

# 2023/2024 State Legislative Sessions

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A REVIEW OF VACCINE-RELATED LEGISLATION

JULY 30, 2024

*Summary Report*



Association of  
Immunization  
Managers

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## Introduction

The Association of Immunization Managers (AIM) is a nonprofit membership organization representing all 64 federally funded state, territorial, and local public health immunization programs. AIM's policy and government relations team is responsible for monitoring the immunization policy landscape and developing resources to support AIM members engaging in effective policy development.

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

## Background

Prior to the 2010s, vaccine-related legislation was extremely rare at the state level and only a few states had anti-vaccine laws enacted. However, in the early 2010s, the number of vaccine-related bills started increasing, with around 10-20 bills getting introduced annually. The increase ramped up in 2019, with more than 300 vaccine-related bills being proposed that year.<sup>1</sup> The COVID-19 pandemic then prompted a huge surge in bills, with 809 bills proposed in 2021, 594 bills in 2022, and 690 bills in 2023.<sup>2</sup> This report provides a look at the state of vaccine-related legislation in 2024.

## Methodology

From August 1, 2023-June 1, 2024 (capturing the vast majority of each state's 2024 legislative session), AIM staff flagged all proposed state-level legislation with the words "vaccine, vaccinate, vaccination, immunize, and immunization" utilizing FiscalNote software. Forty-seven states and Washington, DC, had legislative sessions this year (all but Texas, Montana, and North Dakota). All active jurisdictions' bills were analyzed and tagged if they were deemed potentially impactful to the 64 federally funded immunization programs, excluding appropriations-focused bills. Additional vaccine-related legislation was tagged through member referral, partner

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

<sup>2</sup> Using Data and Effective Messaging to Support Strong Vaccine Policy. Association of State and Territorial Health Officials Web site. <https://www.astho.org/communications/blog/using-data-effective-messaging-to-support-strong-vaccine-policy/>. Accessed March 1, 2024.

referral, Google Alerts, and other health-related FiscalNote search terms. Each identified bill was then categorized by theme and given a brief one-sentence summary.

## Executive Summary

### Total Bills

AIM tagged **497 total vaccine-related bills** that were introduced, considered, enacted, and/or vetoed between August 1, 2023, and June 1, 2024 [Figure 1]. In some states, it is commonplace for the same bill language to be introduced in both the house and senate. Accounting for this “duplicative” legislation, AIM identified **363 effective vaccine-related bills** [Figure 2]. This is a sizeable decrease from the past few years but is still above pre-COVID-19 levels.

Figure 1. Total vaccine-related bills that were introduced, considered, enacted, and/or vetoed between August 1, 2023, and June 1, 2024.

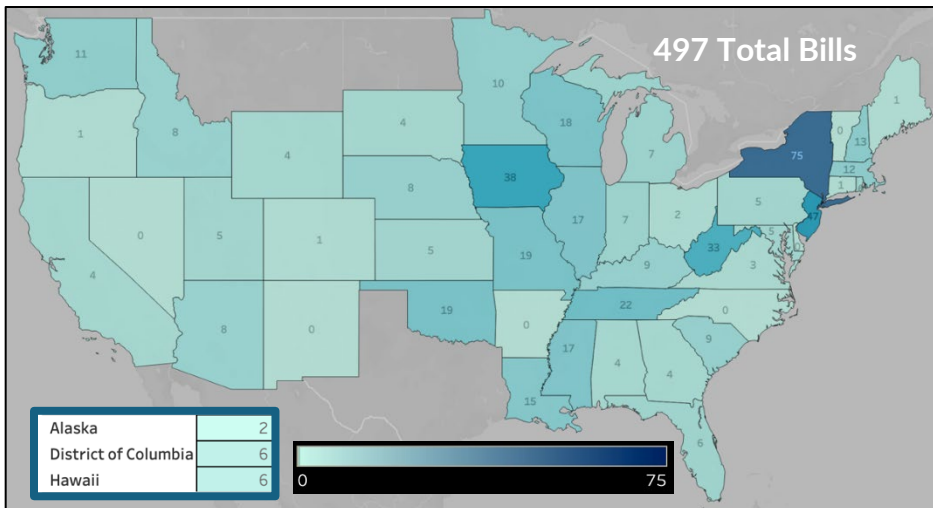


Figure 2. Effective vaccine-related bills that were introduced, considered, enacted, and/or vetoed between August 1, 2023, and June 1, 2024

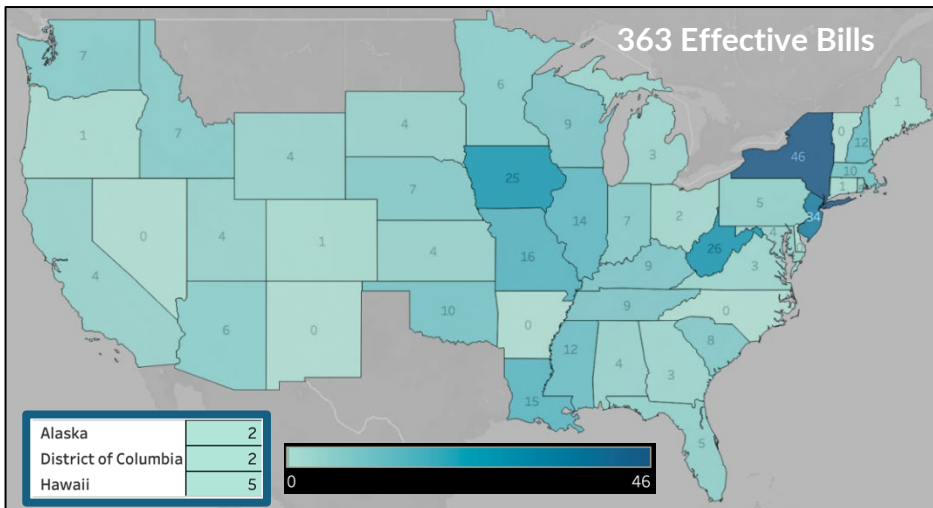


Figure 3. Ten States with highest # of total vaccine-related bills.

Total Bills-Top 10	
New York	75
New Jersey	47
Iowa	39
West Virginia	33
Tennessee	22
Missouri	19
Oklahoma	19
Wisconsin	18
Illinois	17
Mississippi	17

Figure 4. Ten states with fewest # of total (and effective) vaccine-related bills.

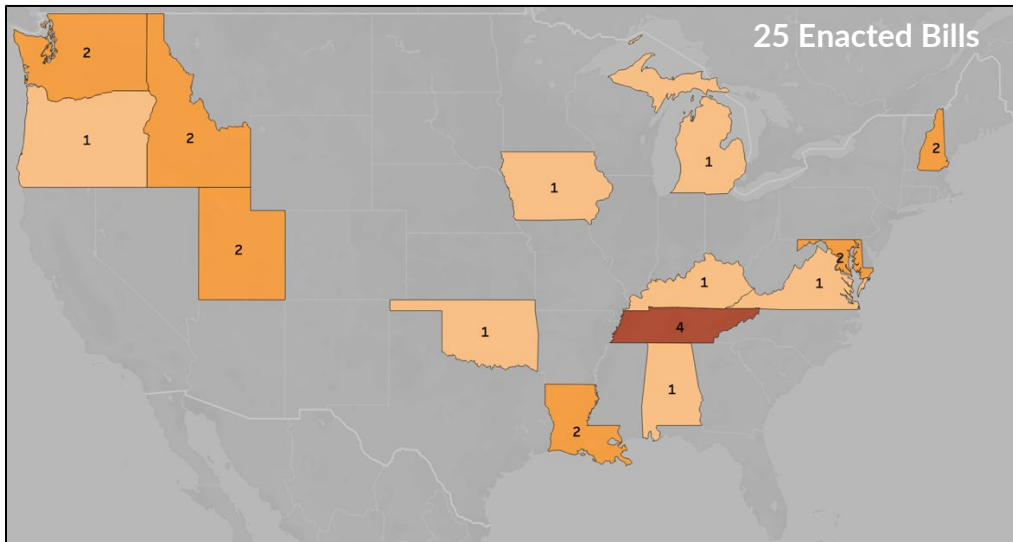
Total & Effective Bills-Bottom 10	
Arkansas	0
Delaware	0
Nevada	0
New Mexico	0
North Carolina	0
Vermont	0
Colorado	1
Connecticut	1
Maine	1
Oregon	1

Figure 5. Ten states with highest # of effective vaccine-related bills.

Effective Bills- Top 10	
New York	46
New Jersey	34
West Virginia	26
Iowa	26
Missouri	16
Louisiana	15
Illinois	14
Mississippi	12
New Hampshire	12
Oklahoma/Massachusetts	10

Of the 362 effective vaccine-related bills, 27 bills were enacted by the legislature (7.44%) between August 1, 2023, and June 1, 2024. Two bills were subsequently vetoed by the governor, for a total of just **25 vaccine-related bills (6.89%) becoming law during this period** [Figure 6]. Fifteen of the enacted bills (60%) make it easier to get vaccinated and ten of them (40%) make it harder to get vaccinated.

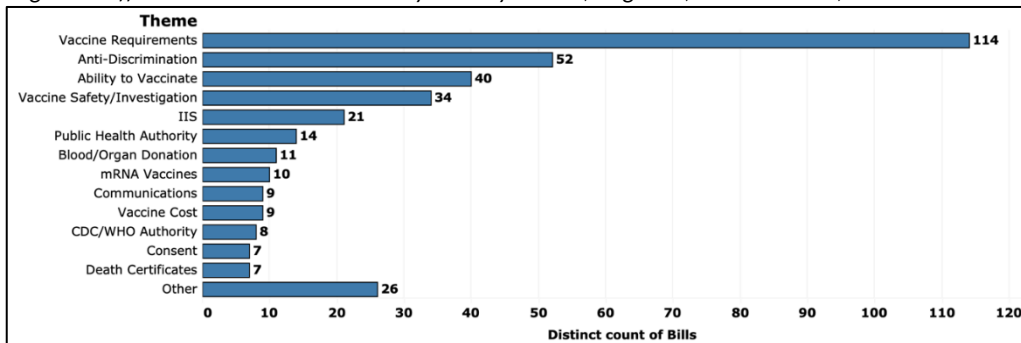
Figure 6. Effective vaccine-related bills that were enacted between August 1, 2023, and June 1, 2024.



### Major Themes

AIM categorized all 362 vaccine-related bills into 14 primary themes [Figure 7] that are described further in this report. In order of frequency, those themes were vaccine requirements (114 bills), anti-discrimination due to vaccine status (52 bills), ability to vaccinate (40 bills), vaccine safety/investigation (24 bills), immunization information systems (21 bills), public health authority (14 bills), blood/organ donation (11 bills), mRNA vaccines (10 bills), vaccine cost (9 bills), communications (9 bills), CDC/WHO authority (8 bills), death certificates (7 bills), consent (7 bills), and other (27 bills).

Figure 7. Effective vaccine-related bills by Primary Theme; August 1, 2023 - June 1, 2024.



## Thematic Analysis Breakdown

The following sections provides more detailed information on the 14 primary themes of all AIM-identified vaccine-related legislation from August 1, 2023-June 1, 2024, in order of frequency. A full list of all bills by theme can be found in the appendix.

### Vaccine Requirements

- 114 of the vaccine-related bills, 31.68% had to do with vaccine requirements [Figure 9]
- Of these, only 14 bills (12.28%) sought to promote vaccination by either adding vaccine requirements or make it harder to obtain an exemption
- The remaining 100 bills in this category (87.72%) sought to remove vaccine requirements or make it easier to obtain a vaccine exemption
- Specific legislation was introduced for vaccine requirements for schools (41 bills), employers (18 bills), colleges/universities (12 bills), & daycares (7 bills) [Figure 8]
- 29 bills (25.44%) were specific to COVID-19 vaccine requirements, with six additional bills (5.26%) specific to vaccines approved under FDA's Emergency Use Authorization (EUA)
- These bills largely did not get much traction, with only four bills (3.51%) in this category ultimately enacted into law:
  - DC removed school COVID-19 requirements
  - NH prohibited any additional vaccine requirements for foster care
  - UT removed vaccine requirements for homeschool students
  - UT added religious and philosophical vaccine exemptions for medical school students

Figure 8. Vaccine Requirement Subthemes; August 1, 2023- June 1, 2024

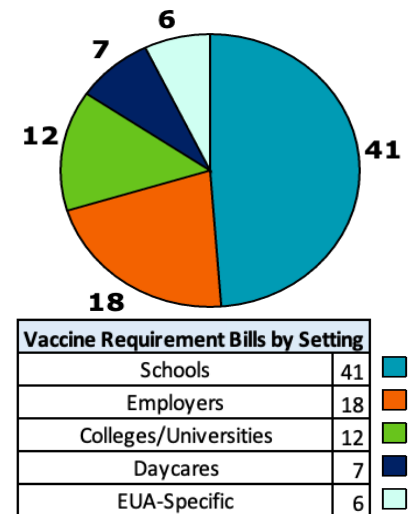
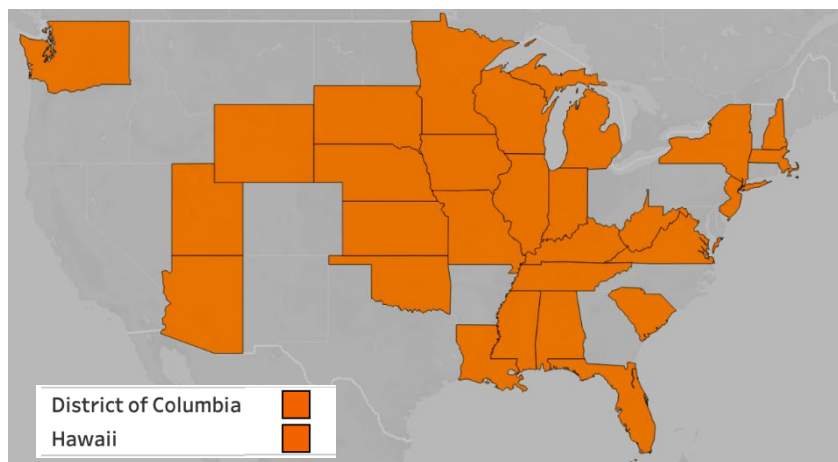


Figure 9. Jurisdictions with at least one bill related to Vaccine Requirements: August 1, 2023 - June 1, 2024



## Anti-Discrimination

- Of the 52 of the vaccine-related bills, 14.33% had to do with anti-discrimination, specifically that individuals can't be discriminated against because of their vaccination status and that they have the right not to get vaccinated [Figure 11]
- There were numerous bills about individuals not being treated differently in the workplace and medical setting due to being unvaccinated
- 17 bills in this category (32.70%) included almost word-for-word identical language about establishing a "Parental Bill of Rights," each of which in some way emphasized a parent's right to exempt their child from immunizations [Figure 10]
- 14 of these bills (26.92%) were specific to discrimination based on COVID-19 vaccine status; five of these bills (9.62%) were specific to reinstating military members who were discharged over failure to receive a COVID-19 vaccine
- Despite the volume of this rhetoric, only one bill in this category (1.92%) was ultimately enacted into law:
  - WV established that one's vaccination status cannot be a requirement for adopting or fostering a child

Figure 10. Jurisdictions introducing 'Parental Bill of Rights' Legislation: August 1, 2023 - June 1, 2024

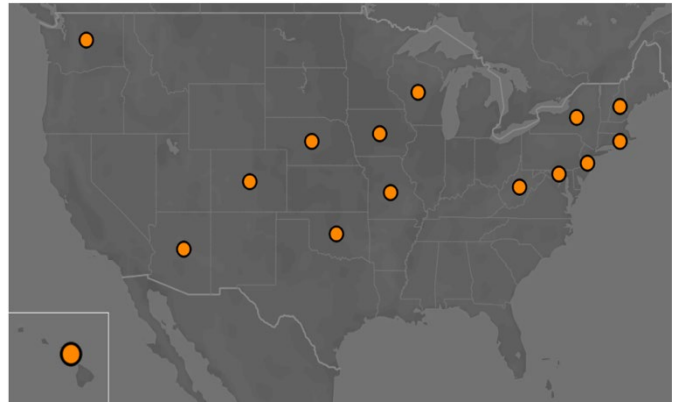
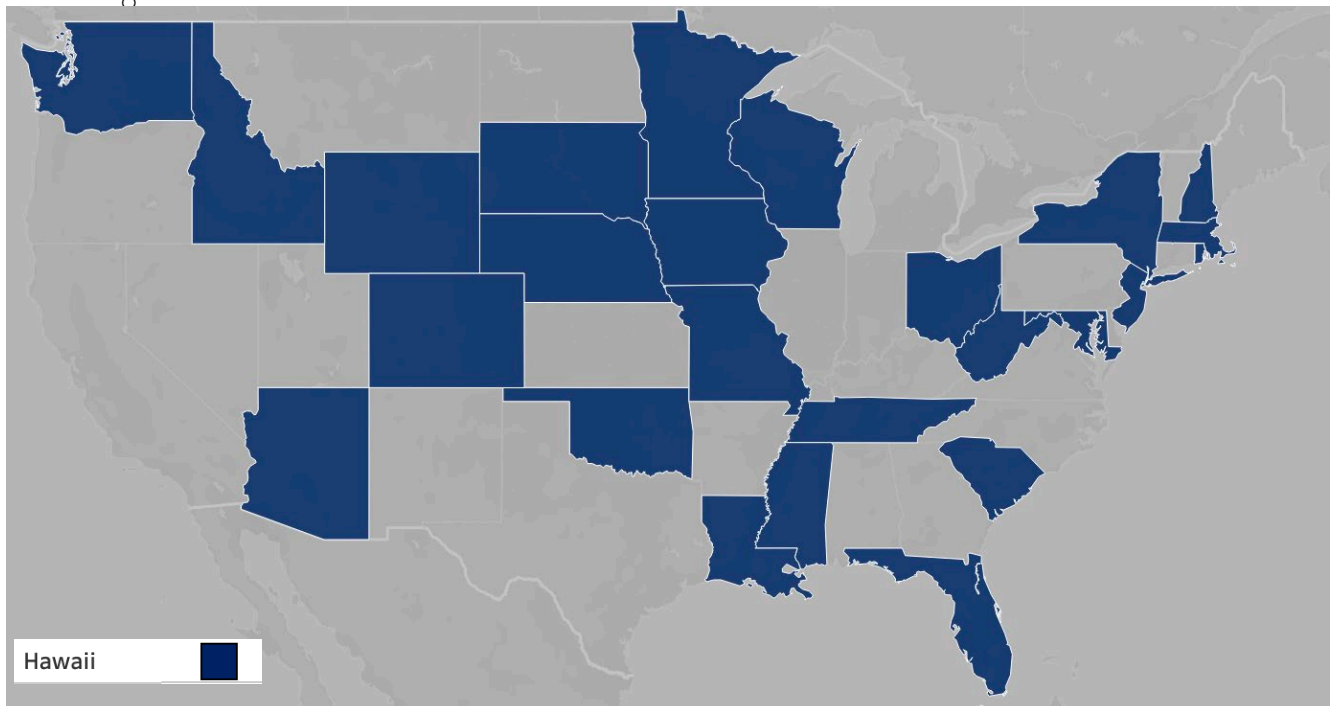


