and NY S 9599**	Removes direct ties to ACIP in statutes related to insurance coverage for vaccines, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP	Enacted
New York	**NY A 10711 and NY S 9598**	Removes direct ties to ACIP in statutes related to vaccine requirements and provider scope of practice, adding reference to the health commissioner and medical societies like AAP, AAFP, ACOG, and ACP	Enacted
New York	**NY A 1336 and NY S 4536**	Would add vaccine exemption data to the state's IIS	Introduced
New York	**NY A 1358**	Would authorize religious exemptions from K-12 vaccine requirements	Introduced
New York	**NY A 1908**	Would require patients be provided a list of vaccine ingredients, potential benefits/side effects and information	Introduced

		about how to report an adverse event at least 48 hours prior to vaccine administration	
New York	**NY A 2045**	Would prohibit school vaccine requirements against poliomyelitis, mumps, measles, diphtheria, Haemophilus 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 and NY S 5724**	Would add Hepatitis B as a required vaccine for post-secondary institutions	Passed 1st Chamber
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 3082**	Would require instruction on vaccine science in every middle school and every high school	Introduced
New York	**NY A 3254 and NY S 3958**	Would require staff and children at summer camps to be vaccinated against a series of routine diseases	Passed 2nd Chamber
New York	**NY A 3359**	Would make tampering or falsifying IIS records a crime of computer tampering in the third degree	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, and prohibit mandates, coercion, and pressure to take experimental vaccines	Introduced
New York	**NY A 3839 and NY S 5852**	Would specify provider reimbursement for vaccines from insurers (CDC private sector cost + 21% minimum for shipping/handling/storage + administration/ancillary supply cost)	Passed 1st Chamber
New York	**NY A 4207 and 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
New York	**NY A 4346**	Would allow pharmacists and certified nurse practitioners to administer mpox vaccines	Passed 1st Chamber
New York	**NY A 4407**	Would require undocumented immigrants to be vaccinated in order to receive certain state resources	Introduced

New York	**NY A 4879 and NY S 4583**	Would specify care required for incarcerated pregnant women, including timely access to vaccinations (specifically Tdap and influenza)	Passed 1st Chamber
New York	**NY A 4993**	Would make the state liable for any injuries caused by any state-mandated vaccines (including school vaccine requirements)	Introduced
New York	**NY A 5194 and NY S 3964**	Would add blood lead level analysis and asthma inhaler prescription data to the state's IIS system	Introduced
New York	**NY A 765 and NY S 453**	Would require all adult vaccinations be included in the state IIS (currently they "may" be included)	Introduced
New York	**NY A 7692 and NY S 5706**	Would allow nursing students to administer certain vaccines (to specific ages under specific circumstances)	Passed 1st Chamber
New York	**NY A 8383 and NY S 7823**	Would remove direct references to ACIP, instead jointly allowing the health department to make alternative recommendations	Introduced
New York	**NY A 8824 and NY S 8334**	Would add COVID-19 vaccines to the list that are required to be covered by insurers	Passed 1st Chamber
New York	**NY A 9060 and NY S 8496**	Would remove direct reference to ACIP in statute, instead expanding to also include the immunization advisory council and the 21st century workgroup for disease elimination and reduction (amended to list AAP, ACOG, ACP and the commissioner alongside ACIP, for statutes related to provider scope of practice and insurance coverage)	Passed 1st Chamber
New York	**NY A 9077**	Would remove direct references to ACIP in recommendation statutes, instead referencing nationally recognized clinical guidelines	Introduced
New York	**NY A 9140 and NY S 9604**	Would provide liability protections to healthcare providers who administer vaccines according to existing state regulations	Passed 2nd Chamber
New York	**NY A 9226**	Would establish a medical misinformation task force that in part looks into vaccines	Introduced
New York	**NY A 9260 and NY S 8716**	Would permit licensed pharmacists and nurse practitioners to prescribe and order COVID-19 immunizations	Introduced
New York	**NY J 1396**	Establishes April 24-30 as Immunization Week	Enacted
New York	**NY J 1608**	Proclaimed June 2026 as Meningitis B Awareness Month, noting the benefits of vaccination in the proclamation	Enacted

