

The State of U.S. Vaccine Policy

April 16, 2026

A new ACIP charter, a formal nomination for CDC director, and states going their own way...

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Anyone who has dealt with the particular plague that is home ownership likely knows the frustration of a missed contractor deadline that somehow (quietly) becomes your problem. The scope shifts, the timeline resets, and, by the time you realize what happened, the original agreement is buried under a stack of small changes that all seemed reasonable in isolation. The job still *looks* like it's getting done, but whether it *actually does* depends on how closely you're checking the paperwork.

That's a useful frame for vaccine policy over the past two weeks and beyond. Statutory nomination deadlines for vacant Department of Health and Human Services (HHS) positions came and went without nominees. A court order froze major vaccine policy changes. And rather than appealing the ruling or working within it in good faith, a new charter for the Advisory Committee on Immunization Practices (ACIP) appeared on the Centers for Disease Control and Prevention (CDC) website that quietly rewrote eligibility criteria, brought new liaison organizations onboard, and expanded the committee's mandate in ways that look, on paper, like routine maintenance. [HHS called it exactly that](#). The fine print tells a different story.

Let's discuss...

Read past installments [here](#).

Breaking News: A Nominee for CDC Director

President Donald Trump [just nominated Erica Schwartz](#) as the new CDC director. Schwartz was previously the deputy surgeon general under the first Trump administration. The role still requires a Senate confirmation. We'll talk more about the other vacant roles below.

The Judge's Stay Still Stands

Not much has changed on the *American Academy of Pediatrics v Kennedy* front since our last issue. Judge Brian Murphy's March 16th stay remains in effect, pausing major vaccine policy changes, including the revised childhood immunization schedule. The administration has yet to appeal, and the 60-day window closes in about a month. (If you need a refresher, we covered the stay as well as its implications in more detail in our [March 17th](#) and [April 2nd](#) issues.)

In a separate but related development last week, a federal judge [denied the administration's motion to dismiss](#) a lawsuit brought by 19 state attorneys general [challenging](#) HHS Secretary Robert F. Kennedy Jr.'s HHS restructuring, which eliminated nearly 10,000 positions and consolidated 28 agencies into 15. The [suit](#) argues the moves were unconstitutional and violated the Administrative Procedure Act. With the motion to dismiss denied, the case will move forward.

A New ACIP By Design

The ACIP's charter expired on April 1st—two weeks after Judge Murphy's stay. The timing of the events, while coincidental, gave Kennedy both a reason that the old ACIP committee could no longer act, and an opening to rebuild it from scratch. Under the Federal Advisory Committee Act, the ACIP renews its charter every two years, a step that is typically uneventful paperwork. This one was not.

On [April 6th](#), HHS published a notice of intent to renew the charter. Two days later, a new one was [posted to the CDC's website](#), making changes that seem routine on the surface until you read the fine print carefully.

The previous charter required membership expertise in vaccine use, clinical or laboratory research, and efficacy and safety assessment. (This may sound familiar, because it's the same language that Judge Murphy cited when he determined that Kennedy's appointees were unqualified for the role). The new charter expands the eligible expertise pool to include pediatric neurodevelopment, toxicology, data, statistical analysis, and health economics. Notably, though, it also adds "recovery from serious vaccine injuries" as a qualifying area of expertise. (This language may sound familiar, too, because it maps directly to a petition that Aaron Siri—a vaccine injury lawyer and Kennedy ally—filed asking that at least two seats on the committee go to people with experience advocating for or treating vaccine-injured patients).

The charter also lists non-voting liaison organizations. The American College of Obstetricians and Gynecologists (ACOG) was removed from the list. (As a reminder, the organization [withdrew](#) itself at the end of February). Meanwhile, three new groups were added: the Association of American Physicians and Surgeons, Physicians for Informed Consent, and the Independent Medical Alliance. These groups all have documented vaccine-skeptical positions, and ACIP chair Kirk Milhoan has a direct affiliation with the last one.

Finally, the scope of the committee's responsibilities were rewritten to emphasize "cumulative exposure to vaccine components," a re-analysis of safety and efficacy, and the evaluation of "risk and benefits of tailoring immunization practices." Taken together, this language gives the committee significant leeway to revisit existing evidence-based recommendations.

More than 130 professional organizations issued a [joint statement of concern](#) yesterday. Legal questions remain about what the new charter practically means and how it will hold up against Judge Murphy's ruling. For example, if the ACIP is reconstituted, it's not clear whether it could be seated in time to make fall vaccine decisions. Regardless, the revised criteria make it possible to bring back many of the previously stayed members. The scope was rewritten, the timeline was reset, and the job still looks like it's getting done.