Figure 11. Jurisdictions with at least one bill related to Anti-Discrimination due to Vaccine Status: August 1, 2023 - June 1, 2024



## Ability to Vaccinate

- Of the 40 vaccine-related bills, 11.02% had to do with the ability of certain professions to vaccinate [Figure 13]
- Only one bill tried to take away authority, with the remaining bills either seeking to expand a) the types of vaccines certain professions could administer b) the ages of people certain professions could vaccinate or c) the ability of professions to vaccinate without supervision/oversight from another provider type.
- Bills sought to expand the vaccinating abilities of pharmacists (16 bills), pharmacy technicians and/or interns (10 bills), EMTs and/or paramedics (five bills), optometrists (two bills), medical assistants (two bills), dentists (one bill), dental hygienists (one bill), podiatrists (one bill), and nursing students (one bill). [Figure 12]
- Eight of these bills (20%) were enacted, improving access to vaccines in several states:
  - DC authorized pharmacy technicians to vaccinate
  - IA authorized pharmacists to administer any ACIP recommended vaccine
  - KY authorized pharmacists to vaccinate down to age 3
  - MD authorized pharmacists to vaccinate down to age 3 for COVID-19, flu, and other vaccines used in public health emergencies
  - MD authorized paramedics to administer COVID-19 and flu vaccines
  - NH authorized optometrists to administer influenza, COVID-19, and shingles vaccines
  - OR authorized pharmacists to vaccinate down to age 3
  - TN authorized pharmacists to vaccinate down to age 3 for COVID-19 and influenza and administer all vaccines to those over 18

Figure 12. Ability to Vaccinate Subthemes: August 1, 2023- June 1, 2024

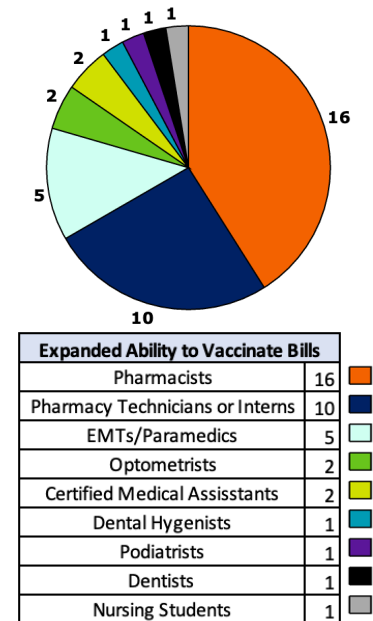
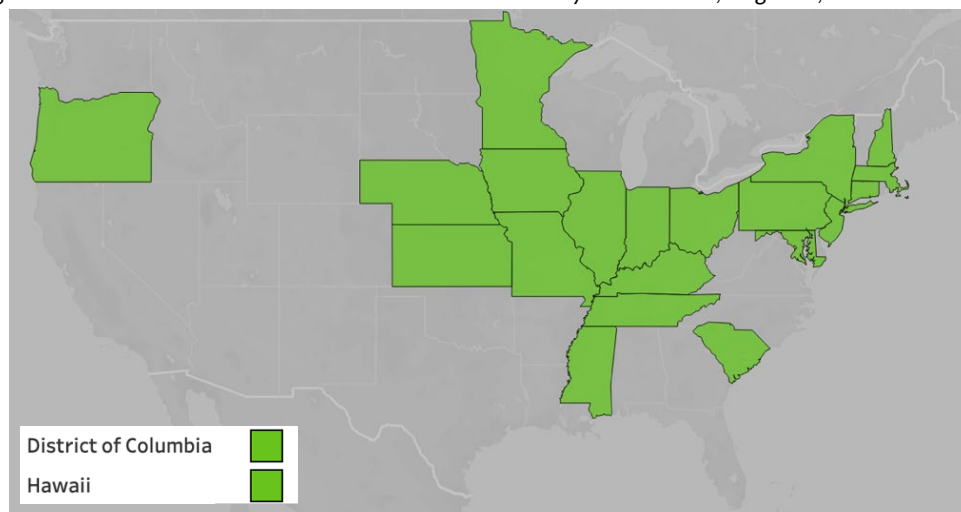


Figure 13. Jurisdictions with at least one bill related to Ability to Vaccinate; August 1, 2023 - June 1, 2024



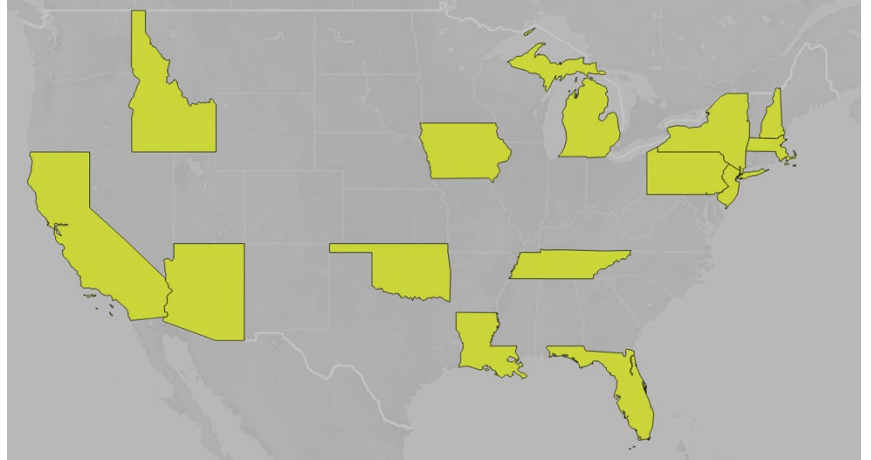




## Immunization Information System (IIS)

- Of the 21 vaccine-related bills, 5.79% involved (or implicated) the state's IIS. [Figure 15]
- Eight bills (38.10%) sought to expand what is required to be reported in the IIS, including adult vaccines, sexual orientation and gender identity data, sickle cell disease status, asthma prescriptions, and blood-lead levels
- Seven bills (33.33%) sought to require the public posting of school and/or provider level IIS vaccine uptake (and exemption) data
- Four bills (19.05%) would have changed the state's IIS from an opt-out system to an opt-in system
- Two IIS-related bills (9.53%) were enacted:
  - MI now requires lead poisoning screening results be added to the IIS
  - TN now requires an annual report on immunization rates of children, by county, be provided to the governor and state legislature

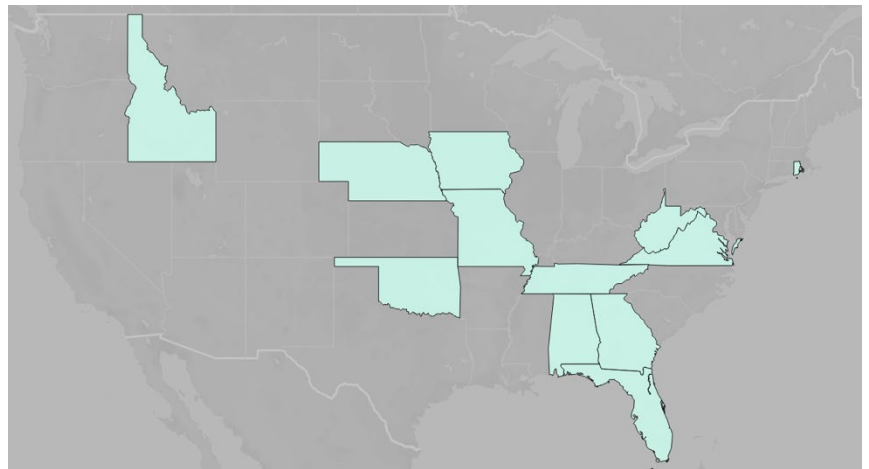
Figure 15. Jurisdictions with at least one bill related to IIS; August 1, 2023 - June 1, 2024



## Public Health Authority

- Of the 14 vaccine-related bills, 3.86% had to do with reducing public health's authority in relation to vaccination [Figure 16]
- Only one bill of this type passed (7.14%), which would dually fit in the Vaccine Requirement theme:
  - AL established the governor must appoint the state health officer and that neither figure can require that individuals receive a COVID-19 vaccine.

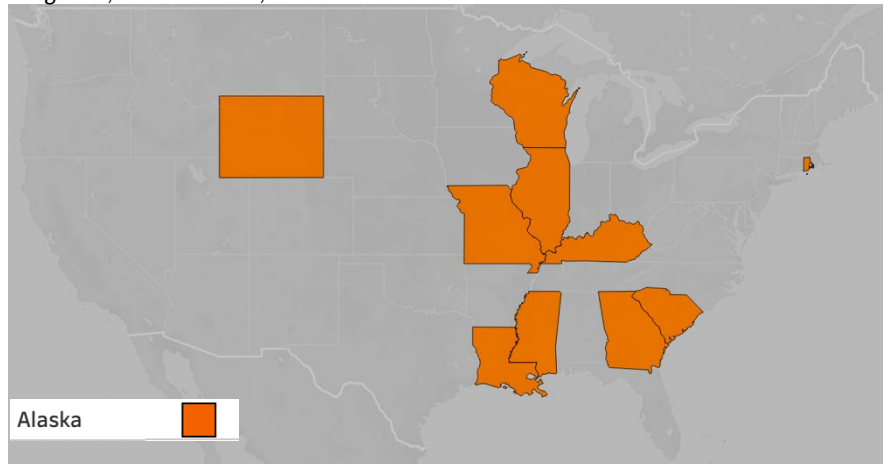
Figure 16. Jurisdictions with at least one bill related to Public Health Authority; August 1, 2023 - June 1, 2024



## Blood/Organ Donation

- Of the 11 vaccine-related bills, 3.03% had to do with blood and organ donation in relation to one's vaccination status. [Figure 17]
- Eight of these bills (72.72%) would have required that donated blood (and/or organs) be tested and labeled for COVID-19 and/or other mRNA vaccine components; usually stating recipients could request non-mRNA vaccinated blood
- The other three bills in this category (27.27%) would have prohibited using one's vaccination status (two bills explicitly saying COVID-19 vaccination status) to make organ transplant decisions
- None of these bills were ultimately enacted

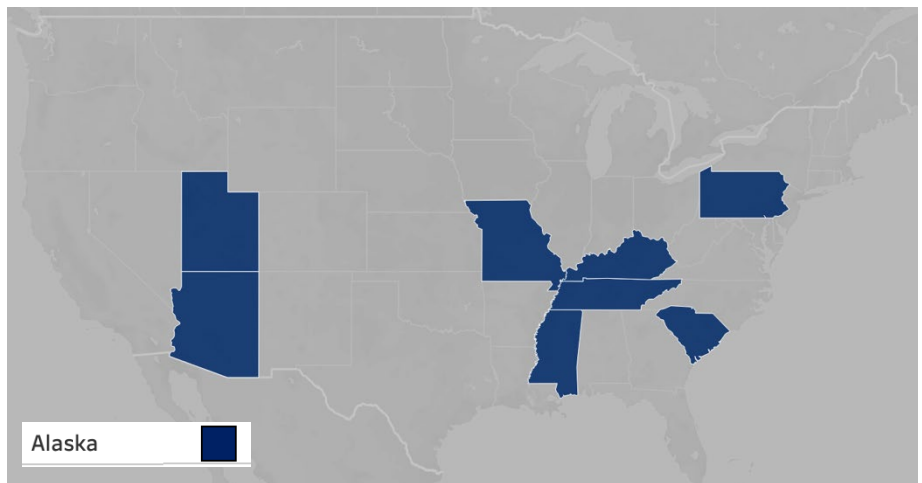
Figure 17. Jurisdictions with at least one bill related to Blood/Organ Donation; August 1, 2023 - June 1, 2024



## mRNA Vaccines

- Of the ten vaccine-related bills, 2.75% had to do with mRNA vaccines, outside of blood/organ donation. [Figure 18] If you include blood/organ donation there are technically 18 vaccine-related bills that mention mRNA
- Six of the bills (60%) involved livestock mRNA vaccines and requiring meat product labeling (and/or manufacturer websites) to disclose if animals received such vaccines
- Four of the bills (40%) sought to classify mRNA vaccines as “gene therapy” products and involved disclosing their potential to alter recipients (or the general public's) DNA
- None of these bills were ultimately enacted

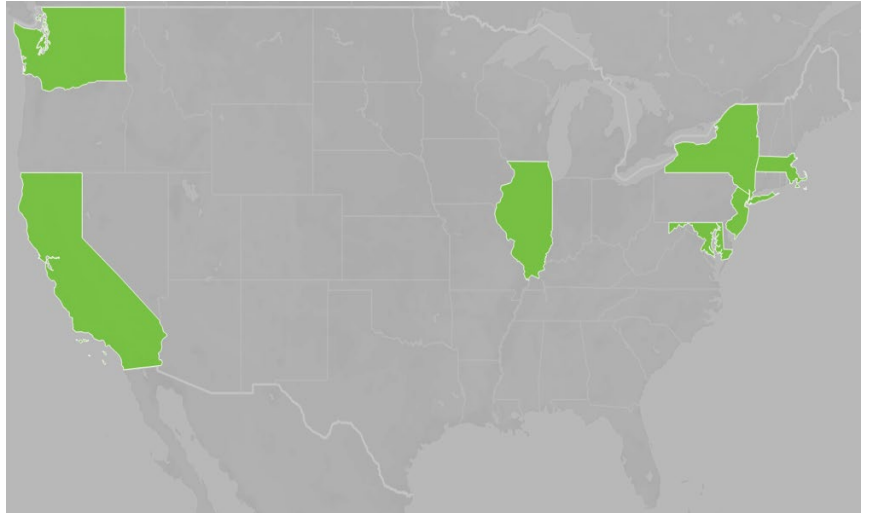
Figure 18. Jurisdictions with at least one bill related to mRNA vaccines; August 1, 2023 - June 1, 2024



## Vaccine Cost

- Of the nine vaccine-related bills, 2.48% had to do with vaccine cost [Figure 19]
- Five of the bills (55.55%) would have prohibited any cost-sharing for vaccines (which is already a requirement of the Affordable Care Act (ACA))
- Two of the bills in this category (22.22%) would have established state-level purchasing of certain vaccine types
- Only one bill (11.11%) in this category passed:
  - WA preserved health insurance coverage of preventative services, including vaccination, without cost-sharing

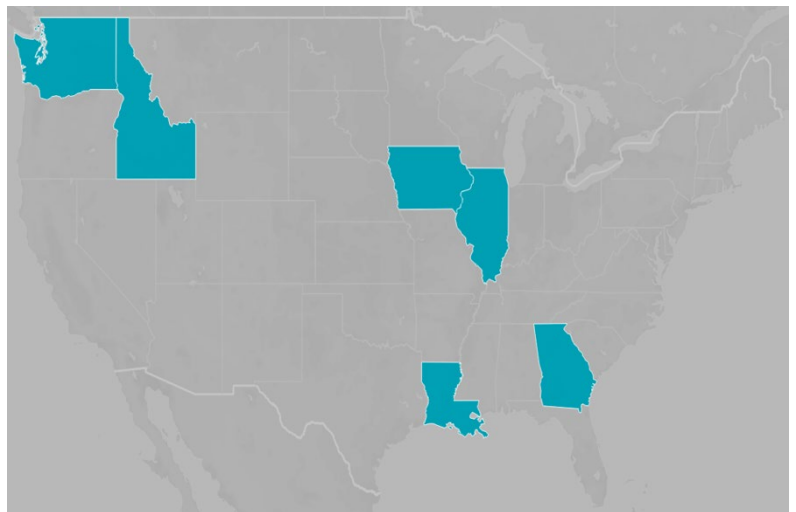
Figure 19. Jurisdictions with at least one bill related to Vaccine Cost; August 1, 2023 - June 1, 2024



## Communications

- Of the nine vaccine-related bills, 2.48% had to do with vaccine-related communications. [Figure 20]
- Four of these bills (44.44%) sought to require that all vaccine promotional materials included information about vaccine exemptions and/or the vaccine injury compensation program
- While one bill (11.11%) sought to require more vaccine information be provided, the remaining bills (88.89%) all sought to restrict or reduce vaccine promotional materials in the state
- One bill (11.11%) in this category passed:
  - LA required that all communications about immunization requirements include exemption information