New York	**NY J 2098 and NY K 1398**	Designated May 2026 as Hepatitis B Awareness Month in the state, noting the benefits of Hepatitis B vaccination	Enacted
New York	**NY S 1570**	Would allow minors 14 years old and older to consent to their own vaccinations	Introduced
New York	**NY S 1963**	Would set new defining regulations for retail clinics (that administer vaccines amongst other services)	Introduced
New York	**NY S 2516**	Would establish a refugee resettlement program, including (amongst other services) providing immunizations	Passed 1st Chamber
New York	**NY S 4548**	Would allow dentists to administer HPV vaccines	Passed 1st Chamber
New York	**NY S 4644**	Would allow employees that refuse a COVID-19 vaccine to be eligible for unemployment insurance	Introduced
New York	**NY S 5340 (formerly 5460)**	Would allow medical assistants to vaccinate in an outpatient office setting under the direct supervision of a physician or a physician assistant	Passed 1st Chamber
New York	**NY S 7025 and NY A 5152**	Would allow pharmacy technicians to administer any vaccine that pharmacists can administer (if under their supervision)	Passed 1st Chamber
New York	**NY S 7087 and NY S 7088**	Would prohibit any mandatory COVID-19 vaccinations	Introduced
New York	**NY S 7207 and NY A 3686**	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 7342 and NY A 4798**	Would prohibit the use of mRNA vaccines until the health department conducts a study on their safety	Introduced
New York	**NY S 7729**	Would add rotavirus to the list of vaccines required for school entry	Introduced
New York	**NY S 8495**	Would allow pharmacists to administer vaccines outside of ACIP if recommended by the department or if an associated standing order had been issued	Introduced
New York	**NY S 8550**	Would require health insurance plans to cover electrocardiograms for adults and children who have received COVID-19 vaccines	Introduced
New York	**NY S 8723**	Would remove school vaccine requirements and prohibit medical intervention requirements of any kind	Introduced

New York	**NY S 8853 and NY A 9648**	Would list AAP, ACOG, and ACP alongside ACIP, for statutes related to school entry requirements, newborn immunization schedules and immunization information for young children on public assistance	Passed 1st Chamber
New York	**NY S 9849**	Would remove direct ties to ACIP in several statutes related to provider scope of practice, insurance coverage and meningococcal disease vaccine requirements, allowing the schedule to be determined by the commissioner	Introduced
New York	**NY S 9893**	Would state that providers 'shall' report adult vaccines in the IIS (current statute is 'may report')	Introduced
Ohio	**OH HB 561**	Would require all communications from preschools, childcare centers, and schools about vaccine requirements also include specified information about obtaining an exemption, that doesn't involve a form or prohibit uninfected children from attending school during an outbreak	Introduced
Oklahoma	**OK HB 3838**	Would prohibit discrimination due to vaccine status, and prohibit any requirements for vaccines under EUA	Introduced
Oklahoma	**OK SB 1237**	Would create a teacher's bill of rights, including the right to refuse a vaccine	Introduced
Oklahoma	**OK SB 1484, OK SB 1853, OK SB 1485, OK SB 1808, and OK SB 1652**	Requires autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Enacted
Oklahoma	**OK SB 1507**	Would require that hospitals provide influenza vaccinations to inpatients aged 65 years or older	Introduced
Oklahoma	**OK SB 1548, OK SB 1483, and OK SB 1549**	Would make manufacturers liable for vaccine injury if they advertise vaccines in the state	Introduced
Oklahoma	**OK SB 1560**	Would broadly prohibit all forms of vaccine requirements and other medical mandates	Introduced
Oklahoma	**OK SB 1568**	Would prevent any hospital or birthing facility from requiring Hepatitis B birth dose, requiring informed parental consent and provision of new ACIP guidelines	Introduced
Oklahoma	**OK SB 1656**	Would establish the right to refuse any vaccine, medication, microchip, external tracker, or any other manufactured product	Introduced

