



Immunize Weekly Summary: April 30, 2026

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[The State of School Immunization Policies – Haley Payne, MPH, Associate Principal, Avalere Health](#)

Haley Payne, MPH, presented highlights from a study by Avalere Health and GSK assessing school immunization policies throughout the United States.

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Avalere and GSK assessed existing statutes, regulation, and guidance on school immunization policies in all 50 states and the District of Columbia, then evaluated all related state legislation introduced in 2025. Some notable findings follow:

- State landscapes are evolving in response to federal changes:
 - There is ongoing litigation around religious exemptions in West Virginia.
 - Louisiana is considering a “medical freedom” bill.
 - Florida’s efforts to eliminate school immunization requirements for varicella, hepatitis B, *Haemophilus influenzae* type b, and pneumococcal disease have stalled, and a proposed medical freedom bill will not be considered during the current special session.
- Most state policies remain linked to federal vaccination recommendations.
 - As of the end of 2025, slightly more than half of states anchored their policies solely to federal recommendations. (Changes to the Advisory Committee on Immunization Practices recommendations are currently in litigation.)
 - Only three states anchor their policies solely to the recommendations of medical societies or the state health commissioner.
 - Some states, such as New York, refer to federal and other recommendations.
- Most states requirements are codified in statute, which requires legislative action to revise, rather than regulations or rulemaking.
 - Thirteen states have requirements governed by both statute and regulations, such as Florida, which recently attempted to remove vaccine requirements via rulemaking.
- Exemptions play a significant role.
 - Only five states do not allow for nonmedical exemptions (including West Virginia).

- Nearly all states and the District of Columbia allow at least one type of nonmedical exemption, most often religious exemption.
- Sixteen states allow for personal or philosophical exemptions.
- Of 82 bills introduced in 2025 that would have weakened school immunization requirements, only 4 passed (one each in Utah, Idaho, Montana, and North Dakota).
 - Idaho passed a medical freedom bill.
 - Utah removed the expiration date from the state’s exemption forms.

The [AIM Legislative Roundup](#) is a good source of information about state legislative activities.

QUESTIONS AND ANSWERS

Q: What other kinds of legislation are also being introduced alongside the exemption laws? In other words, what other patterns are you seeing with types of health-related legislation in the states?

Haley Payne (Avalere): That’s an interesting question. I’m going to give the most disappointing answer, which is just that I, unfortunately, am not tracking that. If it’s not vaccine-related, I don’t have a ton of bandwidth to track what else is going on, but I would invite anyone who is tracking at the state level anything expanding outside of the vaccines realm to provide some thoughts. I think that would be tremendously helpful.

I will say, as far as the vaccine[-related legislation] goes, a lot of the more restrictive bills that are being promoted or introduced are very [focused]. Certain ingredients have come up. We’re not really seeing a ton on aluminum, per se, but there was one state—I want to say maybe Minnesota—that has mentioned in existing policy something about preferring to use vaccines without thimerosal. Some other bills we’ve seen introduced are related to limiting requirements for vaccines that don’t have full U.S. Food and Drug Administration (FDA) approval—anything that is emergency authorized or based on mRNA. Those are bills that we’ve seen get introduced, but haven’t seen pass yet.

Q: Can you talk a little bit more about the specifics of this health freedom movement when it comes to vaccine legislation? What exactly does that mean?

Haley Payne (Avalere): When it comes to the broader [health freedom] movement, to the extent of what I understand, it’s very much anti-requirements. So we’ve seen that come up, especially recently, with the quotes from the Florida surgeon general, who hasn’t commented on the removal of the bill from the special session, but in mentioning that Florida wanted to pursue removing requirements, has said things like, “It should be up to individual choice. I shouldn’t be here to tell you what you can and can’t put in your body,” for lack of a better phrase.

The Idaho bill specifically did not allow schools and businesses to mandate the receipt of any vaccine in order to attend, and so that’s a lot of what I’m seeing as far as medical freedom goes. Again, I’m not really tracking closely outside of the vaccine space, so I couldn’t necessarily say whether medical freedom is extending to other drugs or nonpharmaceutical products, for example.

Carolyn Bridges (Summit): My understanding too is that it is largely about requirements. And at least in Idaho, [school vaccines are] still required, but it's very, very easy to get an exemption for any reason. You don't have to provide a reason, you don't have to sign any form—you just tell the school that you're not interested, and you're exempt.

Haley Payne (Avalere): Yes, and I believe the Louisiana bill that is ongoing has provisions in it that say this does not apply to health care facilities, for example.

Comment: In Kentucky, [some] were trying to delete hepatitis B from the list of required immunizations for children, prohibit additional immunizations from being required by the state's Cabinet for Health and Family Services without the approval of the General Assembly, and delete requirements for hepatitis B immunization for 6th-grade school attendance.

Haley Payne (Avalere): There's another bill related to removing hepatitis B requirements in New Hampshire. I believe it's in the state Senate under consideration at the moment.

Q: Are there hallmarks or common characteristics of the bills that are passed? And are you seeing certain patterns, or maybe certain strategies or outreach, that seem to be helping prevent some of these more challenging bills from passing?

Haley Payne (Avalere): I can't speak to the strategies, because I'm not working on the ground in this space. I think there are a lot of folks here who could absolutely give some really great details on that. Funnily enough, common characteristics-wise, when we were going through the research, most of the bills didn't pass. Like, an overwhelming majority of the so-called anti-vaccine bills really didn't go much further than getting introduced. It was interesting to see, and just because of that, there were not a whole lot of common characteristics.

I will say some of the more, for lack of a better phrase, egregious ones, even in states where you would expect these bills to have a lot of support, are really not moving. For example, the medical freedom bill that [the legislature] just declined to hear in the Florida House during the special session—even the speaker was saying he's concerned about kids going to school with measles. So, interestingly, they're getting introduced, but it doesn't seem like a lot of them are moving. And so the flip side of that is the ones that do pass are pretty few, and, at least from what I've seen, it doesn't really follow a great pattern. I wish I had a more helpful answer than that.

Carolyn Bridges (Summit): I really appreciate all of our partners who've been doing surveys across the country and in different states to show that, again, the large majority of Americans favor immunizations, and that's a really, really important message that we need to keep hammering home.

Haley Payne (Avalere): That is a very good point. Speaking of the Florida article that I was reading today, there was a lot of mention of the majority there being pretty “pro-universal vaccination,” and those who were in favor of removing requirements were “a vocal minority.” I also deeply appreciate the survey efforts. It's really great information to have.

Q: At what point do you think you might have an update for the current legislative season? I realize different states are on different schedules, so it may not be possible until the very end of 2026.

Haley Payne (Avalere): We haven't really thought that far ahead, but I can get in touch with you offline, and we could certainly discuss that. I think it would be really cool to bring that update. [Summit will be reaching out to Avalere to discuss this update].

Q: Will there be a summary of the findings?

Haley Payne (Avalere): We are finalizing a one-pager that goes through a high level of the findings that folks can download and share as needed. It will be on the website. We can send that over to you all along with the presentation slides for dissemination.

Announcements

- Registration for the 2026 National Adult and Influenza Immunization Summit, May 19-21, 2026, at the Crowne Plaza Atlanta Perimeter at Ravinia, in Atlanta, GA, is near capacity. Invitees are encouraged to register as soon as possible (<https://www.izsummitpartners.org/2026-naais/>).
- Those who have registered but are no longer attending are asked to email staff at info@izsummitpartners.org so they can open up the slot to another person.
- See the list of posters to be presented at the summit:
https://www.izsummitpartners.org/content/uploads/2026_NAIIS_Poster_Title_List.pdf