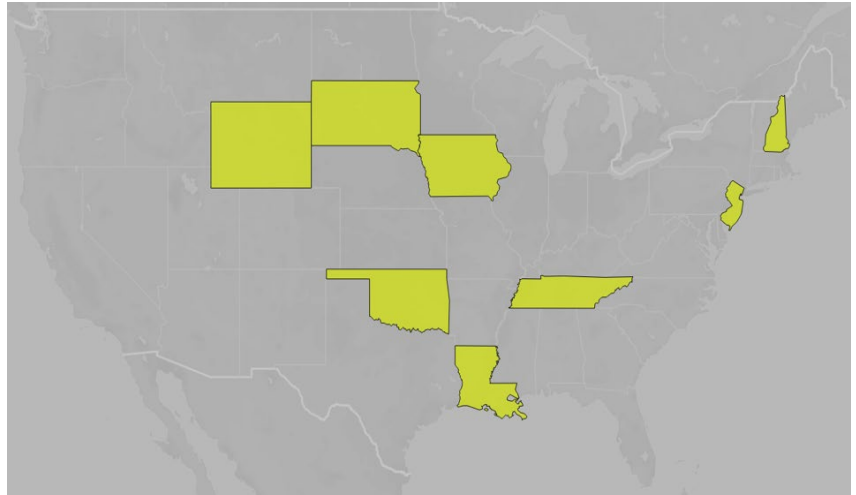
Figure 20. Jurisdictions with at least one bill related to Vaccine Communications; August 1, 2023 - June 1, 2024



## CDC/WHO Authority

- Of the eight vaccine-related bills, 2.20% had to do with Centers for Disease Control (CDC) and/or World Health Organization (WHO) authority in the state [Figure 21]
- Six of these bills (75%) included nearly identical language stating that any requirements, instructions, mandates, recommendations, or guidance from the CDC and/or WHO were not valid in the state.
- One bill (12.5%) explicitly called for the legislature to urge the U.S. president to withdraw from WHO
- One bill (12.5%) in this category passed, specific to WHO. The concern is how this law could be interpreted if WHO guidance matches CDC or best-practice guidance:
  - OK prohibits the state from engaging in the enforcement of, or any collaboration with the enforcement of, any requirements, instructions, mandates, recommendations, or guidance provided by the WHO

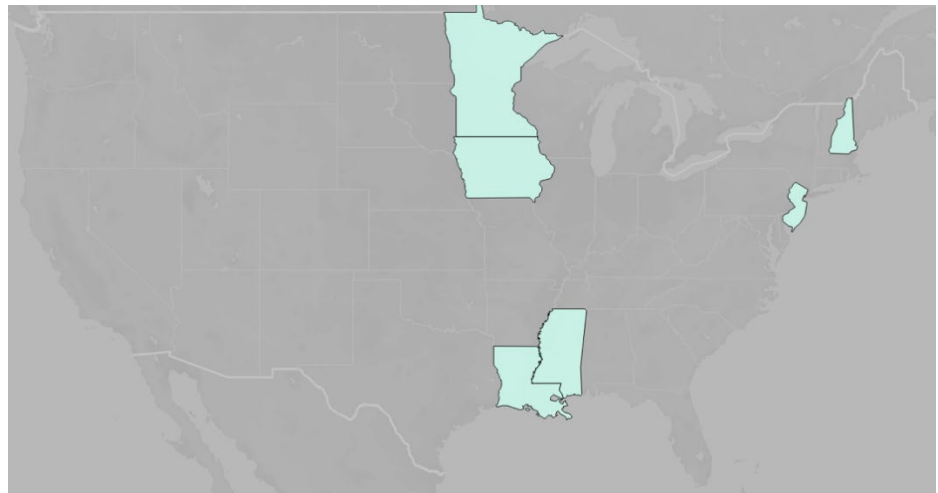
Figure 21. Jurisdictions with at least one bill related to CDC/WHO Authority; August 1, 2023 - June 1, 2024



## Death Certificates

- Of the seven vaccine-related bills, 2.20% involved including vaccine receipt information on death certificates [Figure 22]
- Three bills (42.85%) would have been for all vaccines/death certificates, three bills would have been specific to infant deaths, and one bill would have been specifically for COVID-19 vaccines
- None of these bills passed

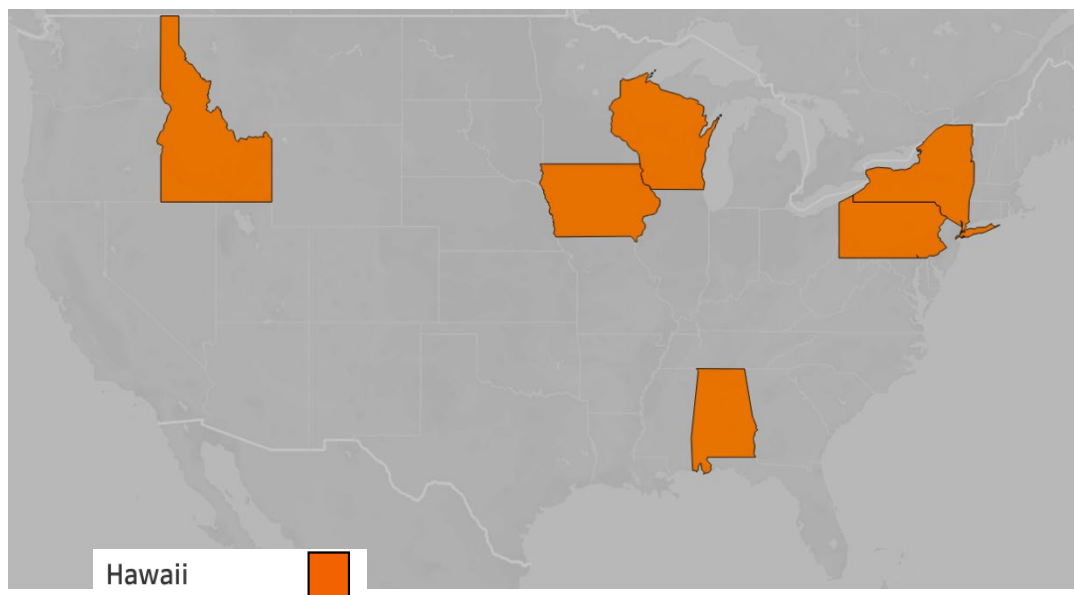
Figure 22. Jurisdictions with at least one bill related to Death Certificates; August 1, 2023 - June 1, 2024



## Consent

- Of the seven vaccine-related bills, 2.20% involved who could provide consent for vaccinations [Figure 23]
- Two of these bills (28.57%) sought to specify vaccines were not a type of medical care minors could consent to for themselves
- Four bills (57.14%) sought to allow (or study the feasibility of allowing) minors of a certain age or legal status to consent to vaccines without their parents' approval
- One bill (14.29%) in this category passed:
  - ID allowed students of majority age to submit their own vaccine exemptions

Figure 23. Jurisdictions with at least one bill related to Vaccine Consent: August 1, 2023 - June 1, 2024



## Other

- The remaining 27 vaccine-related bills did not fit cleanly into any major vaccine theme
- Three of these bills passed (and a full list of these bills, and all others, can be found in the appendices):
  - ID extended their Immunization Assessment Board until 2029
  - VA required that the department of health and education make certificates of immunization more user friendly
  - WA simplified their definition of a “vaccine” to include any “immunization” approved by FDA and recommended by CDC

## Enacted Legislation Summary

*The following section summarizes the 27 vaccine-related bills enacted by state legislatures between August 1, 2023, and June 1, 2024. Additional 2024 vaccine-related legislation may have passed or been vetoed since June 1, 2024.*

Alabama: **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.

Arizona: **AZ HB 2406, AZ SB 1648, & AZ SB 1146** require that manufactures disclose on their website, or food packaging, whether livestock received mRNA vaccines. **VETOED**

District of Columbia: **DC B 25-0545** allows pharmacy technicians to vaccinate.

District of Columbia: **DC B 25-0278, DC B 25-0378, DC B 25-0377, DC PR 25-0439, & DC B 25-0492** remove COVID-19 vaccine school requirements.

Idaho: **ID H 597** allows students of majority age to submit their own exemption from school immunization requirements.

Idaho: **ID H 439** extends Idaho Immunization Assessment Board until 2029.

Iowa: **IA HF 555** allows pharmacists to administer any ACIP recommended vaccine to adults.

Kentucky: **KY HB 274** permits pharmacists to administer vaccines to children three years of age or older.

Louisiana: **LA HB 47** requires that communication issued about immunization requirements include exemption information.

Louisiana: **LA HR 292** requests the Louisiana Department of Health to conduct a study that examines the relationship between unexpected deaths of infants and children, ages two and under, and the administration of vaccinations

Maryland: **MD HB 76 & MD SB 18** allow pharmacists to administer influenza vaccine, COVID-19 vaccine, and any other vaccine “used in response to a public health emergency” to those 3 years and older.

Maryland: **MD SB 210** allows paramedics to administer influenza and COVID-19 vaccines.

Michigan: **MI SB 31 & MI HB 4200** require lead poisoning screening results be added to the IIS.

New Hampshire: **NH SB 200** authorizes optometrists to administer influenza, COVID-19, and shingles vaccines.

New Hampshire: **NH HB 408** prohibits any additional vaccine requirements for children in foster care and allows foster care children to obtain their own vaccine exemptions.

Oklahoma: **OK HR 1042 & OK SB 426** prohibit the state from engaging in the enforcement of, or any collaboration with the enforcement of, any requirements, instructions, mandates, recommendations, or guidance from the WHO.

Oregon: **OR HB 4010** allows pharmacists to vaccinate down to age 3.

Tennessee: **TN HB 282 & TN SB 869** allow 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.

Tennessee: **TN HB 1894 & TN SB 1903** define food that contains a vaccine or vaccine material as a drug.

Tennessee: **TN HB 1726, TN SB 2358, TN HB 2548, & TN SB 2359** establish that one’s vaccination status cannot be a requirement for adopting or fostering a child.

Tennessee: **TN SB 2151, TN SB 2519, TN HB 2861, & TN HB 2664** require that 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 and prohibits a healthcare provider from coercing an individual to be vaccinated.

Utah: **UT SB 13** removes vaccine requirements for home school students.

Utah: **UT HB 405 & UT SB 192** add medical, religious, and personal exemptions to medical student vaccine requirements.

Virginia: **VA HB 1279** requires the Health and Education Departments to make Certificates of Immunization more user friendly (digital and print versions via a streamlined process).

Washington: **WA HB 1957** preserves health insurance coverage of preventive services, including vaccination, without cost sharing.

Washington: **WA SB 5982 & WA HB 2157** simplify the definition of vaccine as any “immunization” approved by FDA and recommended by CDC.

West Virginia: **WV HB 5105**-allows virtual public-school students to be exempt from vaccine requirements, and for private and parochial schools to institute their own policies (unless students participate in activities with other schools). **VETOED**



## Key Takeaways

While most vaccine-related state-level legislation that AIM identified (92.56%) failed to pass, the volume of legislation for immunization programs to monitor and respond to remains elevated. A significant number of “message bills” didn’t even move past the introduction stage and nearly every “big swing” bill seeking to reduce vaccination failed. Just 71 bills (19.56%) specifically mentioned COVID-19 vaccines, so this elevation in legislation appears to be more than just a pandemic blip (although new themes regarding discrimination and mRNA vaccines could likely be considered a lingering reaction to the pandemic). It is also worth noting that nearly all anti-vaccine legislation was introduced by Republican lawmakers, emphasizing the highly politicized nature of vaccines currently, compared to previous largely bipartisan support.

Bills that did pass, or were more heavily considered, were quite nuanced in their approach to undermine vaccinations. Instead of outright banning vaccine requirements or increasing vaccine exemptions, many bills tried to increase them indirectly (such as looking to ban out-of-state medical opinions or providing vaccine decision makers with additional information about vaccine side effects). The creativity in wording of some of these bills could serve as the legal framework to attempt more “big swings” in the future and therefore any vaccine-related bill is something for a program to monitor.

The organization and lobbying of anti-vaccine advocates are evident given the increasing incidence of word-for-word, or nearly identical, anti-vaccine legislative language being introduced (such as the 17 bills seeking to create a “Parental Bill of Rights” that emphasized the right to opt out of immunization requirements). If you are a program manager encountering an anti-vaccine bill, it is highly likely another jurisdiction is encountering (or has encountered) one of similar nature. Coordination and information-sharing between programs and pro-vaccine partners remains critical given the volume and similarities of the legislation.

The vast majority of Americans decide to vaccinate themselves and their children. AIM’s Policy and Government Relations team remain on high alert to ensure sound vaccine policy remains the law of the land at the local, state, and federal level. We are here to support you.

## Additional AIM Policy Resources

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

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

Please reach out to AIM Chief Policy Officer Brent Ewig [bewig@immunizationmanagers.org](mailto:bewig@immunizationmanagers.org) if you need any assistance with vaccine-related policy in your jurisdiction.

## APPENDIX 1: All Tagged Legislation by Theme

Theme	Bill	Summary	Status
Ability to Vaccinate	CT SB 133	Would authorize pharmacy technicians to vaccinate	Introduced
Ability to Vaccinate	DC B 25-0545	Allows pharmacy technicians to vaccinate	Enacted
Ability to Vaccinate	HI SB 2568 & HI HB 2147	Would allow pharmacists to vaccinate down to age three	Introduced
Ability 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	Introduced
Ability to Vaccinate	IA SSB 1165	Would allow pharmacists to vaccinate without a provider's prescription	Introduced
Ability to Vaccinate	IA HF 2085	Would have required Medicaid managed care organizations reimburse pharmacists for vaccine purchase and administration	Introduced
Ability to Vaccinate	IA HF 555	Allows pharmacists to administer any ACIP recommended vaccine to adults	Enacted
Ability to Vaccinate	IA HSB 51	Would have allowed podiatric physicians to vaccinate	Introduced
Ability to Vaccinate	IL HB 5462	Would allow pharmacists to administer COVID-19 or influenza down to age 7	Introduced
Ability to Vaccinate	IN HB 1215	Would have allowed dental hygienists to vaccinate those over age 11	Introduced
Ability to Vaccinate	IN SB 192	Would have allowed pharmacists to administer any ACIP recommended vaccine	Introduced
Ability to Vaccinate	KS HB 2263	Would allow pharmacist technicians to vaccinate (and allow individuals to sue physicians who performed gender reassignment surgeries)	Introduced
Ability to Vaccinate	KY HB 274	Permits pharmacists to administer vaccines to children three years of age or older	Enacted
Ability to Vaccinate	MA H 2219	Would allow certified medical assistants to vaccinate	Introduced
Ability to Vaccinate	MD HB 76 & MD SB 18	Allow pharmacists to administer influenza vaccine, COVID-19 vaccine, and any other vaccine "used in response to a public health emergency" to those 3 years and older	Enacted
Ability to Vaccinate	MD SB 210	Allows paramedics to administer influenza and COVID-19 vaccines	Enacted
Ability to Vaccinate	MN HF 1197 & MN SF 1176	Would allow pharmacists, pharmacy interns and pharmacist techs to administer any vaccine (currently just flu and COVID-19) down to age 3	Introduced
Ability to Vaccinate	MO HB 2879	Would have removed pharmacists' authority to vaccinate against chikungunya	Introduced
Ability to Vaccinate	MO SB 1215	Would have allowed dentists to administer vaccines	Introduced
Ability to Vaccinate	MO SB 1455	Would add chikungunya to the list of vaccines pharmacists can administer	Introduced
Ability to Vaccinate	MS SB 2167	Would have allowed pharmacy interns and pharmacy technicians to vaccinate	Introduced
Ability to Vaccinate	NE LB 202	Would allow pharmacy technicians to vaccinate	Introduced
Ability to Vaccinate	NH HB 1538 & NH SB 402	Would allow pharmacists to administer COVID-19, flu and any other FDA licensed vaccine	Introduced
Ability to Vaccinate	NH SB 200	Authorizes optometrists to administer influenza, COVID-19 and shingles vaccines	Enacted
Ability to Vaccinate	NJ A 1899 & NJ S 1981	Would allow pharmacy technicians to vaccinate, and authorize pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5	Introduced
Ability to Vaccinate	NJ A 4109	Would allow paramedics to administer vaccines during disease outbreaks	Introduced
Ability to Vaccinate	NJ A 605	Would allow EMT's to administer vaccines during disease outbreaks	Introduced
Ability to Vaccinate	NJ S 354	Would allow optometrists to administer varicella vaccines (currently just COVID-19 and influenza)	Introduced
Ability to Vaccinate	NY A 1092	Would allow EMT's to administer vaccines during certain circumstances	Introduced
Ability to Vaccinate	NY S 1947 & NY A 8409	Would allow pharmacists to vaccinate down to age 9 for influenza	Introduced
Ability to Vaccinate	NY A 10303 & NY S 8519	Would allow nursing students to vaccinate	Introduced
Ability to Vaccinate	NY A 7711 & NY S 7495	Would allow pharmacists to administer mpox vaccines	Introduced
Ability to Vaccinate	NY A 9251 & NY S 8545	Would allow pharmacy technicians to vaccinate	Introduced