Oklahoma	**Ok SB 1658**	Would require that each vaccine manufacturer prepare a plain-language summary of known or reasonably suspected side effects or adverse events that are material to informed consent for providers to distribute to patients	Introduced
Oklahoma	**OK SB 1785**	Would create a new citizens bill of rights, including that governments and businesses can't force citizens to receive a vaccine	Introduced
Oklahoma	**OK SB 1906**	Would prohibit hospitals from requiring COVID-19 or any other vaccine (for any staff, patients, and visitors)	Introduced
Oklahoma	**OK SB 1938**	Would prohibit the production, sale, or administration of any DNA/RNA-based vaccines	Introduced
Oklahoma	**OK SB 1977**	Would prohibit the government and political subdivisions (including schools) from requiring COVID-19 vaccines and discriminating against those who have not received it	Introduced
Oklahoma	**OK SB 2017**	Would prohibit healthcare providers from administering any gene-based vaccines (defined to include mRNA vaccines) until 2030	Introduced
Oklahoma	**OK SB 2029**	Would add a right to refuse any vaccine, prohibiting discrimination and coercion to vaccinate, and prohibiting any disciplinary actions against providers who advocate for informed consent	Introduced
Oklahoma	**OK SB 2101**	Would state that the VICP shall not apply/supersede any claims brought to the state court	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
Oregon	**OR HB 4135**	Designates March 4 of each year as HPV Awareness Day, noting the need for increased vaccination	Enacted
Oregon	**OR SB 1598**	Allows the public health officer to determine vaccines that require insurance coverage and to issue respective standing orders for their administration outside of ACIP, requiring certain health benefit plans to cover preventive services under federal rules in effect on June 30, 2025, and immunizations recommended by the public health officer thereafter	Enacted
Pennsylvania	**PA HB 1802**	Would require that health insurers cover COVID-19 vaccines without cost sharing	Introduced

Pennsylvania	**PA HB 1881 and PA SB 1055**	Would authorize pharmacy technicians to administer flu and COVID-19 vaccines to those 8 years and older after receiving specified training	Passed 1st Chamber
Pennsylvania	**PA HB 2378**	Would require hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, adding pneumococcal disease vaccines for those 65+ as well (amended to list RSV vaccine as well)	Introduced
Pennsylvania	**PA HB 2673**	Would require health insurers to cover ACIP-recommended vaccines without cost-sharing by codifying a state preventive-services list based on ACIP recommendations as of January 1, 2025	Introduced
Pennsylvania	**PA SB 1018**	Would prohibit mRNA vaccine requirements and enact other rules relating to their use, including prohibiting termination for failure to receive and providing penalties if consent is violated	Introduced
Pennsylvania	**PA SB 1195**	Would, if federal preventive-services protections are weakened, require health insurers to cover ACIP-recommended vaccines and other preventive services without cost-sharing under a state-maintained preventive-services list	Introduced
Pennsylvania	**PA SB 989 and PA HB 1828**	Would remove direct reference to ACIP in statute, instead allowing the department to make decisions on requirements and insurance coverage using medical societies	Passed 1st Chamber
Pennsylvania	**PA SR 264**	Would declare April 6-12 as Public Health Week in the state, noting the benefits of vaccination in the proclamation	Introduced
Rhode Island	**RI HB 7540**	Would authorize the immunization program to include vaccines outside of ACIP, if recommended by AAP, ACOG, AAFP or similar provider groups, adding provider liability protections for administering vaccines under such recommendations	Introduced
Rhode Island	**RI HB 7934 and RI SB 2856**	Would authorize pharmacists to administer any age-appropriate immunization to those age 3 - 18 (currently they can just administer COVID-19 and influenza vaccines to this age group)	Introduced
Rhode Island	**RI HB 7936 and RI SB 3256**	Would specify the entities that immunization registry data can be released to, unless the parent/guardian objects	Introduced
Rhode Island	**RI SB 2379 and RI HB 7625**	Allows the director of the health department to determine vaccines that must be covered without cost-sharing (previously was just those recommended by ACIP)	Enacted

