

# **NVIC's 2024 Annual Report** on **U.S. State Vaccine Legislation**

*State Legislatures Lead the Way to Protect Informed Consent*

By The NVIC Advocacy Team

November 2024

The National Vaccine Information Center (NVIC)

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# NVIC's 2024 Annual Report on U.S. State Vaccine Legislation

## *State Legislatures Lead the Way to Protect Informed Consent*

### By The NVIC Advocacy Team

Developments in science and technology are outpacing policy in so many areas of our lives. Innovation outpaces the implementation of corresponding laws, and this gap is growing wider.

This has a tremendous impact on our society, culture, and of course our health and safety all while challenging and stretching our ethics, morality, and our essence of what it means to be human.

Just because we can do something, doesn't mean we should without pausing to consider the impact, unintended consequences, and harm to ourselves, our families, future generations, the environment, and God's vision for the world and our role in it.

Some current examples of this concerning policy gap are Artificial Intelligence, biotechnology, cryptocurrency, data encryption, 5-G and wireless technologies, nanotechnology, regenerative medicine, robotics, and self-driving vehicles. One of the more concerning specific areas where this is occurring is with vaccines.

Vaccine mandates for school children have been in place in the U.S. for more than a century. As the federally recommended childhood vaccine schedule continues to bloat, and genetic engineering creates new vaccine technologies which are quickly embraced without sufficient scientific evidence to confirm their safety or effectiveness, there has been a [corresponding rise in chronic disease and disability evidenced by poor health, developmental, and behavioral outcomes](#). With the COVID-19 pandemic, vaccine mandates skyrocketed for adults that included societal sanctions for non-compliance.

The absence of true informed consent in the vaccine decision making process needs to be addressed in laws that acknowledge informed consent to medical risk taking as a fundamental right for all Americans. Clearly, Congress needs to pass laws that protect our security and safety, not just corporate profits, but we all know the federal government is slow to act and often won't act at all.

It is going to be up to the individual states to fill this gap and pioneer a way forward until changes in how our federal government handles vaccine use catches up.

In the 2024 legislative session, the non-profit charity National Vaccine Information Center (NVIC) saw state legislators step up to the plate and file or amend bills in many areas including:

- Limiting Reach of WHO and Other International Organizations
- Prohibiting Censorship
- Prohibiting or Restricting Minor Consent to Vaccination
- Expanding Parental Rights
- Requiring Labeling of Vaccine-Free Blood
- Prohibiting mRNA Technology in Foods

- Requiring mRNA Labeling
- Prohibiting Vaccine Status Discrimination or Mandates for All Vaccines
- Requiring Reinstatement, Backpay, or other Restitutions for Anyone Fired Due to COVID-19 Vaccine Mandates
- Expanding Vaccine Exemptions
- Requiring Vaccine Records to be Incorporated into Death Records
- Restricting Vaccine Registries
- Prohibiting Quotas for Pharmacists Giving Vaccines
- Prohibiting Incentives to Vaccine Providers to get People Vaccinated
- Requiring Vaccine Providers Disclose Financial Incentives to get People Vaccinated

State legislators may not have the perfect solutions or offer the perfect model state laws to pass, but protecting informed consent rights can't afford to wait for Capitol Hill to step up and do the right thing. Under the U.S. Constitution, most public health laws are enacted by the states, and this is true for vaccine laws. Therefore, it is elected lawmakers in state legislatures where the legal right to refuse a vaccine without penalty, harassment, or coercion needs to happen.

The COVID-19 vaccine mandates and other restrictions experienced during the coronavirus pandemic inspired widespread active citizen efforts to educate state legislators about the urgent need to protect the human and legal right to exercise voluntary, informed consent to vaccination for not just COVID vaccines, but for all vaccines.