Ability to Vaccinate	NY A 9802	Would allow medical assistants to draw and administer vaccines in certain supervised settings	Introduced
Ability to Vaccinate	NY S 919	Would allow EMTs and paramedics to vaccinate	Introduced
Ability to Vaccinate	OH SB 144	Would allow pharmacists and pharmacy technicians to vaccinate down to age five	Introduced
Ability to Vaccinate	OR HB 4010	Allows pharmacists to vaccinate down to age 3	Enacted
Ability to Vaccinate	PA HB 2037	Would allow pharmacist techs to vaccinate (but raises the age that pharmacists are authorized to vaccinate)	Introduced
Ability to Vaccinate	SC S 505 & SC H 3988	Would allow pharmacists, pharmacists technicians and pharmacy interns to vaccinate (down to age 12)	Introduced
Ability to Vaccinate	TN HB 282 & 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	Enacted
Anti-Discrimination	AZ HB 2657	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	CO HCR 24-1005	Would establish a parental bill of rights that affirms medial and religious immunization exemptions as well as data collection opt-out	Introduced
Anti-Discrimination	FL SB 680	Would have prohibited discrimination based on one's vaccination status and prohibited any IIS requirements	Introduced
Anti-Discrimination	HI HB 1715	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	IA HSV 222	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	IA HF 2047	Would have classified one's vaccination status as a disability that could not be decimated against under the Civil Rights Act	Introduced
Anti-Discrimination	IA HJR 5	Would have amended the state constitution to add that all citizens have the right to refuse any vaccine	Introduced
Anti-Discrimination	IA SR 7	Would have condemned and demanded remedial action for military service members terminated due to failure to receive a COVID-19 vaccine	Introduced
Anti-Discrimination	ID S 1227	Would have prohibited the health department from advertising "experimental" vaccines and stated a patient could not be denied treatment for refusing vaccination	Introduced
Anti-Discrimination	LA HB 866	Would have prohibited employment termination, denying of public services, segregation, discrimination, and penalties against someone who refused vaccination"	Introduced
Anti-Discrimination	LA HB 908	Would prohibit discrimination based on a student's vaccination status, including allowing or denying participation inside and outside of the classroom and issuance of surveys to students relative to their vaccination status	Introduced
Anti-Discrimination	MA H 2669	Would prohibit any COVID-19 vaccine requirements in order to secure, receive, or access any public facility, any public benefit, or any public service. It would also prohibit employee termination based on COVID-19 vaccine status and outlaw vaccine passports	Introduced
Anti-Discrimination	MD HB 1430	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	MN HB 1526	Would classify any state initiated COVID-19 vaccine requirements as discriminatory and ban COVID-19 vaccine requirements	Introduced
Anti-Discrimination	MO SB 902	Creates a parental bill of rights relating to elementary and secondary education, including IZ opt out information	Introduced
Anti-Discrimination	MO HR 4210	Would have recognized military members were wrongly terminated for failure to receive a COVID-19 vaccine and requested they be fully compensated/reinstated for this wrongful termination	Introduced
Anti-Discrimination	MO SB 952 & MO SJR 63	Would have prohibited infringing upon one's right to refuse vaccination and stated medical facilities can't require vaccinations of patient visitor's	Introduced
Anti-Discrimination	MS HB 1512	Would have prohibited insurance companies from denying claims based on one's vaccination status	Introduced
Anti-Discrimination	NE LB 374	Would establish a parental bill of rights, including immunization opt out information	Introduced
Anti-Discrimination	NE LB 642	Would have required that all National Guard members discharged due to failure to adhere to the DOD COVID-19 vaccine mandate be invited to reenlist and/or have their discharge records changed to honorable discharge	Introduced
Anti-Discrimination	NH HB 10	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	NJ S 379	Would create a "Children's Vaccination Bill of Right", emphasizing vaccine opt-out	Introduced
Anti-Discrimination	NJ A 531	Would establish a parental bill of rights, including IZ opt out information	Introduced
Anti-Discrimination	NJ A 3375	Would prohibit discrimination specifically against pregnant women who have not received a COVID-19 vaccine	Introduced

Anti-Discrimination	NJ ACR 45 & NJ SCR 23	Would urge U.S. congress to reinstate military members dismissed for refusing a COVID-19 vaccine	Introduced
Anti-Discrimination	NJ S 2114	Would state healthcare workers dismissed for COVID-19 vaccine refusal be entitled to unemployment benefits	Introduced
Anti-Discrimination	NJ S 454 & NJ A 3835	Would prohibit discrimination against those who do not receive a COVID-19 vaccine	Introduced
Anti-Discrimination	NY A 2189 & NY S 5199	Would prohibit discrimination based on one's vaccination status	Introduced
Anti-Discrimination	NY A 2760	Would state employees fired for failure to receive a COVID-19 vaccine are eligible for unemployment insurance	Introduced
Anti-Discrimination	NY A 6454	Would have established a vaccine bill of rights	Introduced
Anti-Discrimination	NY A 9196 & NY S 7466	Would reinstate NYC employees that were dismissed due to failure to receive a COVID-19 vaccine	Introduced
Anti-Discrimination	OH HB 319	Would prohibit discrimination based on one's vaccination status	Introduced
Anti-Discrimination	OK SB 1563, OK HB 3250, OK SB 1975 & OK HB 3120	Would establish a parental or citizen's bill of rights, including IZ opt out information	Introduced
Anti-Discrimination	RI SB 2285	Would prohibit discrimination in post-secondary education based on medical or religious vaccine exemptions	Introduced
Anti-Discrimination	RI SB 2386	Would require written consent for all vaccines and prohibit discrimination based on vaccination status	Introduced
Anti-Discrimination	RI SB 2424	Would establish a parental bill of rights, including immunization opt out information	Introduced
Anti-Discrimination	SC H 3693	Would prohibit the development and enforcement of any vaccine passports	Introduced
Anti-Discrimination	SD HB 1167	Would have stated that an employer may not terminate, demote, discipline, or take any other adversarial action against an employee who didn't receive a COVID-19 vaccine	Introduced
Anti-Discrimination	SD HB 1221	Would have prohibited discrimination due to one's vaccination status and prohibited vaccine passports	Introduced
Anti-Discrimination	TN HB 1726, TN SB 2358, TN HB 2548 & TN SB 2359	Establishes that one's vaccination status cannot be a requirement for adopting or fostering a child	Enacted
Anti-Discrimination	TN HR 99	Urge the reinstatement of Tennessee Army and Air National Guard and other military members terminated for failure to receive a COVID-19 vaccine	Introduced
Anti-Discrimination	WA HB 1029, WA HB 1814 & WA SB 5139	Would have required reemployment of any state or private employee dismissed from employment due to vaccine mandates	Introduced
Anti-Discrimination	WA HB 1601	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	WA HB 1827	Would have outlawed discrimination based on one's vaccination status, including requiring vaccinations for employment or to enter a business	Introduced
Anti-Discrimination	WI SB 489 & WI AB 510	Would have established a parental bill of rights that required parents be notified of vaccination events at their child's school	Introduced
Anti-Discrimination	WV HB 4215	Would prohibit hospitals from treating unvaccinated individuals differently	Introduced
Anti-Discrimination	WV HB 5036	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Anti-Discrimination	WV SB 520	Would prohibit healthcare providers from "harassing, coercing, scolding or threatening" a patient or parent to vaccinate	Introduced
Anti-Discrimination	WV HJR 24	Would add the right to refuse any vaccine to a state bill of rights	Introduced
Anti-Discrimination	WV HB 5206	Would state that deciding not to vaccinate your child does not qualify as abuse or neglect	Introduced
Anti-Discrimination	WV HB 5211	Would prohibit mandatory vaccination for schools, institutes of higher education or employers; and prevent discrimination against those not vaccinated	Introduced
Anti-Discrimination	WY HB 59	Would have prohibited discrimination based on one's COVID-19 vaccination status and prohibited any communications about COVID-19 vaccine requirements	Introduced
Blood/Organ Donation	AK HB 334	Would require donated blood to be disclosed, labeled and tested for mRNA vaccine components	Introduced
Blood/Organ Donation	GA HB 576	Would have prohibited healthcare providers from discriminating against potential organ transplantation based on an individual's COVID-19 vaccination status	Introduced

Blood/Organ Donation	IL HB 4243	Would require blood banks to test and label blood for mRNA vaccine and mRNA vaccine components	Introduced
Blood/Organ Donation	KY HB 163	Would have required COVID-19 or other mRNA vaccination status be documented on blood donations	Introduced
Blood/Organ Donation	LA HB 822	Would require blood donations from individuals who received mRNA vaccines be labeled as such and allow blood recipients to request different blood in a non-emergency situation	Introduced
Blood/Organ Donation	MO SB 1429 & MO HB 2759	Would have required blood be tested and labeled for any COVID-19 or mRNA vaccine components; allowing individuals to refuse such blood if they need a transfusion	Introduced
Blood/Organ Donation	MS SB 2061	Would have prohibited using one's COVID-19 vaccination status to inform organ transplant decisions	Introduced
Blood/Organ Donation	RI HB 7881	Would require blood donations from patients who received mRNA vaccines be labeled as such and allow recipients to request certain blood	Introduced
Blood/Organ Donation	SC H 5060	Would require any blood and organ donations be labeled if the individual received an mRNA vaccine and allow recipients to decline such donation	Introduced
Blood/Organ Donation	WI SB 933 & WI AB 955	Would have prohibited using one's vaccination status when making decisions surrounding organ transplantation and donation	Introduced
Blood/Organ Donation	WY HB 115	Would require blood donations from individuals who received mRNA vaccines be labeled as such and allow blood recipients to request different blood in a non-emergency situation	Introduced
CDC/WHO Authority	IA HF 507	Would have stated that CDC and WHO recommendations cannot be utilized in the state and outlawed vaccine registries	Introduced
CDC/WHO Authority	LA HB 809	Would state no recommendations, instructions, or guidance provided by the United States Centers for Disease Control and Prevention can be used without an affirmative vote from the legislature	Introduced
CDC/WHO Authority	NH HB 1156	Says the state cannot implement any requirements, mandates, recommendations, instructions, or guidance from CDC or WHO	Introduced
CDC/WHO Authority	NJ AR 29	Would urge U.S. President to withdraw from the WHO	Introduced
CDC/WHO Authority	OK HR 1042 & OK SB 426	Prohibits the state from engaging in the enforcement of, or any collaboration with the enforcement of, any requirements, instructions, mandates, recommendations, or guidance provided by the World Health Organization	Enacted
CDC/WHO Authority	SD HCR 6012	Would have "acknowledged the challenges and responses during the COVID-19 pandemic" and cautioned against using WHO recommendations in the future	Introduced
CDC/WHO Authority	TN HB 2452 & TN SB 2641	Removes the declaration that it is the responsibility of each parent and legal guardian to ensure that their children are vaccinated according to Center for Disease Control or American Academy of Pediatrics guidelines	Introduced
CDC/WHO Authority	WY HB 91	Would have prohibited the state from implementing any CDC or WHO requirements, mandates, recommendations, instructions or guidance	Introduced
Communications	GA HB 174 & GA SB 445	Would require the Department of Education to provide to parents and guardians of students entering the sixth-grade information regarding recommended adolescent vaccinations	Introduced
Communications	IA SF 2003, IA SF 2196 & IA HF 2045	Would require all vaccine communications include exemption information	Introduced
Communications	IA HF 2528	Would require information about the vaccine injury compensation program be provided to patients prior to vaccine administration and included in all vaccine promotional advertising	Introduced
Communications	ID H 438 & IA SF 2196	Would require all communications about vaccine requirements to include information about exemptions	Introduced
Communications	IL HB 5151 & IL SB 3529	Repeals the requirement that pamphlets explaining immunizations for pertussis are given to parents of newborns	Introduced
Communications	IL SB 3378 & IL HB 5043	Would repeal a requirement for the Department of Public Health to provide to school districts educational materials on meningococcal disease and meningococcal vaccines	Introduced
Communications	LA HB 47	Requires that communication issued about immunization requirements include exemption information	Enacted
Communications	LA HB 815	Would require that all descriptive advertising and promotional materials for vaccines created or displayed by the Health Department adhere to the United States Food and Drug Administration rules regarding commercial advertising	Introduced
Communications	WA SB 5596 & WA HB 1610	Would have restricted government vaccine promotion and engagement with vaccine manufacturers	Introduced
Consent	AL HB 165	Would have excluded vaccinations from the medical care that minors 14 years and older can currently consent to without parental consent	Introduced

Consent	HI HR 50-2024	Would request the Department Of Health To Conduct A Study on The Feasibility Of Permitting Minors Sixteen Years Of Age Or Older To Consent To Receive Vaccinations Without Parental Consent	Introduced
Consent	IA HF 166 & IA HF 2044	Would specify vaccinations are not a medical procedure minors can consent to and remove the requirement that HPV vaccine information is provided in health curriculum	Introduced
Consent	ID H 597	Allows students of majority age to submit their own exemption from school immunization requirements	Enacted
Consent	NY S 8352	Would allow any minor who has birthed a child to consent to their own vaccinations (without parental consent)	Introduced
Consent	PA HB 2131	Would allow minors who have graduate high school, become pregnant or who are legally emancipated to consent to their own vaccines	Introduced
Consent	WI SB 428 & WI AB 428	Would have required physicians to vaccinate individuals 16+ even if their parent did not consent	Introduced
Death Certificates	IA SF 2271	Would have required any previous immunizations be listed on an individual's death certificate	Introduced
Death Certificates	IA SF 99, IA SF 2149 & IA SF 238	Would have required vaccine receipt information be documented on death certificates	Introduced
Death Certificates	LA HB 288	Would require immunization records be included on infant autopsy reports	Introduced
Death Certificates	MN SF 5213 & MN HF 5131	Would require any vaccine given in the last two years of life be listed on an individual's death certificate and included in an annual report	Introduced
Death Certificates	MS HB 1516	Would have required family notification if one's death was suspected to be caused by COVID-19 vaccination and authorize associated autopsies without court order	Introduced
Death Certificates	NH HB 1661	Would require that previous vaccine receipt be documented on death certificates	Introduced
Death Certificates	NJ S 656 & NJ A 625	Would require vaccination information on all sudden infant death reports	Introduced
IIS	AZ SB 1137	Would require individual school vaccination rates be posted online	Introduced
IIS	AZ SB 1715	Would expand the definition IIS and reporting to include adult immunizations	Introduced
IIS	CA AB 2653	Would require the department to aggregate data related to overall vaccine coverage rates in skilled nursing facilities and develop strategies to improve such rates	Introduced
IIS	CA SB 957	Would establish sexual orientation and gender identity data inclusion within the IIS	Introduced
IIS	FL HB 1535	Would have prohibited requiring IIS enrollment and IIS data sharing with other jurisdictions as well as outlawed any EUA vaccine requirements	Introduced
IIS	IA HF 2041, IA SF 2058, IA SF 395 & IA HSB 178	Would have required patients and parents to Opt-In to sharing IIS data with outside entities	Introduced
IIS	ID H 397	Would change IIS inclusion from opt-out to opt-in	Introduced
IIS	LA HB 421	Would add sickle cell disease status to the IIS	Introduced
IIS	MA S 1391 & MA H 604	Would require schools to report vaccination rates and exemption rates	Introduced
IIS	MI SB 31 & MI HB 4200	Requires lead poisoning screening results be added to the IIS	Enacted
IIS	NH HB 1669	Would prohibit IIS data sharing with external organizations unless the department can ensure IIS withdrawals will be honored by the partner organization	Introduced
IIS	NJ A 1523	Would prohibit automatic IIS enrollment (and require people to opt-in)	Introduced
IIS	NJ A 1852 & NJ S 1956	Would automatically enroll anyone not currently in the IIS into the IIS after they receive an immunization (unless they opt out)	Introduced
IIS	NY A 837 & NY S 1946	Would require that school vaccination rates be published on school websites	Introduced
IIS	NY S 1531 & NY A 7154	Would require adult vaccines be added to the IIS (unless adults opt out)	Introduced
IIS	NY A 1736 & NY S 3373	Would require the IIS to record the number of vaccine exemptions reported by each provider	Introduced
IIS	NY A 2183 & NY S 6731	Would have made it a third-degree crime to falsify or alter IIS records	Introduced
IIS	NY A 6594 & NY S 4783	Would add asthma prescription and blood lead levels to the IIS	Introduced

IIS	OK SB 1486	Would require the state to publish deidentified versions of all immunization data in the state	Introduced
IIS	PA Hb 2244	Would require schools to report the number of vaccinated/unvaccinated students on their website	Introduced
IIS	TN SB 2151, TN SB 2519, TN HB 2861 & TN HB 2664	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, and prohibits a healthcare provider from coercing an individual to be vaccinated	Enacted
mRNA Vaccines	AK HB 216	Would require vaccine with genetically modified material to be labeled as "gene therapy products"	Introduced
mRNA Vaccines	AZ HB 2406, AZ SB 1648 & AZ SB 1146	Requires that manufactures disclose on their website, or food packaging, whether livestock received mRNA vaccines	Vetoed
mRNA Vaccines	KY HB 229	Would have required vaccines or other products with "genetic material" to be labeled as "gene therapy"	Introduced
mRNA Vaccines	MO SB 1285	Would have required meat products to be labeled as ""mRNA vaccinated"" if the animal received an mRNA vaccine	Introduced
mRNA Vaccines	MS HB 643 & MS HB 736	Would require all food that receives/contains mRNA vaccine or vaccine material be labeled as such	Introduced
mRNA Vaccines	MS HB 714	Would have prohibited mRNA vaccines for livestock and allowed meat products to be labeled as "mRNA free"	Introduced
mRNA Vaccines	PA SB 883	Would prohibit any vaccines with genetic material ""given the potential to alter one's DNA	Introduced
mRNA Vaccines	SC H 4873	Would require any manufacturer of vaccines with genetic material respond to any public requests within 21 days about how they might be directly or indirectly exposed to such genetic material	Introduced
mRNA Vaccines	TN SB 1760, TN SB 1974, TN HB 2708 & TN HB 1945	Would require that manufactures disclose on their website, or food packaging, whether livestock received mRNA vaccines	Introduced
mRNA Vaccines	UT HB 549	Would have required meat products that received mRNA vaccines to be labeled as "Genetically Modified"	Introduced
Public Health Authority	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	Enacted
Public Health Authority	AL SB 74	Would limit the state health officer's authority to respond to a vaccine preventable disease outbreak	Introduced
Public Health Authority	FL HB 459 & FL SB 402	Would have stated vaccine administration is outside of treatments authorized during public health emergencies and that individuals can submit a written refusal to abstain from any public health emergency requirement	Introduced
Public Health Authority	GA HB 897	Would repeal the authority of the Department of Public Health and all county boards of health to require persons to submit to vaccinations	Introduced
Public Health Authority	IA HF 303, IA HF 2090 & IA SF 2030	Would remove the state's ability to order vaccination during an emergency, only recommend it	Introduced
Public Health Authority	IA SF 91, IA SF 2030, IA HF 303 & IA HF 2090	Would have suspended the government's authority to order that people be vaccinated or quarantined during a public health emergency	Introduced
Public Health Authority	ID S 1287	Would have prohibited any vaccine requirements without vote by both bodies of the Idaho legislature	Introduced
Public Health Authority	MO SB 818	Would limit county health officials' rulemaking authority	Introduced
Public Health Authority	NE LB 1028 & NE LB 1111	Would have required that local and county health departments receive state-level approval for vaccination efforts	Introduced
Public Health Authority	OK SB 1679	Would have prohibited the state from requiring or coercing residents to receive a vaccine during an emergency	Introduced
Public Health Authority	RI SB 2117 & RI HB 8008	Would prohibit the governor for declaring a public health emergency for longer than 60 days without a joint resolution from the general assembly	Introduced
Public Health Authority	TN HB 2861	Would allow the suspension or revocation of a healthcare provider's medical license if they "mislead or misrepresent that a vaccination is required by state law, when state law provides a person with an exemption"	Introduced
Public Health Authority	VA HB 1067	Would prohibit the commissioner from requiring any vaccines during an epidemic if someone has a religious exemption	Introduced
Public Health Authority	WV HB 4403	Would remove the ability to temporarily suspend unvaccinated students from school during an outbreak	Introduced