State Policies

Maryland is among the latest states to formally decouple vaccine policy from federal guidance. [The Vax Act](#) takes effect on July 1st, will give the state health secretary authority to issue vaccine recommendations independent of the ACIP, and [preserves insurance coverage](#) for recommended vaccines, though some coverage changes take effect later.

In **Iowa**, [SF 304](#) advanced to the governor's desk yesterday. It would remove vaccines from the scope of medical care that minors can seek without a parent present—practically, this means minors could no longer receive HPV or hepatitis B vaccines without parental consent.

Also yesterday, **Louisiana** [HB 737](#)— a bill that sought to remove the meningococcal vaccine from the list of required school vaccines—was voted down. While this is considered a “win,” the state still allows [broad vaccine exemptions](#).

The governor of **Maine** signed two bills this week aimed at protecting and expanding access to vaccination, specifically through pharmacies. [LD 2071](#) expands pharmacists' authority to prescribe and administer vaccines to adults without a prescription, and extends that authority to children for flu and COVID vaccines. It also requires insurance carriers to cover vaccines with no cost-sharing. [LD 2146](#) adds liability protections for pharmacists and allows the Maine Vaccine Board to request state funding if federal funding becomes unavailable, while tying state recommendations to guidance from the American Academy of Pediatrics, American Academy of Family Physicians, and ACOG rather than federal guidance.

In **New Hampshire**, parents and guardians can file religious exemptions to the state health department with an easy-to-file, standardized form. A Senate hearing is scheduled this afternoon for [HB 1022](#), which would replace that form with a simple signed self-attestation. Proponents say it eases the process for families; critics argue that removing the standardized form will increase administrative burdens for schools, lower vaccination rates, and hamper outbreak response. A similar bill was vetoed by Governor Kelly Ayotte in 2025.

Finally, the U.S. Court of Appeals for the 4th Circuit upheld **West Virginia's** authority to require schoolchildren to be vaccinated, rejecting a challenge by parents seeking a religious exemption in a state where that type of exemption is not legally codified. West Virginia is one of only five states [without](#) a religious exemption from school vaccine mandates. This case reinforces that courts are willing to defer to states on school vaccine requirements, making similar challenges harder to win in the future.

(Mostly) Same Vacancies, New Names

HHS ORGANIZATIONAL STRUCTURE (APR. 2026)