Rhode Island	**RI SB 2386**	Would require that health insurers provide coverage for pharmacist services, including immunizations	Introduced
Rhode Island	**RI SB 2456**	Would prohibit government agencies, employers, private businesses or educational institutions from mandating "liability-free" products	Introduced
Rhode Island	**RI SB 2485**	Would create a new parental bill of rights, including the ability to exempt their child from immunizations	Introduced
Rhode Island	**RI SB 2565**	Would require written consent before vaccination and prohibit discrimination, insurer/employer penalties, and bonus incentives tied to vaccines, with fines up to $25,000 per violation.	Introduced
South Carolina	**SC H 4189**	Makes several changes to the health department structure, and was amended to include new definitions for "gene therapy," "vaccine," and "informed consent"	Enacted
South Carolina	**SC H 4262**	Would prohibit any health care provider from administering mRNA vaccines	Introduced
South Carolina	**SC H 4562**	Would prohibit prior authorization from insurers for vaccines recommended by ACIP	Introduced
South Carolina	**SC H 4630**	Would require autopsy reports for infants who die suddenly to list all vaccines received in the last 90 days	Introduced
South Carolina	**SC H 4803**	Would require that any communications about school vaccine requirements include clear details about how to obtain an exemption	Introduced
South Carolina	**SC S 1029**	Would exempt registered church or religious child day care facilities and private schools from adhering to the state's vaccine requirements, allowing them to set (or not set) their own	Introduced
South Carolina	**SC S 343**	Would require individuals receiving a COVID-19 vaccine be verbally notified (and sign and date 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 S 741**	Would prohibit any vaccine requirements for infants under the age of 24 months	Introduced
South Carolina	**SC S 897**	Would remove a religious exemption for MMR vaccine in K-12 schools	Introduced

South Dakota	**SD HB 1163**	Would have prohibited any vaccine requirements for 'genetic-based vaccinations', defined to include mRNA vaccines	Introduced
South Dakota	**SD HB 1171**	Would have required mRNA and COVID-19 vaccine receipt to be disclosed and included on blood donations, allowing individuals in need of a blood transfusion to request different blood	Introduced
South Dakota	**SD HB 1210**	Would prohibit COVID-19 vaccine requirements as a condition of employment, enrollment, or for the receipt of a benefit or service	Introduced
Tennessee	**TN HB 638 and TN SB 1389**	Would prohibit providers who participate in Medicaid (or Cover Kids) from refusing to see/treat patients due to vaccine refusal	Passed 2nd Chamber
Tennessee	**TN HB 688**	Would create a state stockpile of essential medicines, including vaccines	Introduced
Tennessee	**TN HB 853 and TN SB 259**	Would specify a parent/guardian must provide informed consent before a minor receives a vaccination	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 HJR 908**	Recognized March 4 as HPV Awareness Day, noting the importance of HPV vaccination	Enacted
Tennessee	**TN SB 1030**	Would delete the responsibility of a parent/guardian to ensure their child receives vaccines as recommended by guidelines of CDC or AAP	Introduced
Tennessee	**TN SB 1584 and TN HB 2569**	Requires hospitals to offer flu vaccination to patients aged 50+ (currently 65+) at discharge, along with pneumococcal vaccination	Enacted
Tennessee	**TN SB 1767 and TN HB 1852**	Would prohibit the administration of any vaccine or other injectable solution that contains an mRNA vaccine or vaccine material, listing a variety of reported dangers	Introduced
Tennessee	**TN SB 1948 and TN SB 2607**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
Tennessee	**TN SB 1949**	Would classify mRNA vaccines as weapons of mass destruction and prohibit their possession/use in the state	Introduced
Tennessee	**TN SB 2070 and TN HB 2243**	Prohibits health insurance entities from including a provider's patients with vaccine exemptions in the denominator of vaccine-related quality measures used to	Enacted