Vaccine Cost	CA AB 659	Would require insurance companies cover HPV vaccines without cost sharing	Introduced
Vaccine Cost	IL SB 2744	Would prohibit copays or any other form of cost sharing for vaccine administration	Introduced
Vaccine Cost	MA H 1081	Would require that insurance companies cover all ACIP recommended vaccines without cost-sharing	Introduced
Vaccine Cost	MA S 647	Would prohibit cost-sharing for preventative services like vaccination	Introduced
Vaccine Cost	MA S 681	Would establish a COVID-19 vaccine state procurement plan and maximum purchase price to prevent "price gouging" and ensure COVID-19 vaccine access across the state	Introduced
Vaccine Cost	MD HB 184	Would have established the Healthy Maryland Program (a single payer state health service which included child and adult immunizations)	Introduced
Vaccine Cost	NJ A 1010	Prohibits payment of more than one copayment, coinsurance or deductible for series of vaccinations used in preventive treatment of rabies	Introduced
Vaccine Cost	NY S 6603 & NY A 5126	Would have required health insurers reimburse providers the full cost of vaccine purchase plus 20% for storage and administration	Introduced
Vaccine Cost	WA HB 1957	Preserves health insurance coverage of preventive services, including vaccination, without cost sharing	Enacted
Vaccine Requirements	AL SB 246	Would state a parent's written declaration is sufficient documentation to exempt their child from a vaccine for religious reasons	Introduced
Vaccine Requirements	AZ HB 2442	Would forbid any vaccine under FDA EUA from ever being required for school attendance	Introduced
Vaccine Requirements	AZ SB 1407	Would allow religious exemptions for all employee vaccine requirements and prohibit employee discrimination based on vaccination status	Introduced
Vaccine Requirements	DC B 25-0278, DC B 25-0378, DC B 25-0377, DC PR 25-0439 & DC B 25-0492	Removes COVID-19 vaccine school requirements	Enacted
Vaccine Requirements	FL SB 636	Would have allowed exemptions from any vaccine requirements if FDA trials didn't last at least one year, vaccine injury data wasn't available online and/or manufacturers hadn't assumed all liability for vaccine injury	Introduced
Vaccine Requirements	FL SB 1094	Would require legislature approval for any new school vaccine requirements	Introduced
Vaccine Requirements	HI HB 1726	Would have standardized medical exemption forms and allowed one to remain valid throughout one's education	Introduced
Vaccine Requirements	IA HF 2055	Would remove vaccine requirements at childcare facilities and elementary schools	Introduced
Vaccine Requirements	IA HF 2071	Would prohibit enforcement of EUA vaccine requirements	Introduced
Vaccine Requirements	IA HF 2280	Would remove the requirement for parents enrolling their student in private school from providing the district with proof of immunization	Introduced
Vaccine Requirements	IA HF 283 & IA HF 464	Would remove immunization requirements for homeschool students	Introduced
Vaccine Requirements	IA SF 45	Would have prohibited employers from determining whether an employee or prospective employee has received a COVID-19 vaccine	Introduced
Vaccine Requirements	IL HB 3000	Would state that no employee or student of a public school or institution of higher education be required to receive a COVID-19 vaccine to attend	Introduced
Vaccine Requirements	IL HB 3001	Would ban vaccine mandates for state employees	Introduced
Vaccine Requirements	IL HB 3187	Would prohibit COVID-19 vaccine requirements for school attendance	Introduced
Vaccine Requirements	IL HB 5002 & IL HB 5853	Would allow one Tdap vaccine in the past year to satisfy the college vaccine requirement (instead of 3 documented doses)	Introduced
Vaccine Requirements	IL HB 5105	Would prohibit any employee vaccination requirements for vaccines approved under EUA	Introduced
Vaccine Requirements	IL HB 5161	Would prohibit healthcare students from being required to receive EUA vaccines	Introduced
Vaccine Requirements	IL HB 5162	Would require that employers accept consciences exemption waivers to any employer vaccine requirements	Introduced
Vaccine Requirements	IN HB 1071	Would have allowed philosophical exemptions to vaccine requirements by any entity	Introduced
Vaccine Requirements	IN HB 1072	Would have prohibited vaccine requirements for health profession education programs	Introduced
Vaccine Requirements	IN HB 1334	Would have required any exemption to employee vaccine requirements and allowed for civil penalties and lawsuits if violated	Introduced



Vaccine Requirements	KS HB 2007 & KS HB 314	Would have prohibited COVID-19 vaccine requirements at childcare facilities and schools	Introduced
Vaccine Requirements	KS HB 2161	Would have prohibited hospitals/patient care facilities from requiring that patient visitors receive any vaccines	Introduced
Vaccine Requirements	KS SB 315	Would have required exemptions to any employer imposed COVID-19 vaccine requirement, alongside penalties if violated	Introduced
Vaccine Requirements	KY HB 177	Would prohibit any vaccine requirements for children	Introduced
Vaccine Requirements	KY SB 135	Would prohibit vaccine requirements at postsecondary education institutions	Introduced
Vaccine Requirements	KY HB 48	Would have prohibited any person, employer, entity, or health care provider from requiring, mandate, or coercing any adult to receive a vaccine	Introduced
Vaccine Requirements	KY SB 182	Would have required religious exemptions for employer-mandated vaccines	Introduced
Vaccine Requirements	KY SB 295	Would have prohibited COVID-19 and any other mRNA vaccine from being required for employment or medical treatment	Introduced
Vaccine Requirements	LA HB 25	Would state businesses are not liable, and cannot be penalized, for not enforcing EUA vaccine mandates	Introduced
Vaccine Requirements	LA HB 46	Would prohibit COVID-19 vaccine school requirements	Introduced
Vaccine Requirements	LA HB 550	Would remove meningococcal vaccine requirements for 11 and 16 year olds as well as the requirement students are provided information about the flu vaccine	Introduced
Vaccine Requirements	LA HB 711	Would prohibit any vaccine administration to children who are in state custody	Introduced
Vaccine Requirements	LA HB 87	Would prohibit any governmental entity or business from implementing a COVID-19 vaccine mandate	Introduced
Vaccine Requirements	MA H 2151 & MA S 1458	Standardizes the process of obtaining a medical or religious vaccine exemption	Introduced
Vaccine Requirements	MI SB 875, MI SB 876 & MI SB 877	Would add twelfth grade to school's immunization reporting requirements	Introduced
Vaccine Requirements	MN HF 367 & MN SF 610	Would allow daycares to establish their own vaccine requirements	Introduced
Vaccine Requirements	MO HB 1424 & MO SB 1085	Would have prohibited any entity receiving public funds from requiring COVID-19 vaccination and allowed for exemptions to employee immunization requirements	Introduced
Vaccine Requirements	MO HB 1526	Would have prohibited the state from implementing any EUA vaccine requirements	Introduced
Vaccine Requirements	MO SB 1002	Would have prohibited school districts from requiring COVID-19 vaccines	Introduced
Vaccine Requirements	MO HB 1807	Would prohibit COVID-19 vaccine requirements at colleges and universities	Introduced
Vaccine Requirements	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	Introduced
Vaccine Requirements	MS SB 2154 & MS HB 1510	Would codify parental religious exemptions to school required vaccines	Introduced
Vaccine Requirements	MS Hb 1506	Would allow for religious, philosophical or conscientious exemptions to school required vaccines	Introduced
Vaccine Requirements	MS HB 1650 & MS SB 2920	Would have created a standardized vaccine medical exemption process and prohibited discrimination against those who obtain it	Introduced
Vaccine Requirements	MS HB 840 & MS HB 686	Would have prohibited vaccine requirements as a condition of employment or receiving state services	Introduced
Vaccine Requirements	NE LB 1027	Would allow a child's "education decision maker" (in addition or instead of their parent/guardian) to provide a vaccine exemption for the child	Introduced
Vaccine Requirements	NH HB 1194	Would prohibit vaccine requirements for any non-communicable diseases other than tetanus	Introduced
Vaccine Requirements	NH HB 1213	Would remove immunization requirements at childcare facilities	Introduced
Vaccine Requirements	NH HB 408	Prohibits any additional vaccine requirements for children in foster care and allows foster care children to obtain their own vaccine exemptions	Enacted
Vaccine Requirements	NJ S 1705	Would prohibit any COVID-19 or HPV requirements for school attendance	Introduced
Vaccine Requirements	NJ A 1507 & NJ S 1693	Would prohibit COVID-19 vaccine mandates (outside of healthcare and LTC facilities-ensuring no-cost vaccination for employees to receive the COVID-19 vaccine in this sector)	Introduced

Vaccine Requirements	NJ S 962 & NJ A 3392	Would prohibit COVID-19 requirements for school attendance	Introduced
Vaccine Requirements	NJ A 1823	Would establish influenza vaccine requirements for schools, preschools, childcare centers and institutes of higher education	Introduced
Vaccine Requirements	NJ A 1812	Would add a vaccine requirement exemption option if a sibling had a proven vaccine injury	Introduced
Vaccine Requirements	NJ A 1864	Would establish COVID-19 vaccine requirements for staff and students at colleges/universities	Introduced
Vaccine Requirements	NJ A 1506	Would prohibit influenza vaccine requirements for school attendance for those under 18	Introduced
Vaccine Requirements	NJ A 710	Would prohibit the state from requiring private businesses enforce COVID-19 vaccine mandates	Introduced
Vaccine Requirements	NJ A 780 & NJ S 380	Would require that entities requiring proof of COVID-19 vaccine receipt accept confirmation of a prior COVID-19 infection as an acceptable alternative	Introduced
Vaccine Requirements	NJ S 1359 & NJ A 3827	Would prohibit COVID-19 vaccine requirements for staff and students at colleges/universities	Introduced
Vaccine Requirements	NJ S 678	Would prohibit LTC facilities from implementing vaccine requirements for visitors	Introduced
Vaccine Requirements	NY S 118 & NY A 6676	Would reestablish religious vaccine exemptions	Introduced
Vaccine Requirements	NY S 1484 & NY A 6621	Would exempts private and parochial schools and day care centers from immunization requirements	Introduced
Vaccine Requirements	NY A 1102 & NY S 7168	Would standardize vaccine exemption forms for schools	Introduced
Vaccine Requirements	NY S 1945 & NY A 1811	Would establish influenza vaccine requirements for daycares	Introduced
Vaccine Requirements	NY A 2186 & NY S 2726	Would establish vaccine requirements for children who attend overnight summer camps	Introduced
Vaccine Requirements	NY A 4324	Would establish vaccine requirements for staff who work at overnight summer camps	Introduced
Vaccine Requirements	NY A 2125 & NY S 8113	Would prohibit any other type of vaccine requirement except medical	Introduced
Vaccine Requirements	NY A 2905	Would require the department of health to design a process to approve medical exemptions in a timely fashion	Introduced
Vaccine Requirements	NY A 6041	Would remove several routine required school vaccinations	Introduced
Vaccine Requirements	NY A 8281	Would require undocumented immigrants to be vaccinated	Introduced
Vaccine Requirements	NY A 3997, NY S 6119, NY S 1264, & NY S 1636	Would prohibit mandatory COVID-19 vaccine requirements	Introduced
Vaccine Requirements	NY A 6619 & NY S 5051	Would prohibit COVID-19 vaccine requirements and vaccine incentives	Introduced
Vaccine Requirements	NY S 8430	Would add a vaccine requirement for rotavirus	Introduced
Vaccine Requirements	NY A 9226 & NY S 5045	Would prohibit COVID-19 vaccine requirements for daycare staff (and students)	Introduced
Vaccine Requirements	NY A 9440 & NY S 8417	Would establish a Hepatitis B vaccine requirement for college students	Introduced
Vaccine Requirements	NY S 624	Would establish a COVID-19 vaccine requirement for college students	Introduced
Vaccine Requirements	NY S 8911	Would remove schools from participation in vaccine requirement enforcement	Introduced
Vaccine Requirements	NY S 9351 & NY A 10417	Would slightly simplify and expand the process to get a medical vaccine exemption to school requirements	Introduced
Vaccine Requirements	OK HB 2963	Requires that schools immediately exempt students from immunization requirements upon receipt of such notification from their parents	Introduced
Vaccine Requirements	OK HB 3249	Would allow conscientious exemptions to childcare vaccine requirements	Introduced
Vaccine Requirements	OK SB 1950	Would prohibit a state agency or political subdivision from requiring COVID-19 vaccines	Introduced
Vaccine Requirements	OK SB 1978, OK SB 1954, OK HB 3555, OK SB	Would prohibit employer imposed COVID-19 vaccine requirements for employees, contractors and/or job applicants	Introduced

	944 & OK HB 3111		
Vaccine Requirements	SC H 4690	Would require any new school vaccine requirement be voted on by the general assembly	Introduced
Vaccine Requirements	SC H 5233	Would prohibit any EUA vaccine requirements	Introduced
Vaccine Requirements	SC S 965	Would prohibit the state or any political subdivision from enacting a COVID-19 Vaccination Mandate and allow for employer-mandated vaccine exemptions	Introduced
Vaccine Requirements	SC S 975	Would have prohibited businesses, non-profit organizations, colleges, schools, and employers from mandating that employees, contractors, students, patrons, customers, clients, or guests receive any novel vaccines	Introduced
Vaccine Requirements	SD SB 100	would prohibit adding any additional childhood vaccine requirements beyond those currently listed	Introduced
Vaccine Requirements	TN HB 2050 & TN SB 2379	would direct the department of children's services to submit a waiver to exempt the state from Title IV-E Foster Family Immunization Requirements	Introduced
Vaccine Requirements	UT SB 13	removes vaccine requirements for home school students	Enacted
Vaccine Requirements	UT HB 405 & UT SB 192	adds medical, religious, and personal exemptions to medical student vaccine requirements.	Enacted
Vaccine Requirements	VA HB 481	would have stated that first responders shall not be required to show proof of immunization to attend trainings at medical care facilities.	Introduced
Vaccine Requirements	WA HB 1545	would have prohibited college/university vaccine requirements for online students.	Introduced
Vaccine Requirements	WI AB 429 & WI SB 442	would have eliminated philosophical vaccine exemptions	Introduced
Vaccine Requirements	WI AB 612 & WI SB 921	Would have required workplace vaccine requirement exemptions	Introduced
Vaccine Requirements	WI SB 228 & WI AB 229	Would have prohibited any new vaccine requirements	Introduced
Vaccine Requirements	WI SB 920 & WI AB 610	Would have required immunization requirement waivers at institutes of higher education that receive public funding	Introduced
Vaccine Requirements	WV HB 4585	Would prohibit COVID-19 vaccine requirements for those who provide respite care	Introduced
Vaccine Requirements	WV HB 4439	Would prohibit COVID-19 vaccine requirements at colleges and universities	Introduced
Vaccine Requirements	WV HB 4424	Would simplify the process of obtaining a medical exemption	Introduced
Vaccine Requirements	WV HB 4192	Would simplify the process of obtaining a religious or philosophical vaccine exemption	Introduced
Vaccine Requirements	WV SB 423, WV HB 5210 & WV HB 5249	Would remove vaccine requirements for private and parochial schools	Introduced
Vaccine Requirements	WV HB 5144	Would remove all vaccine requirements for public school students	Introduced
Vaccine Requirements	WV HB 5145	Would remove Hepatitis B school vaccine requirements	Introduced
Vaccine Requirements	WV HB 5143	Would allow religious and philosophical exemptions for all vaccines except measles, polio, and tuberculosis vaccines	Introduced
Vaccine Requirements	WV HB 5105	Allows virtual public-school students to be exempt from vaccine requirements, and for private and parochial schools to institute their own policies (unless students participate in activities with other schools)	Vetoed
Vaccine Requirements	WV HB 5106 & WV SB 553	Would allow religious exemptions for school required vaccines	Introduced
Vaccine Requirements	WV HB 5107 & WV HB 5335	Would allow philosophical exemptions for school required vaccines	Introduced
Vaccine Requirements	WV HB 5141	Would have required universities honor all student vaccine exemptions.	Introduced
Vaccine Requirements	WV HB 5142	Would have prohibited the state from requiring vaccines for its employees unless religious exemptions were offered	Introduced
Vaccine Requirements	WV SB 412	Would establish a more rigorous approval process for medical vaccine requirement exemptions	Introduced
Vaccine Requirements	WV SB 257	Would have prohibited the state from enforcing any vaccine mandates	Introduced
Vaccine Requirements	WY HB 123	Would remove vaccine requirements for childcare facilities	Introduced

