



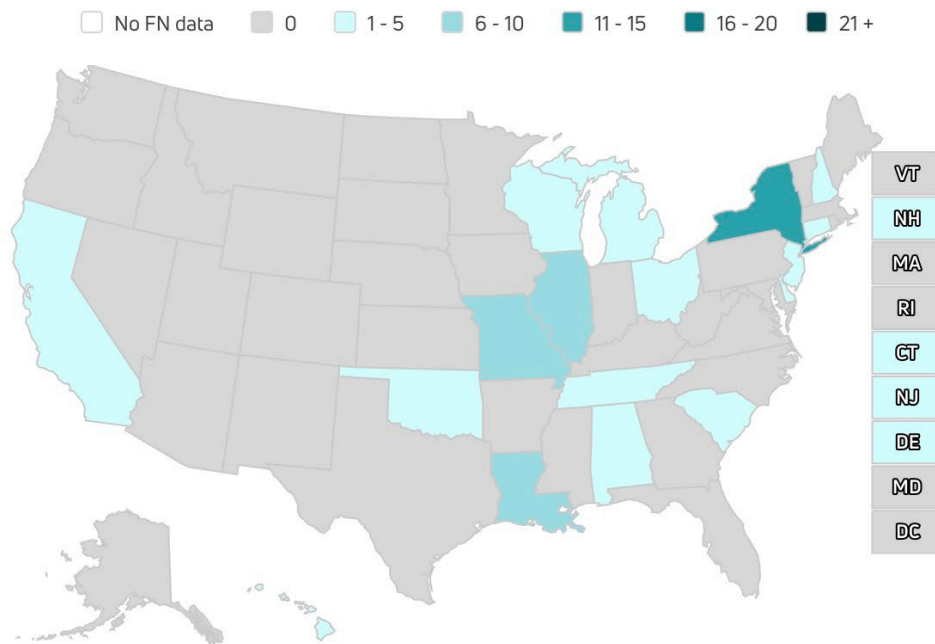
AIM Legislative Round-up: June 4, 2024

Twelve state’s legislative sessions ended in May, leaving only twelve states still in legislative session for the year. Key legislative movements since our last state-focused round-up on May 6 are summarized below.

This report will serve as the last biweekly Legislative Round-up for the year, but please reach out to AIM Chief Policy Officer Brent Ewig at bewig@immunizationmanagers.org if you need any assistance with remaining bills in your jurisdiction. A complete 2023/2024 State Legislation report will be released in the coming months.

Vaccine-related Legislation Movement: May 2–May 29, 2024

The map chart details the total number of bills that were considered per state during this period regardless of final status.



Highcharts.com

Source: [FiscalNote Software Report](#)

Passed:

- [AL SB 128](#)- states the governor must appoint the state health officer and that neither figure can require that individuals receive a COVID-19 vaccine.
- [TN SB 869](#)- allows pharmacists to administer all “agents for active immunization” to those 18 years and older and agents for active immunization for influenza and COVID-19 for individuals who are 3 years and older.

- [TN SB 2151](#)- requires an electronic copy of an annual report on immunization rates of children, by county, be provided to the governor and the speakers of the senate and the house of representatives.
- [IL HR 613](#)- urges the health department to continue working with partners and patients to facilitate equitable access to adolescent and adult vaccinations.

Considering:

- [CA SB 957](#)- would require that sexual orientation and gender identity data be included in the IIS.
- [CT SB 133](#)- would allow pharmacist technicians to vaccinate.
- [HI HB 2553](#)- would allow pharmacists to vaccinate down to age three as well as authorize pharmacy technicians and pharmacy interns to vaccinate.
- [IL SB 2744](#)- would prohibit insurers from having any form of cost sharing (including a deductible, coinsurance, copayment, or any other cost-sharing requirement) for vaccine administration.
- [IL SB 3378](#)- would repeal a requirement for the Department of Public Health to provide to school districts educational materials on meningococcal disease and meningococcal vaccines.
- [LA HB 46](#)- would prohibit COVID-19 vaccine school requirements.
- [LA HB 47](#)- would require that all immunization communications include exemption information.
- [LA HB 421](#)- would add sickle cell disease status to the IIS.
- [LA HB 908](#)- would prohibit student discrimination based on their vaccination status.
- [NH HB 1669](#)- would prohibit personally identifiable IIS data sharing with partner organizations, including other states' IIS, unless the department can ensure any withdrawals from the State IIS system would be subsequently honored by the partner organizations.
- [NH SB 402](#)- would allow pharmacists to administer influenza, COVID-19, and other FDA licensed vaccines without explicit approval from the general court.
- NH SB 559- expands the definition of vaccine to include RSV monoclonal antibodies.
- [NY A 9886](#)- would require hospitals offer the flu vaccine to every admitted patient over 50 years old during flu season (currently required for patients over 65).

Newly Introduced:

- [IL HB 5853](#)- would allow 1 Tdap vaccine in the past year to satisfy the college vaccine requirement (instead of 3 documented doses).
- [LA HR 214](#)- would require the attorney general to investigate whether certain corporations violated any laws in the production, distribution, or sale of COVID-19 vaccinations.
- [MI SB 875](#), [MI SB 876](#) & [MI SB 877](#)- would add twelfth grade to school's immunization reporting requirements.
- [NY S 9351](#) & [NY A 10417](#)- would slightly simplify and expand the process to get a medical vaccine exemption to school requirements.
- [NY A 10303](#)- would authorize certain nursing students to administer certain vaccines.

Failed:

- [AL HB 165](#)- would have excluded vaccinations from the medical care that minors 14 years and older can currently consent to without parental consent.
- [MO HB 1526](#)- would have prohibited the state from implementing any EUA vaccine requirements.
- [MO HB 1424](#)- would have prohibited any entity receiving public funds from requiring COVID-19 vaccination and allowed for exemptions to employee immunization requirements.

- [MO HB 1790](#)- would have made employers liable for employee-required vaccine injuries.
- [MO HB 2294](#)- would have prohibited employers from using one's COVID-19 vaccination status in hiring, termination or promoting decisions; allowing for civil action if violated.
- [MO HB 2879](#)- would have removed pharmacists' authority to vaccinate against chikungunya.
- [SC H 3988](#)- would have allowed pharmacists to vaccinate down to age 16 (12 for influenza).
- [WI SB 933](#)- would have required that vaccination status not be used to make decisions surrounding organ donation receipt.

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

Please Note: AIM is striving to monitor fast-moving state legislative developments. The information included in this summary may not be comprehensive and is subject to change. Visit our [Policy Toolkit](#) to view all our legislative resources. If you are aware of missing information or need individualized support, please contact our Chief Policy and Government Relations Officer Brent Ewig (bewig@immunizationmanagers.org)