The impact and impetus for change due to NVIC's 15 years of grassroots organizing focused on public education in the states is clear in the evolution of positive state vaccine legislation that protects informed consent rights. This year's *NVIC's 2024 Annual Report on U.S. State Vaccine Legislation* provides even more evidence that the tide has turned and that the legitimacy of our 42-year [mission](#) to prevent vaccine injuries and deaths through public education and to secure vaccine informed consent protections in U.S. public health policies and laws is being affirmed.

## Vaccine-Related Bills in the 2024 Legislative Session

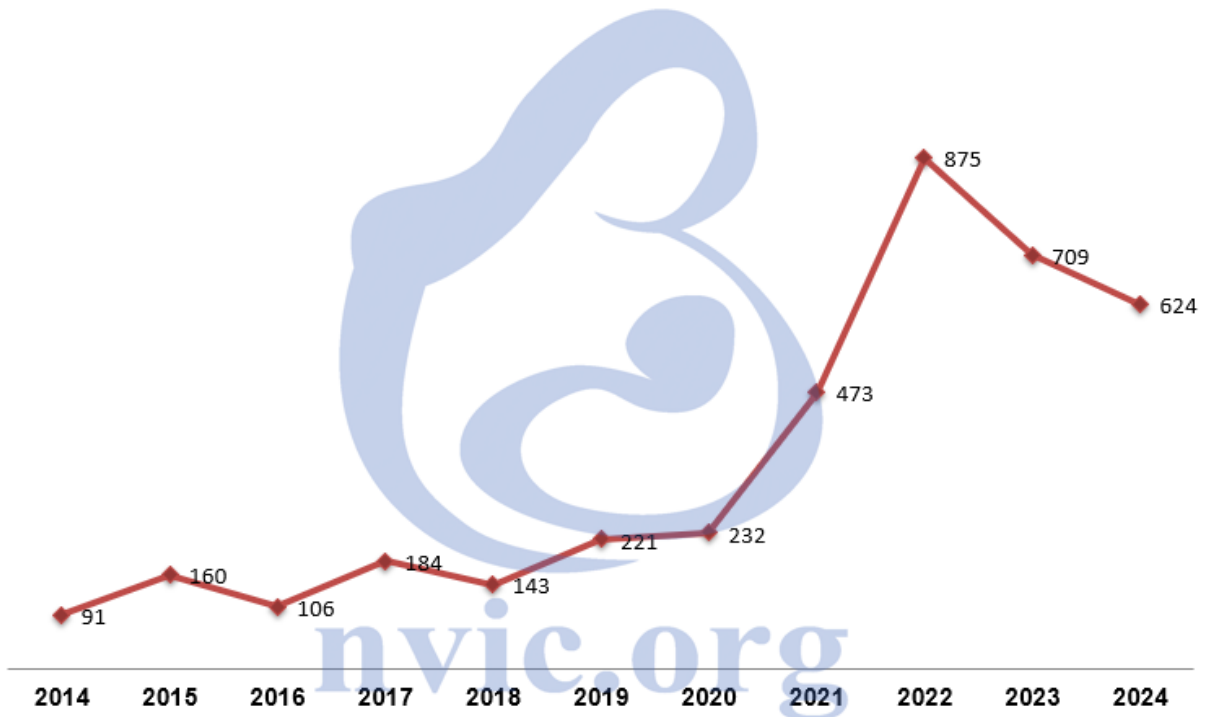
The [National Vaccine Information Center \(NVIC\)](#) reports that during the 2024 legislative session as of Oct. 17, 2024, NVIC analyzed, tracked, and issued positions on 624 vaccine-related bills in 43 states and the District of Columbia (D.C.) through the free online [NVIC Advocacy Portal](#).

The 624 bills tracked by NVIC on the Portal in 2024 represent the third largest amount of bills publicly tracked in a single session over the last 15 sessions. Four of the states, Montana, Nevada, North Dakota, and Texas have biennial legislative sessions and did not hold a session in 2024, as their sessions are held in odd-numbered years. Additionally, there were no vaccine-related bills tracked by NVIC in the three states of

Arkansas, Delaware, and Oregon this year.