		calculate provider reimbursement, ratings, incentive payments, or network status.	
Tennessee	**TN SB 616 and TN HB 2628 (formally TN HB 928)**	Would prohibit the sale of any food product that contains a live vaccine	Introduced
Tennessee	**TN SJR 620**	Would add the state cannot compel anyone to be vaccinated, even in a declared state of emergency, to the state constitution	Introduced
Utah	**UT HB 152**	Would repeal the requirement for parents to complete an online education module or attend an in-person consultation to obtain a vaccination exemption for their children	Introduced
Vermont	**VT H 545 AND VT S 166**	Removes mention of ACIP in statute (instead referring to the commissioner and medical societies) and allows for the commissioner to enact standing orders (providing immunity from liability to providers following the standing orders), and states that vaccines recommended by the commissioner be covered without cost sharing. It also authorizes vaccine purchase outside of federal contracts.	Enacted
Vermont	**VT H 588**	Would remove reference to ACIP recommendations in the statute authorizing pharmacists and pharmacy technicians to vaccinate (but removed from final version)	Passed 2nd Chamber
Virginia	**VA HB 1478**	Would prohibit hospitals, nursing homes, and assisted living communities from establishing vaccine requirements for visitors	Introduced
Virginia	**VA HB 831**	Would establish a workgroup to review and study vaccine labeling in the state	Introduced
Virginia	**VA HB 983**	Would direct the removal of Hepatitis B Vaccine school requirements	Introduced
Virginia	**VA HJ 24**	Designates August as Immunization Awareness Month in the state	Enacted
Washington	**WA HB 2122**	Would require hospitals to offer flu vaccines during patient discharge to those 65+ and with underlying medical conditions	Introduced
Washington	**WA SB 5781**	Would require any communications about FDA-licensed products (mentioning COVID-19 vaccines specifically) be in compliance with the same terms as product labeling	Introduced

Washington	**WA SB 5967 and WA HB 2242**	Removes mention of ACIP in statute and allows for the department to issue its own immunization recommendations and guidance, ensuring vaccine coverage of those recommended vaccines and allowing purchase of vaccines outside of federal contracts if needed	Enacted
West Virginia	**WV HB 4070**	Would state that natural immunity from a disease be counted as equal or preferred to vaccine-induced immunity	Introduced
West Virginia	**WV HB 4073**	Would establish religious exemptions to vaccine requirements, using a simple notarized form	Introduced
West Virginia	**WV HB 4146**	Would require that anyone employed by the school system be required to adhere to the same pediatric vaccine schedule requirements without exemptions, being excluded from school for 21 days any time they travel to states with exemptions	Introduced
West Virginia	**WV HB 4510**	Would prohibit any entity that receives state funding from requiring a COVID-19 vaccine as a prerequisite for participation or employment	Introduced
West Virginia	**WV HB 4643**	Would require any liability shield product in the state to have placebo-controlled trials and associated VAERS data analysis	Introduced
West Virginia	**WV HB 4666**	Would require medical examiners to review medical and immunization records and document any immunizations or emergency countermeasures given within 90 days before their death	Introduced
West Virginia	**WV HB 4681**	Would allow residents to sue vaccine manufacturers for damages related to COVID-19 vaccines with no limit on financial awards	Introduced
West Virginia	**WV HB 4915**	Would require autopsy reports for children who die suddenly to list all vaccines received in the last 90 days, and report them to the SUID and SDY Case Registry	Introduced
West Virginia	**WV HB 4947**	Would remove Hepatitis B vaccine requirements and broadly authorize religious exemptions	Introduced
West Virginia	**WV HB 5031**	Would require vaccination history be reviewed in addition to other medical and dental records in any death investigation	Introduced
West Virginia	**WV HB 5090**	Would remove and prohibit all school vaccine requirements	Introduced
West Virginia	**WV HB 5111**	Would prohibit colleges and universities from having vaccine requirements for students and staff, prohibiting	Introduced