Vaccine Safety/Investigation	IA HF 2333	would have established a state-level vaccine adverse event reporting system and vaccine injury compensation program.	Introduced
Vaccine Safety/Investigation	ID SCR 110	Would have established a committee to complete a study of Idaho's response to the COVID-19 pandemic	Introduced
Vaccine Safety/Investigation	IN HB 1335	Would have required a state-level version of VAERS be implemented	Introduced
Vaccine Safety/Investigation	LA HR 214	Would request that the attorney general investigate whether certain corporations violated any laws in the production, distribution, or sale of COVID-19 vaccines	Introduced
Vaccine Safety/Investigation	LA HR 292	Requests the Louisiana Department of Health to conduct a study that examines the relationship between unexpected deaths of infants and children, ages two and under, and the administration of vaccinations	Enacted
Vaccine Safety/Investigation	MA H 737	Would mandate provider VAERS reporting and commission a study on COVID-19 vaccine safety	Introduced
Vaccine Safety/Investigation	MA H 4718	Would require the department of emergency preparedness conduct a study on vaccine adverse events	Introduced
Vaccine Safety/Investigation	ME HP 1474	Would have required the department to investigate the COVID-19 v-safe reporting program and any safety issues related to the COVID-19 vaccines	Introduced
Vaccine Safety/Investigation	MI SB 624 & MI HB 5259	Would require providers to report vaccine adverse events to the state health department	Introduced
Vaccine Safety/Investigation	MN HF 1879	Would require healthcare providers provide parents with vaccine risk information, document to VAERS, and complete a specified consent form	Introduced
Vaccine Safety/Investigation	MN SF 923 & MN HF 1896	Would establish natural antibodies as an accepted alternative to vaccination	Introduced
Vaccine Safety/Investigation	MO HB 1790	Would have made employers liable for any injuries resulting from employee-required vaccinations	Introduced
Vaccine Safety/Investigation	MO SB 1186	Would have required vaccine manufacturers in the state to provide information to residents about how they could be indirectly exposed to the vaccine or components of it (even if they don't receive)	Introduced
Vaccine Safety/Investigation	MS HB 1497 & MS SB 2884	Would have paused mRNA COVID-19 vaccination until the health department conducted a study that determined they were safe	Introduced
Vaccine Safety/Investigation	MS HB 1515	Would have required the attorney general investigate COVID-19 vaccine manufactures for any criminal offenses	Introduced
Vaccine Safety/Investigation	NE LR 234	Would have required a study to examine the state's COVID-19 response	Introduced
Vaccine Safety/Investigation	NE LR 398	Would have required a study on the safety of mRNA vaccines in livestock	Introduced
Vaccine Safety/Investigation	NH SB 319	Would prohibit vaccine distribution and promotion unless the vaccine was tested using voluntary human clinical trials	Introduced
Vaccine Safety/Investigation	NJ SR 16 & NJ AR 12	Urges congress to compel HHS to submit the biennial report describing the actions they took to improve vaccine safety to Congress	Introduced
Vaccine Safety/Investigation	NJ S 657 & NJ A 624	Would require the department to set up a state-specific children's VAERS	Introduced
Vaccine Safety/Investigation	NJ A 4286 & NJ S 2449	Would implement a taskforce to investigate the long-term safety of COVID-19 vaccines	Introduced
Vaccine Safety/Investigation	NJ A 742	Would eliminate the use of vaccines containing mercury over three years	Introduced
Vaccine Safety/Investigation	NJ S 377 & NJ A 1307	Would require that opt-out and VAERS reporting information be provided before any vaccine administration, and that providers can't refuse care based on vaccination status	Introduced
Vaccine Safety/Investigation	NJ S 384	Would make the state financially liable for injuries caused by state-mandated vaccines	Introduced
Vaccine Safety/Investigation	NY A 4460 & NY S 5715	Would require a parent/guardian be physically present during any vaccine administration	Introduced
Vaccine Safety/Investigation	NY A 4108	Would prohibit COVID-19 vaccine administration until the department conducts a safety study	Introduced
Vaccine Safety/Investigation	NY A 4900	Would require vaccine ingredient and VAERS information be provided to patients 48 hours prior to any vaccine administration	Introduced
Vaccine Safety/Investigation	NY A 6451 & NY S 4316	Would make the state liable for any injuries caused by state mandated vaccines	Introduced
Vaccine Safety/Investigation	OK SB 1776 & OK SB 929	Would require that vaccinators disclose to patients all vaccine ingredients and whether vaccines were tested using fetal cell lines prior to administration	Introduced
Vaccine Safety/Investigation	TN HB 1894 & TN SB 1903	defines food that contains a vaccine or vaccine material as a drug.	Enacted
Vaccine Safety/Investigation	WI AB 613 & WI SB 923	Would have added injury caused by an employer vaccine requirement to the workers compensation program	Introduced

Vaccine Safety/Investigation	WV HB 4401, WV HB 5552 & WV SB 279	Would require that all vaccine injuries and side effects be reported by medical professionals to the Bureau for Public Health	Introduced
Vaccine Safety/Investigation	WV HB 4348	Would state natural immunity or antibodies to any illness be treated as equal or better to vaccine-induced immunity	Introduced
Vaccine Safety/Investigation	WV HB 5336	Would require that parents be notified any time that school-related immunization notifications or letters are sent to parents; including VICP information	Introduced
Other	CA AB 2101	Would establish a state stockpile of vaccines.	Introduced
Other	IA HF 187	Would remove the requirement that HPV vaccine information is provided in health curriculum	Introduced
Other	IA SF 2223	Would require information about HPV vaccines be taught in schools	Introduced
Other	ID H 439	Extends Idaho Immunization Assessment Board until 2029	Enacted
Other	IL HB 4256	Would establish an Immunization Program Fund within the state treasury to cover the cost of vaccines currently not covered by other state or federal programs	Introduced
Other	IL HR 613	Would require the department to implement an adult vaccination strategy	Introduced
Other	IN SR 50	Would have urged the Department of Health to improve adult vaccination rates and develop an adult vaccination plan	Introduced
Other	KY HB 41	Would have prohibited all monetary forms of vaccine incentives	Introduced
Other	MA H 2207	Would require that funeral home employees are in the same priority as healthcare workers in the event of a future emergency vaccine distribution	Introduced
Other	NH HB 539	Would prohibit a public elementary or secondary school from conducting a vaccination clinic during school hours	Introduced
Other	NH SB 559	Expands the definition of vaccine to include RSV monoclonal antibodies	Introduced
Other	NJ A 2246	Would establish criminal penalties for fake COVID-19 vaccine cards	Introduced
Other	NJ A 368	Would require on-site COVID-19 vaccine availability at "qualified facilities" serving individuals 65+	Introduced
Other	NY A 1545	Would require vaccine science instruction in every middle and high school	Introduced
Other	NY A 6103	Would allow those 14 years and older to consent to their own immunizations	Introduced
Other	NY A 2130	Would establish a New York State Vaccination Awareness campaign	Introduced
Other	NY A 9886 & NY S 9550	Would have required that hospitals offer a flu vaccine to everyone over age 50 (currently required for everyone over age 65)	Introduced
Other	NY S 1288	Would require at least one COVID-19 vaccine access point in each county	Introduced
Other	NY S 7166	Would establish a state stockpile of vaccines	Introduced
Other	OK HB 3333	Would have created an Infant and Child Health Advisory Council, that included at least one expert on childhood immunizations	Introduced
Other	PA HB 2368	Would establish a statewide stockpile of vaccines and other medical countermeasures	Introduced
Other	UT HB 123	Would have required vaccinators to disclose any administration fees they receive for providing vaccines to patients prior to vaccinating	Introduced
Other	VA HB 1279	Requires the Health and Education Departments to make Certificates of Immunization more user friendly (digital and print versions/streamline the process)	Enacted
Other	WA SB 5982 & WA HB 2157	Simplifies the definition of vaccine as any "immunization" approved by FDA and recommended by CDC	Enacted
Other	WI AB 427 & WI SB 418	Would have established a program that provides vaccines to individuals who are not currently eligible for federal programs	Introduced
Other	WV HB 5361 & WV SB 492	Would have mandated hospitals offer influenza vaccine to every patient over 50 during flu season	Introduced

## APPENDIX 2: All Tagged Legislation by State

State	Bills	Summary	Status
Alaska	AK HB 216	Would require vaccine with genetically modified material to be labeled as "gene therapy products"	Introduced
Alaska	AK HB 334	Would require donated blood to be disclosed, labeled, and tested for mRNA vaccine components	Introduced
Alabama	AL HB 165	Would have excluded vaccinations from the medical care that minors 14 years and older can currently consent to without parental consent	Introduced
Alabama	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	Enacted
Alabama	AL SB 246	Would state a parent's written declaration is sufficient documentation to exempt their child from a vaccine for religious reasons	Introduced
Alabama	AL SB 74	Would limit the state health officer's authority to respond to a vaccine preventable disease outbreak	Introduced
Arizona	AZ HB 2406, AZ SB 1648, & AZ SB 1146	Requires that manufactures disclose on their website, or food packaging, whether livestock received mRNA vaccines	Vetoed
Arizona	AZ HB 2442	Would forbid any vaccine under FDA EUA from ever being required for school attendance	Introduced
Arizona	AZ SB 1137	Would require individual school vaccination rates be posted online	Introduced
Arizona	AZ HB 2657	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Arizona	AZ SB 1407	Would allow religious exemptions for all employee vaccine requirements and prohibit employee discrimination based on vaccination status	Introduced
Arizona	AZ SB 1715	Would expand the definition IIS and reporting to include adult immunizations	Introduced
California	CA AB 659	Would require insurance companies cover HPV vaccines without cost sharing	Introduced
California	CA AB 2101	Would establish a state stockpile of vaccines	Introduced
California	CA AB 2653	Would require the department to aggregate data related to overall vaccine coverage rates in skilled nursing facilities and develop strategies to improve such rates	Introduced
California	CA SB 957	Would establish sexual orientation and gender identity data inclusion within the IIS	Introduced
Colorado	CO HCR 24-1005	Would establish a parental bill of rights that affirms medial and religious immunization exemptions as well as data collection opt-out	Introduced
Connecticut	CT SB 133	Would authorize pharmacy technicians to vaccinate	Introduced
District of Columbia	DC B 25-0545	Allows pharmacy technicians to vaccinate	Enacted

District of Columbia	DC B 25-0278, DC B 25-0378, DC B 25-0377, DC PR 25-0439 & DC B 25-0492	Removes COVID-19 vaccine school requirements	Enacted
Florida	FL HB 1535	Would have prohibited requiring IIS enrollment and IIS data sharing with other jurisdictions as well as outlawed any EUA vaccine requirements	Introduced
Florida	FL HB 459 & FL SB 402	Would have stated vaccine administration is outside of treatments authorized during public health emergencies and that individuals can submit a written refusal to abstain from any public health emergency requirement	Introduced
Florida	FL SB 636	Would have allowed exemptions from any vaccine requirements if FDA trials didn't last at least one year, vaccine injury data wasn't available online and/or manufactures hadn't assumed all liability for vaccine injury	Introduced
Florida	FL SB 680	Would have prohibited discrimination based on one's vaccination status and prohibited any IIS requirements	Introduced
Florida	FL SB 1094	Would require legislature approval for any new school vaccine requirements	Introduced
Georgia	GA HB 897	Would repeal the authority of the Department of Public Health and all county boards of health to require persons to submit to vaccinations	Introduced
Georgia	GA HB 174 & GA SB 445	Would require the Department of Education to provide to parents and guardians of students entering the sixth grade information regarding recommended adolescent vaccinations	Introduced
Georgia	GA HB 576	Would have prohibited healthcare providers from discriminating against potential organ transplantation based on an individual's COVID-19 vaccination status	Introduced
Hawaii	HI HB 1726	Would have standardized medical exemption forms and allowed one to remain valid throughout one's education	Introduced
Hawaii	HI HB 1715	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Hawaii	HI SB 2568 & HI HB 2147	Would allow pharmacists to vaccinate down to age three	Introduced
Hawaii	HI HR 50-2024	Would request the Department Of Health To Conduct A Study on The Feasibility Of Permitting Minors Sixteen Years Of Age Or Older To Consent To Receive Vaccinations Without Parental Consent	Introduced
Hawaii	HI HB 2553	Would allow pharmacists to vaccinate down to age three as well as authorize pharmacy technicians and pharmacy interns to vaccinate	Introduced
Iowa	IA HF 2041, IA SF 2058, IA SF 395 & IA HSB 178	Would have required Patients and Parents to Opt-In to sharing IIS data with outside entities	Introduced
Iowa	IA HSV 222	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced

Iowa	IA SSB 1165	Would allow pharmacists to vaccinate without a provider's prescription	Introduced
Iowa	IA SF 2003, IA SF 2196 & IA HF 2045	Would require all vaccine communications include exemption information	Introduced
Iowa	IA HF 2055	Would remove vaccine requirements at childcare facilities and elementary schools	Introduced
Iowa	IA HF 2047	Would have classified one's vaccination status as a disability that could not be decimated against under the Civil Rights Act	Introduced
Iowa	IA HF 2071	Would prohibit enforcement of EUA vaccine requirements	Introduced
Iowa	IA HF 2085	Would have required Medicaid managed care organizations reimburse pharmacists for vaccine purchase and administration	Introduced
Iowa	IA HF 2280	Would remove the requirement for parents enrolling their student in private school from providing the district with proof of immunization	Introduced
Iowa	IA HF 2333	Would have established a state-level vaccine adverse event reporting system and vaccine injury compensation program	Introduced
Iowa	IA HF 2528	Would require information about the vaccine injury compensation program be provided to patients prior to vaccine administration and included in all vaccine promotional advertising	Introduced
Iowa	IA HF 507	Would have stated that CDC and WHO recommendations cannot be utilized in the state and outlawed vaccine registries	Introduced
Iowa	IA HF 555	Allows pharmacists to administer any ACIP recommended vaccine to adults	Enacted
Iowa	IA HF 303, IA HF 2090 & IA SF 2030	Would remove the state's ability to order vaccination during an emergency, only recommend it	Introduced
Iowa	IA HF 283 & IA HF 464	Would remove immunization requirements for homeschool students	Introduced
Iowa	IA HJR 5	Would have amended the state constitution to add that all citizens have the right to refuse any vaccine	Introduced
Iowa	IA HSB 51	Would have allowed podiatric physicians to vaccinate	Introduced
Iowa	IA SF 2271	Would have required any previous immunizations be listed on an individual's death certificate	Introduced
Iowa	IA SF 45	Would have prohibited employers from determining whether an employee or prospective employee has received a COVID-19 vaccine.	Introduced
Iowa	IA SR 7	would have condemned and demanded remedial action for military service members terminated due to failure to receive a COVID-19 vaccine	Introduced
Iowa	IA HF 187	Would remove the requirement that HPV vaccine information is provided in health curriculum	Introduced
Iowa	IA HF 166 & IA HF 2044	Would specify vaccinations are not a medical procedure minors can consent to and remove the requirement that HPV vaccine information is provided in health curriculum	Introduced
Iowa	IA SF 2223	Would require information about HPV vaccines be taught in schools	Introduced



Iowa	IA SF 99, IA SF 2149 & IA SF 238	Would have required vaccine receipt information be documented on death certificates	Introduced
Iowa	IA SF 91, IA SF 2030, IA HF 303 & IA HF 2090	Would have suspended the government's authority to order that people be vaccinated or quarantined during a public health emergency	Introduced
Idaho	ID H 397	Would change IIS inclusion from opt-out to opt-in	Introduced
Idaho	ID H 438 & IA SF 2196	Would require all communications about vaccine requirements to include information about exemptions	Introduced
Idaho	ID H 597	Allows students of majority age to submit their own exemption from school immunization requirements	Enacted
Idaho	ID H 439	Extends Idaho Immunization Assessment Board until 2029	Enacted
Idaho	ID S 1227	Would have prohibited the health department from advertising "experimental" vaccines and stated a patient could not be denied treatment for refusing vaccination	Introduced
Idaho	ID S 1287	Would have prohibited any vaccine requirements without vote by both bodies of the Idaho legislature	Introduced
Idaho	ID SCR 110	Would have established a committee to complete a study of Idaho's response to the COVID-19 pandemic	Introduced
Illinois	IL HB 3000	Would state that no employee or student of a public school or institution of higher education be required to receive a COVID-19 vaccine to attend	Introduced
Illinois	IL HB 3001	Would ban vaccine mandates for state employees	Introduced
Illinois	IL HB 3187	Would prohibit COVID-19 vaccine requirements for school attendance	Introduced
Illinois	IL HB 4243	Would require blood banks to test and label blood for mRNA vaccine and mRNA vaccine components	Introduced
Illinois	IL HB 4256	Would establish an Immunization Program Fund within the state treasury to cover the cost of vaccines currently not covered by other state or federal programs	Introduced
Illinois	IL HB 5002 & IL HB 5853	Would allow one Tdap vaccine in the past year to satisfy the college vaccine requirement (instead of 3 documented doses)	Introduced
Illinois	IL HB 5105	Would prohibit any employee vaccination requirements for vaccines approved under EUA	Introduced
Illinois	IL HB 5161	Would prohibit healthcare students from being required to receive EUA vaccines	Introduced
Illinois	IL HB 5162	Would require that employers accept consciences exemption waivers to any employer vaccine requirements	Introduced
Illinois	IL HB 5151 & IL SB 3529	Repeals the requirement that pamphlets explaining immunizations for pertussis are given to parents of newborns	Introduced
Illinois	IL HB 5462	Would allow pharmacists to administer COVID-19 or influenza down to age 7	Introduced
Illinois	IL HR 613	Would require the department to implement an adult vaccination strategy	Introduced
Illinois	IL SB 2744	Would prohibit copays or any other form of cost sharing for vaccine administration	Introduced