## TOTAL VACCINE-RELATED BILLS

2014 - 2024



Since its establishment in 1982, NVIC has provided well-referenced and accurate information to the public about vaccine science, policy, and law and defended the [ethical principle of informed consent](#) to medical risk taking. NVIC does not make vaccine use recommendations. NVIC is opposed to mandatory vaccination. NVIC has worked with families and state legislators to oppose vaccine mandates and mandatory enrollment in electronic vaccine tracking systems; prohibit vaccine status discrimination; and retain or secure flexible medical, religious, and conscientious belief exemptions in existing state public health policies and laws.

In 2010, NVIC launched the [NVIC Advocacy Portal](#) (NVICAP), a free online vaccine choice advocacy network, for the purpose of securing and defending informed consent protections in U.S. vaccine policies and laws.

Over the last 15 years, the NVIC Advocacy Program has analyzed, tracked, and issued positions on close to 4,000 vaccine-related bills.

The NVIC Advocacy Portal Team works collaboratively and shares legislative information with U.S. health freedom groups and individuals supporting NVIC's 42-year call for the protection of vaccine informed consent rights in America. Alongside state leaders and mission aligned groups, NVIC works with families and enlightened health care professionals to educate legislators and their staff to protect vaccine informed

consent rights, which include the right to delay or decline vaccination without penalty or coercion.

NVICAP staff update bill posts throughout the bill's life to include what advocacy actions NVIC staff recommends to help pass, defeat, or amend a bill. For the highest priority bills, the NVIC Advocacy Team issues action alerts that are distributed through email, online NVICAP posts, social media, and NVIC's text alert program. The NVIC Advocacy Team provides NVICAP users accurate and referenced vaccine information and talking points to educate legislators and their staff.

At the time this report was written in October 2024, some states still had active vaccine-related bills for 2024, or the states' legislative sessions were in recess but still could be reconvened to work on bills. New Jersey's bills will carry over through 2025. For these reasons, it is especially important for registered users of the Portal to regularly check <http://NVICAdvocacy.org> because end of year legislative activity requiring your help in taking action is still possible.

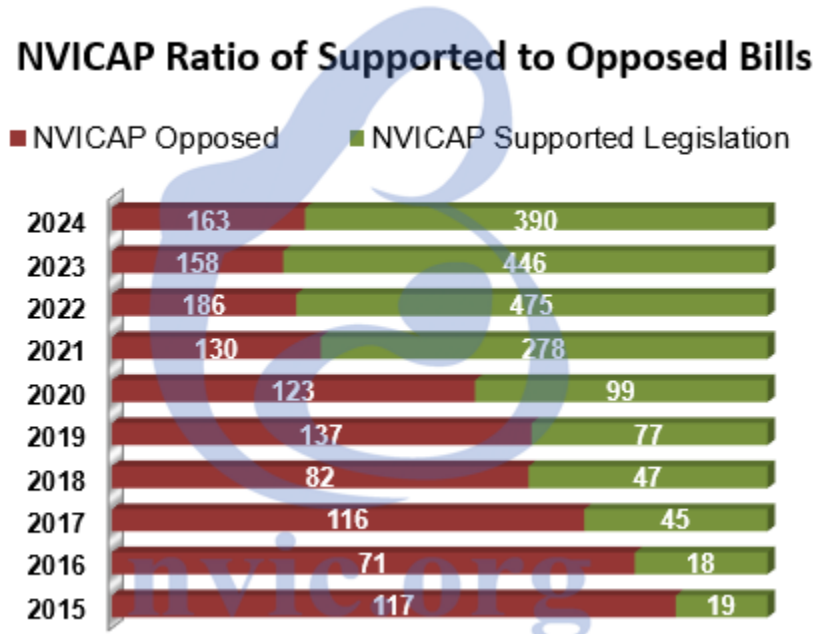
All bills referenced in this report are published on the [NVIC Advocacy Portal](#). Registered users can obtain a more detailed bill analysis, current bill status, NVIC's position on each bill, and any recommended action. The bills displayed are those that are current for this year. To view all other bills included on the NVIC Advocacy Portal since 2010, select the display setting on the right-hand side to view "Expired" bills. This provides a unique and historical perspective not offered on any other website.