		any incentives to vaccinate and stating that if vaccines are offered informed consent must be obtained	
West Virginia	**WV HB 5338**	Would prohibit the requirement of mandatory immunizations or medical treatments for both teachers, school employees, and students	Introduced
West Virginia	**WV HB 5378**	Would allow for religious and philosophical exemptions to school and childcare vaccine requirements	Introduced
West Virginia	**WV HB 5647**	Would allow homeschool students to participate in public school athletics if, in-part, they follow the same vaccine procedures	Introduced
West Virginia	**WV HJR 24**	Would add the right to refuse a vaccine to the state's bill of rights	Introduced
West Virginia	**WV HR 3**	Would request the U.S. Congress convene a task force to investigate the response to the COVID-19 pandemic, citing discriminatory and coercive practices, mandates and severe adverse events from vaccination as justification	Introduced
West Virginia	**WV SB 189**	Would authorize licensed midwives in the state to obtain, transport, and administer Hepatitis B vaccines (amongst other services)	Introduced
West Virginia	**WV SB 216**	Would remove the requirement that private and parochial schools maintain immunization records for their students	Introduced
West Virginia	**WV SB 26 and WV HB 4168**	Would remove the need to report vaccine exemption numbers to the health commissioner, prohibiting any disciplinary actions against providers who offer exemptions and specifying religious and philosophical exemptions	Introduced
West Virginia	**WV SB 606**	Would authorize religious exemptions to any employer mandated vaccination, prohibiting discrimination against those who do not receive the vaccine	Introduced
West Virginia	**WV SB 608**	Would authorize religious exemptions for K-12 and childcare vaccine requirements	Introduced
West Virginia	**WV SB 609**	Would authorize religious exemptions in colleges and universities	Introduced
West Virginia	**WV SB 610**	Would remove the need for the health commissioner to approve/provide a medical vaccine exemption, stating that any signed form from a physician or advanced practice provider is sufficient for a medical exemption	Introduced

West Virginia	**WV SB 72, WV SB 415, and WV HB 5546**	Would require medical professionals to report injuries and side effects from vaccines to the bureau of public health	Introduced
West Virginia	**WV SB 731**	Would remove hepatitis B and meningitis vaccine school requirements	Introduced
West Virginia	**WV SB 773**	Would have required the department of health to report positive alpha-gal tests to CDC (and was amended at the end to jointly remove school vaccine requirements)	Introduced
West Virginia	**WV SB 992**	Would direct the secretary of health to conduct a study of health outcomes between vaccinated and unvaccinated pediatric populations	Introduced
West Virginia	**WV SR 45**	Proclaimed February 23, 2026, as West Virginia American Academy of Pediatrics Child Health Advocacy Day, noting their legislative priority of maintaining strong immunization laws in the proclamation	Enacted
Wisconsin	**WI AB 1091 and WI SB 1044**	Would state that if the federal government withdraws the recommendations for a vaccine, insurance policies and plans must continue to provide coverage for the vaccine, on an equal basis, if the vaccine is recommended by the AAP or AAFP	Introduced
Wisconsin	**WI AB 1224**	Would establish a Wisconsin State Health Plan for all residents, in-part covering all childhood and adult vaccinations	Introduced
Wisconsin	**WI AB 173 and WI SB 203**	Would establish a "maximum allowable cost list" for PBM's pharmaceutical products (including vaccines)	Introduced
Wisconsin	**WI AB 398 and WI SB 447**	Would require schools and childcare to create a formal process for submitting vaccine requirement waivers/exemptions	Introduced
Wisconsin	**WI AB 890 and WI SB 826**	Would allow minors 16 years and older to consent to their own vaccinations	Introduced
Wisconsin	**WI AB 891 and WI SB 950**	Would eliminate personal conviction exemptions from K-12 and childcare immunization requirements	Introduced
Wisconsin	**WI AJR 90 and WI SJR 85**	Would designate August as Immunization Awareness Month in the state	Introduced
Wisconsin	**WI SJR 89 and WI AJR 100**	Would designate October as Immunization Injury Awareness Month	Passed 1st Chamber

Wyoming	**WY SF 121**	Would have authorized pharmacists to vaccinate down to age 3 (currently age 7) but this component was removed via amendment in final bill version	Enacted