Illinois	IL SB 3378 & IL HB 5043	Would repeal a requirement for the Department of Public Health to provide to school districts educational materials on meningococcal disease and meningococcal vaccines	Introduced
Indiana	IN HB 1071	Would have allowed philosophical exemptions to vaccine requirements by any entity	Introduced
Indiana	IN HB 1072	Would have prohibited vaccine requirements for health profession education programs	Introduced
Indiana	IN HB 1215	Would have allowed dental hygienists to vaccinate those over age 11	Introduced
Indiana	IN HB 1334	Would have required any exemption to employee vaccine requirements and allowed for civil penalties and lawsuits if violated	Introduced
Indiana	IN HB 1335	Would have required a state-level version of VAERS be implemented	Introduced
Indiana	IN SB 192	Would have allowed pharmacists to administer any ACIP recommended vaccine	Introduced
Indiana	IN SR 50	Would have urged the Department of Health to improve adult vaccination rates and develop an adult vaccination plan	Introduced
Kansas	KS HB 2007 & KS HB 314	Would have prohibited COVID-19 vaccine requirements at childcare facilities and schools	Introduced
Kansas	KS HB 2161	Would have prohibited hospitals/patient care facilities from requiring that patient visitors receive any vaccines	Introduced
Kansas	KS HB 2263	Would allow pharmacist technicians to vaccinate (and allow individuals to sue physicians who performed gender reassignment surgeries)	Introduced
Kansas	KS SB 315	Would have required exemptions to any employer imposed COVID-19 vaccine requirement, alongside penalties if violated	Introduced
Kentucky	KY HB 163	Would have required COVID-19 or other mRNA vaccination status be documented on blood donations	Introduced
Kentucky	KY HB 229	Would have required vaccines or other products with "genetic material" to be labeled as "gene therapy"	Introduced
Kentucky	KY HB 274	Permits pharmacists to administer vaccines to children three years of age or older	Enacted
Kentucky	KY HB 41	Would have prohibited all monetary forms of vaccine incentives	Introduced
Kentucky	KY HB 177	Would prohibit any vaccine requirements for children	Introduced
Kentucky	KY SB 135	Would prohibit vaccine requirements at postsecondary education institutions	Introduced
Kentucky	KY HB 48	Would have prohibited any person, employer, entity, or health care provider from requiring, mandate, or coercing any adult to receive a vaccine	Introduced
Kentucky	KY SB 182	Would have required religious exemptions for employer-mandated vaccines	Introduced
Kentucky	KY SB 295	Would have prohibited COVID-19 and any other mRNA vaccine from being required for employment or medical treatment	Introduced
Louisiana	LA HB 25	Would state businesses are not liable, and cannot be penalized, for not enforcing EUA vaccine mandates	Introduced

Louisiana	LA HB 421	Would add sickle cell disease status to the IIS	Introduced
Louisiana	LA HB 46	Would prohibit COVID-19 vaccine school requirements	Introduced
Louisiana	LA HB 47	Requires that communication issued about immunization requirements include exemption information	Enacted
Louisiana	LA HB 288	Would require immunization records be included on infant autopsy reports	Introduced
Louisiana	LA HB 550	Would remove meningococcal vaccine requirements for 11- and 16-year-olds as well as the requirement students are provided information about the flu vaccine	Introduced
Louisiana	LA HB 711	Would prohibit any vaccine administration to children who are in state custody	Introduced
Louisiana	LA HB 809	Would state no recommendations, instructions, or guidance provided by the United States Centers for Disease Control and Prevention can be used without an affirmative vote from the legislature	Introduced
Louisiana	LA HB 815	Would require that all descriptive advertising and promotional materials for vaccines created or displayed by the Health Department adhere to the United States Food and Drug Administration rules regarding commercial advertising	Introduced
Louisiana	LA HB 822	Would require blood donations from individuals who received mRNA vaccines be labeled as such and allow blood recipients to request different blood in a non-emergency situation	Introduced
Louisiana	LA HB 866	Would have prohibited employment termination, denying of public services, segregation, discrimination, and penalties against someone who refused vaccination"	Introduced
Louisiana	LA HB 87	Would prohibit any governmental entity or business from implementing a COVID-19 vaccine mandate	Introduced
Louisiana	LA HB 908	Would prohibit discrimination based on a student's vaccination status, including allowing or denying participation inside and outside of the classroom and issuance of surveys to students relative to their vaccination status	Introduced
Louisiana	LA HR 214	Would request that the attorney general investigate whether certain corporations violated any laws in the production, distribution, or sale of COVID-19 vaccines	Introduced
Louisiana	LA HR 292	Requests the Louisiana Department of Health to conduct a study that examines the relationship between unexpected deaths of infants and children, ages two and under, and the administration of vaccinations	Enacted
Massachusetts	MA H 1081	Would require that insurance companies cover all ACIP recommended vaccines without cost-sharing	Introduced
Massachusetts	MA H 2207	Would require that funeral home employees are in the same priority as healthcare workers in the event of a future emergency vaccine distribution"	Introduced
Massachusetts	MA H 2219	Would allow certified medical assistants to vaccinate	Introduced
Massachusetts	MA S 1391 & MA H 604	Would require schools to report vaccination rates and exemption rates	Introduced
Massachusetts	MA H 2669	Would prohibit any COVID-19 vaccine requirements in order to secure, receive, or access any public facility, any public benefit, or any public service. It would also prohibit employee termination based on COVID-19 vaccine status and outlaw vaccine passports	Introduced
Massachusetts	MA H 737	Would mandate provider VAERS reporting and commission a study on COVID-19 vaccine safety	Introduced

Massachusetts	MA H 2151 & MA S 1458	Standardizes the process of obtaining a medical or religious vaccine exemption	Introduced
Massachusetts	MA S 647	Would prohibit cost-sharing for preventative services like vaccination	Introduced
Massachusetts	MA S 681	Would establish a COVID-19 vaccine state procurement plan and maximum purchase price to prevent "price gouging" and ensure COVID-19 vaccine access across the state	Introduced
Massachusetts	MA H 4718	Would require the department of emergency preparedness conduct a study on vaccine adverse events	Introduced
Maryland	MD HB 184	Would have established the Healthy Maryland Program (a single payer state health service which included child and adult immunizations)	Introduced
Maryland	MD HB 76 & MD SB 18	Allow pharmacists to administer influenza vaccine, COVID-19 vaccine, and any other vaccine "used in response to a public health emergency" to those 3 years and older	Enacted
Maryland	MD SB 210	Allows paramedics to administer influenza and COVID-19 vaccines	Enacted
Maryland	MD HB 1430	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Maine	ME HP 1474	Would have required the department to investigate the COVID-19 v-safe reporting program and any safety issues related to the COVID-19 vaccines	Introduced
Michigan	MI SB 31 & MI HB 4200	Requires lead poisoning screening results be added to the IIS	Enacted
Michigan	MI SB 624 & MI HB 5259	Would require providers to report vaccine adverse events to the state health department	Introduced
Michigan	MI SB 875, MI SB 876 & MI SB 877	Would add twelfth grade to school's immunization reporting requirements	Introduced
Minnesota	MN HF 1197 & MN SF 1176	Would allow pharmacists, pharmacy interns and pharmacist techs to administer any vaccine (currently just flu and COVID-19) down to age 3	Introduced
Minnesota	MN HF 367 & MN SF 610	Would allow daycares to establish their own vaccine requirements	Introduced
Minnesota	MN HF 1879	Would require healthcare providers provide parents with vaccine risk information, document to VAERS, and complete a specified consent form	Introduced
Minnesota	MN SF 5213 & MN HF 5131	Would require any vaccine given in the last two years of life be listed on an individual's death certificate and included in an annual report	Introduced
Minnesota	MN SF 923 & MN HF 1896	Would establish natural antibodies as an accepted alternative to vaccination	Introduced

Minnesota	MN HB 1526	Would classify any state initiated COVID-19 vaccine requirements as discriminatory and ban COVID-19 vaccine requirements	Introduced
Missouri	MO HB 1424 & MO SB 1085	Would have prohibited any entity receiving public funds from requiring COVID-19 vaccination and allowed for exemptions to employee immunization requirements	Introduced
Missouri	MO HB 1526	Would have prohibited the state from implementing any EUA vaccine requirements "	Introduced
Missouri	MO HB 1790	Would have made employers liable for any injuries resulting from employee-required vaccinations	Introduced
Missouri	MO SB 1186	Would have required vaccine manufacturers in the state to provide information to residents about how they could be indirectly exposed to the vaccine or components of it (even if they don't receive)	Introduced
Missouri	MO SB 1002	Would have prohibited school districts from requiring COVID-19 vaccines	Introduced
Missouri	MO SB 902	Creates a parental bill of rights relating to elementary and secondary education, including IZ opt out information	Introduced
Missouri	MO SB 818	Would limit county health officials' rulemaking authority	Introduced
Missouri	MO HB 1807	Would prohibit COVID-19 vaccine requirements at colleges and universities	Introduced
Missouri	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	Introduced
Missouri	MO HB 2879	Would have removed pharmacists' authority to vaccinate against chikungunya	Introduced
Missouri	MO HR 4210	Would have recognized military members were wrongly terminated for failure to receive a COVID-19 vaccine and requested they be fully compensated/reinstated for this wrongful termination	Introduced
Missouri	MO SB 1215	Would have allowed dentists to administer vaccines	Introduced
Missouri	MO SB 1285	Would have required meat products to be labeled as ""mRNA Vaccinated"" if the animal received an mRNA vaccine	Introduced
Missouri	MO SB 1429 & MO HB 2759	Would have required blood be tested and labeled for any COVID-19 or mRNA vaccine components; allowing individuals to refuse such blood if they need a transfusion	Introduced
Missouri	MO SB 1455	Would add chikungunya to the list of vaccines pharmacists can administer	Introduced
Missouri	MO SB 952 & MO SJR 63	Would have prohibited infringing upon one's right to refuse vaccination and stated medical facilities can't require vaccinations of patient visitor's	Introduced
Mississippi	MS SB 2154 & MS HB 1510	Would codify parental religious exemptions to school required vaccines	Introduced

Mississippi	MS Hb 1506	Would allow for religious, philosophical or conscientious exemptions to school required vaccines	Introduced
Mississippi	MS HB 1497 & MS SB 2884	Would have paused mRNA COVID-19 vaccination until the health department conducted a study that determined they were safe"	Introduced
Mississippi	MS HB 1512	Would have prohibited insurance companies from denying claims based on one's vaccination status	Introduced
Mississippi	MS HB 1515	Would have required the attorney general investigate COVID-19 vaccine manufactures for any criminal offenses	Introduced
Mississippi	MS HB 1516	Would have required family notification if one's death was suspected to be caused by COVID-19 vaccination and authorize associated autopsies without court order	Introduced
Mississippi	MS HB 1650 & MS SB 2920	Would have created a standardized vaccine medical exemption process and prohibited discrimination against those who obtain it.	Introduced
Mississippi	MS HB 643 & MS HB 736	Would require all food that receives/contains mRNA vaccine or vaccine material be labeled as such	Introduced
Mississippi	MS HB 714	Would have prohibited mRNA vaccines for livestock and allowed meat products to be labeled as "mRNA free"	Introduced
Mississippi	MS HB 840 & MS HB 686	Would have prohibited vaccine requirements as a condition of employment or receiving state services	Introduced
Mississippi	MS SB 2167	Would have allowed pharmacy interns and pharmacy technicians to vaccinate	Introduced
Mississippi	MS SB 2061	Would have prohibited using one's COVID-19 vaccination status to inform organ transplant decisions	Introduced
Nebraska	NE LB 202	Would allow pharmacy technicians to vaccinate	Introduced
Nebraska	NE LB 374	Would establish a parental bill of rights, including immunization opt out information	Introduced
Nebraska	NE LB 1028 & NE LB 1111	Would have required that local and county health departments receive state-level approval for vaccination efforts	Introduced
Nebraska	NE LB 642	Would have required that all National Guard members discharged due to failure to adhere to the DOD COVID-19 vaccine mandate be invited to reenlist and/or have their discharge records changed to honorable discharge	Introduced
Nebraska	NE LR 234	Would have required a study to examine the state's COVID-19 response"	Introduced
Nebraska	NE LR 398	Would have required a study on the safety of mRNA vaccines in livestock	Introduced
Nebraska	NE LB 1027	Would allow a child's "education decision maker" (in addition or instead of their parent/guardian) to provide a vaccine exemption for the child	Introduced
New Hampshire	NH HB 10	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
New Hampshire	NH HB 539	Would prohibit a public elementary or secondary school from conducting a vaccination clinic during school hours	Introduced

New Hampshire	NH HB 1538 & NH SB 402	Would allow pharmacists to administer COVID-19, flu and any other FDA licensed vaccine	Introduced
New Hampshire	NH HB 1156	Says the state cannot implement any requirements, mandates, recommendations, instructions, or guidance from CDC or WHO	Introduced
New Hampshire	NH HB 1194	Would prohibit vaccine requirements for any non-communicable diseases other than tetanus	Introduced
New Hampshire	NH HB 1213	Would remove immunization requirements at childcare facilities	Introduced
New Hampshire	NH HB 1661	Would require that previous vaccine receipt be documented on death certificates	Introduced
New Hampshire	NH HB 1669	Would prohibit IIS data sharing with external organizations unless the department can ensure IIS withdrawals will be honored by the partner organization	Introduced
New Hampshire	NH HB 408	Prohibits any additional vaccine requirements for children in foster care and allows foster care children to obtain their own vaccine exemptions	Enacted
New Hampshire	NH SB 200	Authorizes optometrists to administer influenza, COVID-19 and shingles vaccines	Enacted
New Hampshire	NH SB 319	Would prohibit vaccine distribution and promotion unless the vaccine was tested using voluntary human clinical trials	Introduced
New Hampshire	NH SB 559	Expands the definition of vaccine to include RSV monoclonal antibodies	Introduced
New Jersey	NJ SR 16 & NJ AR 12	Urges congress to compel HHS to submit the biennial report describing the actions they took to improve vaccine safety to Congress	Introduced
New Jersey	NJ S 1705	Would prohibit any COVID-19 or HPV requirements for school attendance	Introduced
New Jersey	NJ A 1507 & NJ S 1693	Would prohibit COVID-19 vaccine mandates (outside of healthcare and LTC facilities-ensuring no-cost vaccination for employees to receive the COVID-19 vaccine in this sector)	Introduced
New Jersey	NJ S 962 & NJ A 3392	Would prohibit COVID-19 requirements for school attendance	Introduced
New Jersey	NJ A 1823	Would establish influenza vaccine requirements for schools, preschools, childcare centers and institutes of higher education	Introduced
New Jersey	NJ A 1812	Would add a vaccine requirement exemption option if a sibling had a proven vaccine injury	Introduced
New Jersey	NJ A 1523	Would prohibit automatic IIS enrollment (and require people to opt-in)	Introduced
New Jersey	NJ A 1852 & NJ S 1956	Would automatically enroll anyone not currently in the IIS into the IIS after they receive an immunization (unless they opt out)	Introduced
New Jersey	NJ S 657 & NJ A 624	Would require the department to set up a state-specific Children's VAERS	Introduced
New Jersey	NJ S 656 & NJ A 625	Would require vaccination information on all sudden infant death reports	Introduced
New Jersey	NJ S 379	Would create a "Children's Vaccination Bill of Right," emphasizing vaccine opt-out	Introduced

New Jersey	NJ A 1864	Would establish COVID-19 vaccine requirements for staff and students at colleges/universities	Introduced
New Jersey	NJ A 1899 & NJ S 1981	Would allow pharmacy technicians to vaccinate, and authorize pharmacists, pharmacy interns and pharmacy technicians to vaccinate down to age 5	Introduced
New Jersey	NJ A 2246	Would establish criminal penalties for fake COVID-19 vaccine cards	Introduced
New Jersey	NJ A 1506	Would prohibit influenza vaccine requirements for school attendance for those under 18	Introduced
New Jersey	NJ A 1010	Prohibits payment of more than one copayment, coinsurance or deductible for series of vaccinations used in preventive treatment of rabies	Introduced
New Jersey	NJ A 531	Would establish a parental bill of rights, including IZ opt out information	Introduced
New Jersey	NJ A 3375	Would prohibit discrimination specifically against pregnant women who have not received a COVID-19 vaccine	Introduced
New Jersey	NJ A 368	Would require on-site COVID-19 vaccine availability at "qualified facilities" serving individuals 65+	Introduced
New Jersey	NJ A 4109	Would allow paramedics to administer vaccines during disease outbreaks	Introduced
New Jersey	NJ A 4286 & NJ S 2449	Would implement a taskforce to investigate the long-term safety of COVID-19 vaccines	Introduced
New Jersey	NJ A 605	Would allow EMT's to administer vaccines during disease outbreaks	Introduced
New Jersey	NJ A 710	Would prohibit the state from requiring private businesses enforce COVID-19 vaccine mandates	Introduced
New Jersey	NJ A 742	Would eliminate the use of vaccines containing mercury over three years	Introduced
New Jersey	NJ A 780 & NJ S 380	Would require that entities requiring proof of COVID-19 vaccine receipt accept confirmation of a prior COVID-19 infection as an acceptable alternative	Introduced
New Jersey	NJ ACR 45 & NJ SCR 23	Would urge U.S. congress to reinstate military members dismissed for refusing a COVID-19 vaccine	Introduced
New Jersey	NJ AR 29	Would urge U.S. President to withdraw from the WHO	Introduced
New Jersey	NJ S 1359 & NJ A 3827	Would prohibit COVID-19 vaccine requirements for staff and students at colleges/universities	Introduced
New Jersey	NJ S 2114	Would state healthcare workers dismissed for COVID-19 vaccine refusal be entitled to unemployment benefits	Introduced
New Jersey	NJ S 354	Would allow optometrists to administer varicella vaccines (currently just COVID-19 and influenza)	Introduced
New Jersey	NJ S 377 & NJ A 1307	Would require that opt-out and VAERS reporting information be provided before any vaccine administration, and that providers can't refuse care based on vaccination status	Introduced
New Jersey	NJ S 384	Would make the state financially liable for injuries caused by state-mandated vaccines	Introduced
New Jersey	NJ S 454 & NJ A 3835	Would prohibit discrimination against those who do not receive a COVID-19 vaccine	Introduced
New Jersey	NJ S 678	Would prohibit LTC facilities from implementing vaccine requirements for visitors	Introduced



