



Association of  
Immunization  
Managers

## AIM Legislative Round-up: March 21, 2025

While several states have reached their internal deadlines for new bills to be introduced, overall vaccine-related legislation volume continues to climb. AIM is now tracking **486** effective vaccine-related bills, with numerous bills reaching or nearing the finish line. A summary of new legislative movement over the last two weeks is provided below.

Are you being asked to develop talking points or provide testimony for a vaccine-related bill? Visit our [Policy Toolkit](#) or reach out to [Brent Ewig](#) for individualized support.

### Legislation Enacted (4 bills):

- [AL SB 59](#)- Allows dependents of military members to use military medical records as evidence of immunization receipt (instead of the routine state Blue Card process)
- [ID H 91](#)- Repeals legislation creating the Idaho Childhood Immunization Policy Commission
- [ID S 1038](#)- Prohibits the state from using any requirements or mandates issued by the world health organization as a basis for any action related to vaccination requirements
- [MS HB 1066](#)- Provides a 30-day grace period for children of military families to adhere to school vaccination requirements

### Legislation Passed Both Chambers [*to be enacted pending governor veto*] (8 bills):

- **ID S 1023**- Prohibits the mandate of any medical intervention in the state (defined to include vaccines)
- **ID H 290**- Removes the responsibility of the board of health to determine the school/daycare vaccine schedule, instead listing certain vaccines directly in the statute (and specifying exemption information)
- **ID H 135**- Removes immunization services from the list of services that do not require verification of lawful presence in the United States
- **KS SB 29**- Repeals public health officials' authority to require students isolate/quarantine due to their vaccination status
- **MT HB 118 (LC 1352)**- Provides a 30-day grace period for children of military families to adhere to school vaccination requirements
- **TN HB 1157**- Prohibits the state or local health department from promoting, distributing or endorsing FDA-regulated products outside of their labeling
- **UT HB 84**- Requires any food intended for human consumption that contains vaccine or vaccine material be considered a drug
- **UT HB 228**- Removes any expiration of student vaccine exemption forms, and require that schools transfer such exemption form (or vaccination record) if a student changes schools

### Legislation Passed First Chamber (14 bills):

- **AR HB 1619-** Would require the state Medicaid program reimburse providers at the same rate as VFC for RSV immunizations
- **FL SB 110-** Would establish a Primary and Preventive Care Grant Program, which would provide funding to providers in rural parts of the state that could be used to purchase vaccines
- **IA HF 299-** Would require any public communications about vaccine requirements to include information about vaccine exemptions
- **MD HB 1315-** Would require all health insurers cover all visits for, and costs of, childhood and adolescent immunizations
- **MD HB 974-** Would allow the health commissioner to adopt regulations as needed to ensure health insurers cover all vaccines recommended by ACIP
- **MT SB 474 (LC 1427)-** Would require acceptance of religious and personal medical exemptions to required immunizations
- **MT HB 807 (LC 2455)-** Would prohibit vaccine requirements for vaccines under EUA or ongoing safety trials
- **NH SB 72 & NH HB 10-** Would establish a parental bill of rights, emphasizing parents' ability to make vaccine decisions for their children
- **NH HB 233-** Would require meetings of the New Hampshire Vaccine Association to be recorded and posted online within 48 hours
- **OK HB 1122-** Would remove proof of Hepatitis B vaccination as an accepted substitute for a negative Hepatitis B test for participants in certain athletic events
- **TN SB 827-** Would remove vaccine requirements for private schools that are fully online
- **WA HB 1531-** Would prohibit any policies that prevent health officials from implementing and promoting evidence-based, appropriate measures to control the spread of communicable diseases, including vaccines
- **WI SB 31-** Would authorize physician assistants and advanced practice nurses to supervise a school districts immunization program and issue immunization administration orders (as physicians currently can)

### Legislation Newly Introduced (38 bills):

- Nine new bills would affect **vaccine requirements and exemptions**, including in K-12 schools (AL HB 444, NC HB 380, TX HB 4587, & WV HB 3489), colleges and universities (TX HB 4927, TX SB 2119, WB HB 3384, & WV HB 3298), foster care homes (WV SB 259), and the workplace (TX HB 5622)
- Six new bills would affect **professions authority to vaccinate**, including for pharmacists (NC SB 335, NC SB 357, RI SB 699, & RI HB 6037), EMS providers (TX HB 5611), and naturopathic physicians (NV SB 387)
- Other introduced bills would prohibit **medical service refusals based on vaccination status** (NC SB 373, TX HB 1620, & TX SB 2375), **restrict the use of mRNA vaccines** (TX HB 5022 & MA H 2431), and **increase vaccine access/promotion activities** (HI SCR 129-2025, HI HCR 173-2025, HI HR 169-2025, HI SR 108-2025, & NJ SR 27)

**Legislation Failed (9 bills):**

- *ME LD 113*- Would have required food be labeled if it contained mRNA vaccines
- *MT LC 69*- Would have broadened religious and conscientious exemptions to immunizations
- *MT LC 4125*- Would have banned aluminum in vaccines
- *MT LC 1464*- Would have banned mRNA vaccine use in animals
- *MT LC 1463*- Would have banned mRNA vaccines use in humans
- *MT LC 3236*- Would have required higher education institutions to pay medical costs associated with mandated COVID-19 vaccine
- *MT SB 285*- Would have removed the Hep B daycare vaccine requirement and any references to ACIP
- *MT LC 4298*- Would have authorized certain day-care centers to adopt their own policies regarding certain immunization exemptions
- *UT SB 89*- Would have required insurers to administer reimburse vaccines at the same cost for in-network and out-of-network physicians

**Please note:** AIM is striving to monitor fast-moving state legislative developments. The information included in this summary may not be comprehensive and is subject to change. If you are aware of missing information, **please contact AIM Chief Government Relations and Policy Officer Brent Ewig ([bewig@immunizationmanagers.org](mailto:bewig@immunizationmanagers.org))**.