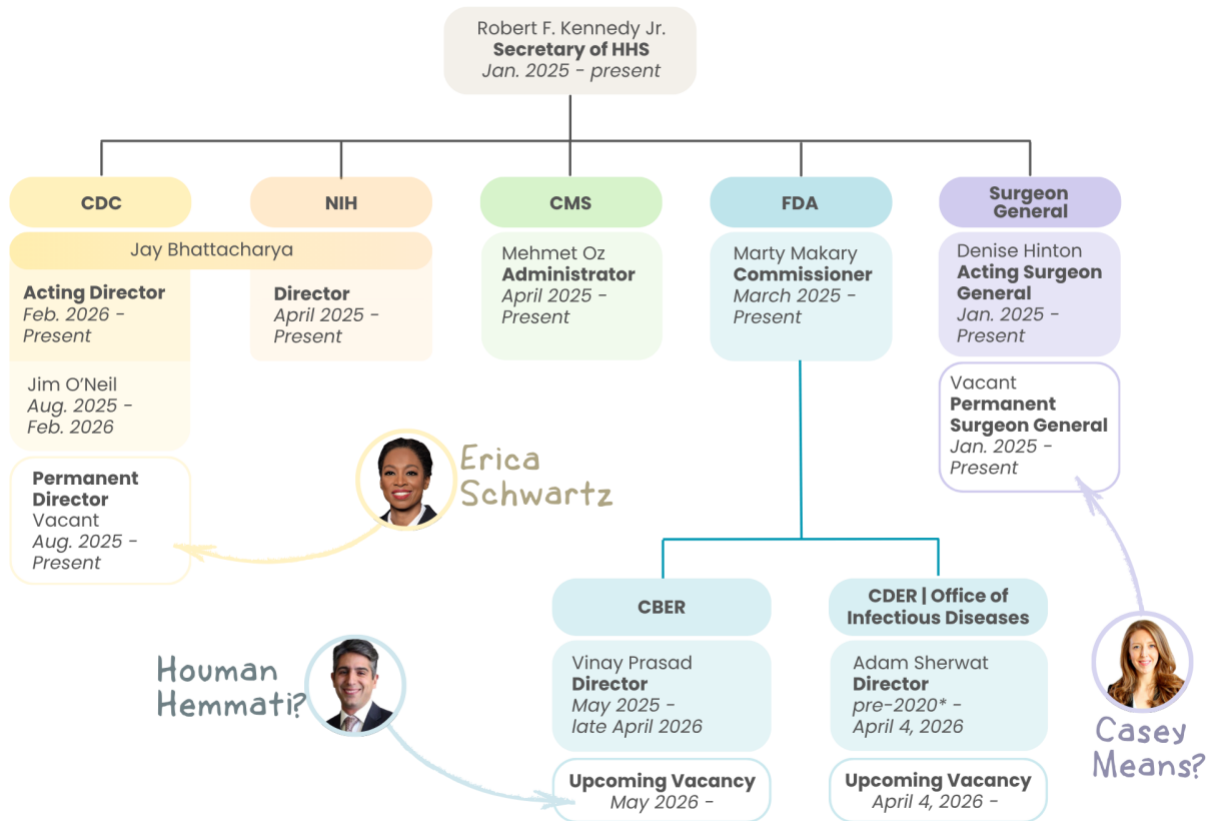


Image created by Unbiased Science. Updated April 16, 2026

*Exact start date unavailable.

In addition to today's breaking CDC Director nominee, two key leadership roles remain unfilled. At the Center for Biologics Evaluation and Research (CBER)—the Food and Drug Administration division that oversees vaccine approvals—Vinay Prasad's last day as director is coming up at the end of the month. Meanwhile, [Houman Hemmati](#), an ophthalmologist, biotech executive, and Fox News commentator who has [publicly questioned](#) COVID-19 vaccines, is reportedly on the short list to replace him. There have not been any updates on Casey Means' potential nomination as surgeon general, though the Senate just came back from a two-week recess on Monday. The vacancy problem is deeper than just filling in a few new names. As [Jake Scott](#), an infectious disease specialist at Stanford, puts it, "You can reinstate a vaccine recommendation with a court order, but you can't reinstate 20 years of accumulated scientific expertise. That's the damage that persists regardless of what happens in the litigation or the political front."

What Else We're Watching:

- **Kennedy is testifying on the HHS budget a lot over the next couple of weeks.** Today alone, he is testifying before the House Ways and Means Committee and House Appropriations health subcommittee (more on that below), and tomorrow he will appear before the House Education and Workforce Committee. The proposed fiscal year budget for 2027, as it currently stands, seeks to cut HHS by \$15.8 billion and reorganize several agencies into a newly formed “Administration for a Healthy America.” The budget would also include continued cuts to the National Institutes of Health and CDC, which have already suffered greatly. In fact, just last week, the CDC announced it has [suspended diagnostic testing](#) for rabies and poxviruses (e.g., smallpox and mpox) owing to layoffs, hiring freezes, and departures.
 - **Kennedy testified before the House Ways and Means Committee this morning.** Among the most notable moments: he claimed the hepatitis B vaccine was not safety-tested and underwent only a four-day study with no placebo (a claim that is [false](#)). He also signaled a major overhaul of the US Preventive Services Task Force (USPSTF), including new appointments and increased meeting frequency. USPSTF recommendations are directly tied to which preventive services insurance must cover, so changes there could have significant downstream effects for patients.
 - **'The Secretary Kennedy Podcast' launched this week**, billed as a vehicle for “[radical transparency in government](#).” The first episode features celebrity chef Robert Irvine discussing food and nutrition. Critics have called it an official channel for misinformation. Notably, the podcast lives on the official HHS government website.
 - **Vaccine Injury Table deadline:** Aaron Siri’s [petition](#) to HHS on behalf of the Informed Consent Action Network demanded more than 300 new conditions be added to the [Vaccine Injury Table](#). He gave Kennedy 60 days to act, which is roughly May 19th.
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In my experience, home ownership does not get easier just because you’ve learned to read the fine print. But you do get better at knowing where to look, and we are trying to keep an eye on the fine print so you don’t have to do it alone.

Also, while these briefings are a passion project for us, we want to acknowledge that they wouldn’t be possible without the work of organizations like the [Common Health Coalition](#) (and their Morning Vax View emails that you can subscribe to [here](#)), and the [state chapters of American Families for Vaccines](#), who help us track legislation and translate their implications.

Stay curious,

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