New York	NY S 118 & NY A 6676	Would reestablish religious vaccine exemptions	Introduced
New York	NY A 837 & NY S 1946	Would require that school vaccination rates be published on school websites	Introduced
New York	NY S 1484 & NY A 6621	Would exempts private and parochial schools and day care centers from immunization requirements	Introduced
New York	NY S 1531 & NY A 7154	Would require adult vaccines be added to the IIS (unless adults opt out)	Introduced
New York	NY A 1102 & NY S 7168	Would standardize vaccine exemption forms for schools	Introduced
New York	NY A 1092	Would allow EMT's to administer vaccines during certain circumstances	Introduced
New York	NY S 1945 & NY A 1811	Would establish influenza vaccine requirements for daycares	Introduced
New York	NY A 1545	Would require vaccine science instruction in every middle and high school	Introduced
New York	NY S 1947 & NY A 8409	Would allow pharmacists to vaccinate down to age 9 for influenza	Introduced
New York	NY A 1736 & NY S 3373	Would require the IIS to record the number of vaccine exemptions reported by each provider	Introduced
New York	NY A 2186 & NY S 2726	Would establish vaccine requirements for children who attend overnight summer camps	Introduced
New York	NY A 4324	Would establish vaccine requirements for staff who work at overnight summer camps	Introduced
New York	NY A 2125 & NY S 8113	Would prohibit any other type of vaccine requirement except medical	Introduced
New York	NY A 2905	Would require the department of health to design a process to approve medical exemptions in a timely fashion	Introduced
New York	NY A 4460 & NY S 5715	Would require a parent/guardian be physically present during any vaccine administration	Introduced
New York	NY A 6103	Would allow those 14 years and older to consent to their own immunizations	Introduced
New York	NY A 6041	Would remove several routine required school vaccinations	Introduced
New York	NY A 8281	Would require undocumented immigrants to be vaccinated	Introduced
New York	NY A 10303 & NY S 8519	Would allow nursing students to vaccinate	Introduced

New York	NY A 2130	Would establish a New York State Vaccination Awareness campaign	Introduced
New York	NY A 2183 & NY S 6731	Would have made it a third degree crime to falsify or alter IIS records	Introduced
New York	NY A 2189 & NY S 5199	Would prohibit discrimination based on one's vaccination status	Introduced
New York	NY A 2760	Would state employees fired for failure to receive a COVID-19 vaccine are eligible for unemployment insurance	Introduced
New York	NY A 3997, NY S 6119, NY S 1264, & NY S 1636	Would prohibit mandatory COVID-19 vaccine requirements	Introduced
New York	NY A 4108	Would prohibit COVID-19 vaccine administration until the department conducts a safety study	Introduced
New York	NY A 4900	Would require vaccine ingredient and VAERS information be provided to patients 48 hours prior to any vaccine administration	Introduced
New York	NY A 6451 & NY S 4316	Would make the state liable for any injuries caused by state mandated vaccines	Introduced
New York	NY A 6454	Would have established a vaccine bill of rights	Introduced
New York	NY A 6594 & NY S 4783	Would add asthma prescription and blood lead levels to the IIS	Introduced
New York	NY A 6619 & NY S 5051	Would prohibit COVID-19 vaccine requirements and vaccine incentives	Introduced
New York	NY A 7711 & NY S 7495	Would allow pharmacists to administer mpox vaccines	Introduced
New York	NY S 8352	Would allow any minor who has birthed a child to consent to their own vaccinations (without parental consent)	Introduced
New York	NY S 8430	Would add a vaccine requirement for rotavirus	Introduced
New York	NY A 9251 & NY S 8545	Would allow pharmacy technicians to vaccinate	Introduced
New York	NY A 9196 & NY S 7466	Would reinstate NYC employees that were dismissed due to failure to receive a COVID-19 vaccine	Introduced
New York	NY A 9226 & NY S 5045	Would prohibit COVID-19 vaccine requirements for daycare staff (and students)	Introduced

New York	NY A 9440 & NY S 8417	Would establish a Hepatitis B vaccine requirement for college students	Introduced
New York	NY A 9802	Would allow medical assistants to draw and administer vaccines in certain supervised settings	Introduced
New York	NY A 9886 & NY S 9550	Would have required that hospitals offer a flu vaccine to everyone over age 50 (currently required for everyone over age 65)	Introduced
New York	NY S 1288	Would require at least one COVID-19 vaccine access point in each county	Introduced
New York	NY S 624	Would establish a COVID-19 vaccine requirement for college students	Introduced
New York	NY S 6603 & NY A 5126	Would have required health insurers reimburse providers the full cost of vaccine purchase plus 20% for storage and administration	Introduced
New York	NY S 7166	Would establish a state stockpile of vaccines	Introduced
New York	NY S 8911	Would remove schools from participation in vaccine requirement enforcement	Introduced
New York	NY S 919	Would allow EMTs and paramedics to vaccinate	Introduced
New York	NY S 9351 & NY A 10417	Would slightly simplify and expand the process to get a medical vaccine exemption to school requirements	Introduced
Ohio	OH HB 319	Would prohibit discrimination based on one's vaccination status.	Introduced
Ohio	OH SB 144	Would allow pharmacists and pharmacy technicians to vaccinate down to age five	Introduced
Oklahoma	OK HR 1042 & OK SB 426	Prohibits the state from engaging in the enforcement of, or any collaboration with the enforcement of, any requirements, instructions, mandates, recommendations, or guidance provided by the World Health Organization	Enacted
Oklahoma	OK HB 2963	Requires that schools immediately exempt students from immunization requirements upon receipt of such notification from their parents	Introduced
Oklahoma	OK SB 1486	Would require the state to publish deidentified versions of all immunization data in the state	Introduced
Oklahoma	OK SB 1563, OK HB 3250, OK SB 1975 & OK HB 3120	Would establish a parental or citizen's bill of rights, including IZ opt out information	Introduced
Oklahoma	OK SB 1679	Would have prohibited the state from requiring or coercing residents to receive a vaccine during an emergency	Introduced
Oklahoma	OK HB 3333	Would have created an Infant and Child Health Advisory Council, that included at least one expert on childhood immunizations	Introduced
Oklahoma	OK HB 3249	Would allow conscientious exemptions to childcare vaccine requirements	Introduced
Oklahoma	OK SB 1776 & OK SB 929	Would require that vaccinators disclose to patients all vaccine ingredients and whether vaccines were tested using fetal cell lines prior to administration	Introduced

Oklahoma	OK SB 1950	Would prohibit a state agency or political subdivision from requiring COVID-19 vaccines	Introduced
Oklahoma	OK SB 1978, OK SB 1954, OK HB 3555, OK SB 944 & OK HB 3111	Would prohibit employer imposed COVID-19 vaccine requirements for employees, contractors and/or job applicants	Introduced
Oregon	OR HB 4010	Allows pharmacists to vaccinate down to age 3	Enacted
Pennsylvania	PA HB 2037	Would allow pharmacist techs to vaccinate (but raises the age that pharmacists are authorized to vaccinate)	Introduced
Pennsylvania	PA HB 2131	Would allow minors who have graduate high school, become pregnant or who are legally emancipated to consent to their own vaccines	Introduced
Pennsylvania	PA Hb 2244	Would require schools to report the number of vaccinated/unvaccinated students on their website	Introduced
Pennsylvania	PA HB 2368	Would establish a statewide stockpile of vaccines and other medical countermeasures	Introduced
Pennsylvania	PA SB 883	Would prohibit any vaccines with genetic material ""given the potential to alter one's DNA	Introduced
Rhode Island	RI HB 7881	Would require blood donations from patients who received mRNA vaccines be labeled as such and allow recipients to request certain blood	Introduced
Rhode Island	RI SB 2117 & RI HB 8008	Would prohibit the governor for declaring a public health emergency for longer than 60 days without a joint resolution from the general assembly	Introduced
Rhode Island	RI SB 2285	Would prohibit discrimination in post-secondary education based on medical or religious vaccine exemptions	Introduced
Rhode Island	RI SB 2386	Would require written consent for all vaccines and prohibit discrimination based on vaccination status	Introduced
Rhode Island	RI SB 2424	Would establish a parental bill of rights, including IZ opt out information	Introduced
South Carolina	SC H 4690	Would require any new school vaccine requirement be voted on by the general assembly	Introduced
South Carolina	SC H 4873	Would require any manufacturer of vaccines with genetic material respond to any public requests within 21 days about how they might be directly or indirectly exposed to such genetic material	Introduced
South Carolina	SC H 5060	Would require any blood and organ donations be labeled if the individua received an mRNA vaccine and allow recipients to decline such donation	Introduced
South Carolina	SC H 5233	Would prohibit any EUA vaccine requirements	Introduced
South Carolina	SC H 3693	Would prohibit the development and enforcement of any vaccine passports	Introduced
South Carolina	SC S 505 & SC H 3988	Would allow pharmacists, pharmacists technicians and pharmacy interns to vaccinate (down to age 12)	Introduced

South Carolina	SC S 965	Would prohibit the state or any political subdivision from enacting a COVID-19 Vaccination Mandate and allow for employer-mandated vaccine exemptions	Introduced
South Carolina	SC S 975	Would have prohibited businesses, non-profit organizations, colleges, schools, and employers from mandating that employees, contractors, students, patrons, customers, clients, or guests receive any novel vaccines	Introduced
South Dakota	SD SB 100	Would prohibit adding any additional childhood vaccine requirements beyond those currently listed	Introduced
South Dakota	SD HB 1167	Would have stated that an employer may not terminate, demote, discipline, or take any other adversarial action against an employee who didn't receive a COVID-19 vaccine	Introduced
South Dakota	SD HB 1221	Would have prohibited discrimination due to one's vaccination status and prohibited vaccine passports	Introduced
South Dakota	SD HCR 6012	Would have "acknowledged the challenges and responses during the COVID-19 pandemic" and cautioned against using WHO recommendations in the future	Introduced
Tennessee	TN HB 1726, TN SB 2358, TN HB 2548 & TN SB 2359	Establishes that one's vaccination status cannot be a requirement for adopting or fostering a child	Enacted
Tennessee	TN HB 2050 & TN SB 2379	Would direct the department of children's services to submit a waiver to exempt the state from Title IV-E Foster Family Immunization Requirements	Introduced
Tennessee	TN HB 1894 & TN SB 1903	Defines food that contains a vaccine or vaccine material as a drug	Enacted
Tennessee	TN HB 2452 & TN SB 2641	Removes the declaration that it is the responsibility of each parent and legal guardian to ensure that their children are vaccinated according to Center for Disease Control or American Academy of Pediatrics guidelines	Introduced
Tennessee	TN HR 99	Urge the reinstatement of Tennessee Army and Air National Guard and other military members terminated for failure to receive a COVID-19 vaccine	Introduced
Tennessee	TN HB 2861	Would allow the suspension or revocation of a healthcare provider's medical license if they "mislead or misrepresent that a vaccination is required by state law, when state law provides a person with an exemption"	Introduced
Tennessee	TN SB 1760, TN SB 1974, TN HB 2708, & TN HB 1945	Would require that manufactures disclose on their website, or food packaging, whether livestock received mRNA vaccines	Introduced
Tennessee	TN SB 2151, TN SB 2519, TN HB 2861, & TN HB 2664	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, and prohibits a healthcare provider from coercing an individual to be vaccinated	Enacted

Tennessee	TN HB 282 & 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	Enacted
Utah	UT SB 13	Removes vaccine requirements for home school students	Enacted
Utah	UT HB 123	Would have required vaccinators to disclose any administration fees they receive for providing vaccines to patients prior to vaccinating	Introduced
Utah	UT HB 405 & UT SB 192	Adds medical, religious, and personal exemptions to medical student vaccine requirements	Enacted
Utah	UT HB 549	Would have required meat products that received mRNA vaccines to be labeled as "Genetically Modified"	Introduced
Virginia	VA HB 1279	Requires the Health and Education Departments to make Certificates of Immunization more user friendly (digital and print versions/streamline the process)	Enacted
Virginia	VA HB 481	Would have stated that first responders shall not be required to show proof of immunization to attend trainings at medical care facilities	Introduced
Virginia	VA HB 1067	Would prohibit the commissioner from requiring any vaccines during an epidemic if someone has a religious exemption	Introduced
Washington	WA HB 1029, WA HB 1814 & WA SB 5139	Would have required reemployment of any state or private employee dismissed from employment due to vaccine mandates	Introduced
Washington	WA HB 1545	Would have prohibited college/university vaccine requirements for online students	Introduced
Washington	WA HB 1601	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
Washington	WA HB 1827	Would have outlawed discrimination based on one's vaccination status, including requiring vaccinations for employment or to enter a business	Introduced
Washington	WA HB 1957	Preserves health insurance coverage of preventive services, including vaccination, without cost sharing	Enacted
Washington	WA SB 5596 & WA HB 1610	Would have restricted government vaccine promotion and engagement with vaccine manufacturers	Introduced
Washington	WA SB 5982 & WA HB 2157	Simplifies the definition of vaccine as any “immunization” approved by FDA and recommended by CDC	Enacted
Wisconsin	WI AB 427 & WI SB 418	Would have established a program that provides vaccines to individuals who are not currently eligible for federal programs	Introduced
Wisconsin	WI AB 429 & WI SB 442	Would have eliminated philosophical vaccine exemptions	Introduced

Wisconsin	WI AB 612 & WI SB 921	Would have required workplace vaccine requirement exemptions	Introduced
Wisconsin	WI AB 613 & WI SB 923	Would have added injury caused by an employer vaccine requirement to the workers compensation program	Introduced
Wisconsin	WI SB 228 & WI AB 229	Would have prohibited any new vaccine requirements	Introduced
Wisconsin	WI SB 428 & WI AB 428	Would have required physicians to vaccinate individuals 16+ even if their parent did not consent	Introduced
Wisconsin	WI SB 489 & WI AB 510	Would have established a parental bill of rights that required parents be notified of vaccination events at their child's school	Introduced
Wisconsin	WI SB 920 & WI AB 610	Would have required immunization requirement waivers at institutes of higher education that receive public funding	Introduced
Wisconsin	WI SB 933 & WI AB 955	Would have prohibited using one's vaccination status when making decisions surrounding organ transplantation and donation	Introduced
West Virginia	WV HB 4585	Would prohibit COVID-19 vaccine requirements for those who provide respite care	Introduced
West Virginia	WV HB 4439	Would prohibit COVID-19 vaccine requirements at colleges and universities	Introduced
West Virginia	WV HB 4424	Would simplify the process of obtaining a medical exemption	Introduced
West Virginia	WV HB 4192	Would simplify the process of obtaining a religious or philosophical vaccine exemption	Introduced
West Virginia	WV HB 4403	Would remove the ability to temporarily suspend unvaccinated students from school during an outbreak	Introduced
West Virginia	WV HB 4401, WV HB 5552 & WV SB 279	Would require that all vaccine injuries and side effects be reported by medical professionals to the Bureau for Public Health	Introduced
West Virginia	WV HB 4348	Would state natural immunity or antibodies to any illness be treated as equal or better to vaccine-induced immunity	Introduced
West Virginia	WV HB 4215	Would prohibit hospitals from treating unvaccinated individuals differently	Introduced
West Virginia	WV SB 423, WV HB 5210 & WV HB 5249	Would remove vaccine requirements for private and parochial schools	Introduced

West Virginia	WV HB 5036	Would have established a parental bill of rights that emphasized Immunization opt out	Introduced
West Virginia	WV SB 520	Would prohibit healthcare providers from "harassing, coercing, scolding or threatening" a patient or parent to vaccinate	Introduced
West Virginia	WV HB 5144	Would remove all vaccine requirements for public school students	Introduced
West Virginia	WV HB 5145	Would remove Hepatitis B School Vaccine Requirements	Introduced
West Virginia	WV HB 5143	Would allow religious and philosophical exemptions for all vaccines except measles, polio and tuberculosis vaccines	Introduced
West Virginia	WV HB 5105	Allows virtual public-school students to be exempt from vaccine requirements, and for private and parochial schools to institute their own policies (unless students participate in activities with other schools)	Vetoed
West Virginia	WV HB 5106 & WV SB 553	Would allow religious exemptions for school required vaccines	Introduced
West Virginia	WV HB 5107 & WV HB 5335	Would allow philosophical exemptions for school required vaccines	Introduced
West Virginia	WV HB 5141	Would have required universities honor all student vaccine exemptions	Introduced
West Virginia	WV HB 5142	Would have prohibited the state from requiring vaccines for its employees unless religious exemptions were offered	Introduced
West Virginia	WV SB 412	Would establish a more rigorous approval process for medical vaccine requirement exemptions	Introduced
West Virginia	WV HB 5361 & WV SB 492	Would have mandated hospitals offer influenza vaccine to every patient over 50 during flu season	Introduced
West Virginia	WV SB 257	Would have prohibited the state from enforcing any vaccine mandates	Introduced
West Virginia	WV HJR 24	Would add the right to refuse any vaccine to a state bill of rights	Introduced
West Virginia	WV HB 5206	Would state that deciding not to vaccinate your child does not qualify as abuse or neglect	Introduced
West Virginia	WV HB 5211	Would prohibit mandatory vaccination for schools, institutes of higher education or employers; and prevent discrimination against those not vaccinated	Introduced
West Virginia	WV HB 5336	Would require that parents be notified any time that school-related immunization notifications or letters are sent to parents, including VICP information	Introduced
Wyoming	WY HB 115	Would require blood donations from individuals who received mRNA vaccines be labeled as such and allow blood recipients to request different blood in a non-emergency situation	Introduced
Wyoming	WY HB 59	Would have prohibited discrimination based on one's COVID-19 vaccination status and prohibited any communications about COVID-19 vaccine requirements	Introduced
Wyoming	WY HB 91	Would have prohibited the state from implementing any CDC or WHO requirements, mandates, recommendations, instructions or guidance	Introduced



Wyoming	WY HB 123	Would remove vaccine requirements for childcare facilities	Introduced
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