Some bills published on the NVICAP contain language that falls outside of NVIC's mission. Bill analysis and NVIC positions published on the Portal are focused on sections that fall within NVIC's mission. NVIC does not take a position on the rest of the bill's provisions that fall outside of NVIC's mission.

## Ratio of Bills Worth Supporting vs Opposing Remains High in 2024

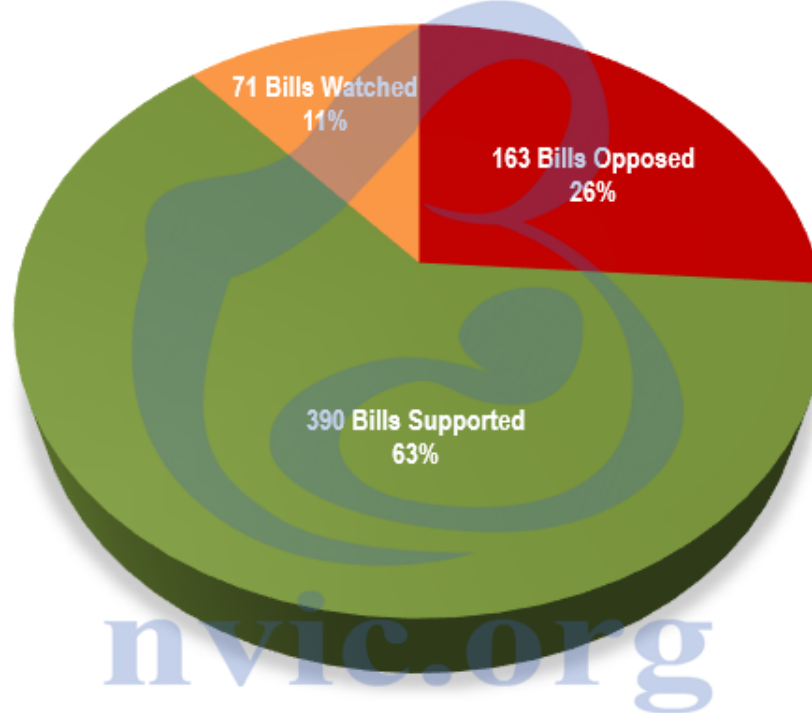
Of the 624 NVIC tracked bills in 2024, 390 bills were worthy of NVIC’s support, and only 163 bills were designated to oppose.

**2024 marks the fourth consecutive year in which NVIC supported more vaccine-related bills than we opposed with 2.4 times as many vaccine bills introduced in state legislatures that NVIC supported than opposed.**



There were 71 bills tracked on NVICAP in 2024 that were marked as a bill to “WATCH.” The “WATCH” category is usually designated because NVIC’s analysis indicates the bill may be well-intentioned and may even have some sections worth supporting, but the bill contains problem language. If the problems can be readily fixed with amendments, that fact is indicated on our portal bill post. Residents of every state use this information to share with their legislators to suggest language that would correct the bill. There are many instances where the bill is amended or substituted with the suggested improvements based on the information provided on the [NVIC Advocacy Portal](#).

## NVIC Advocacy Portal Activity 2024 - Total 624



When comparing the number of bills NVIC supported in 2024 to those opposed, an impressive 32 states had more bills filed that were worthy of supporting than deserving opposition. Of those 32 states, the following 12 states had no opposition bills at all filed in 2024: Alabama, Alaska, Colorado, Idaho, Louisiana, Maine, New Mexico, Rhode Island, South Dakota, Utah, Virginia, and Wyoming. Colorado only had one bill, and it was designated as a bill to watch on the portal.

Arizona and Georgia had the same number of supported and opposed bills this year.

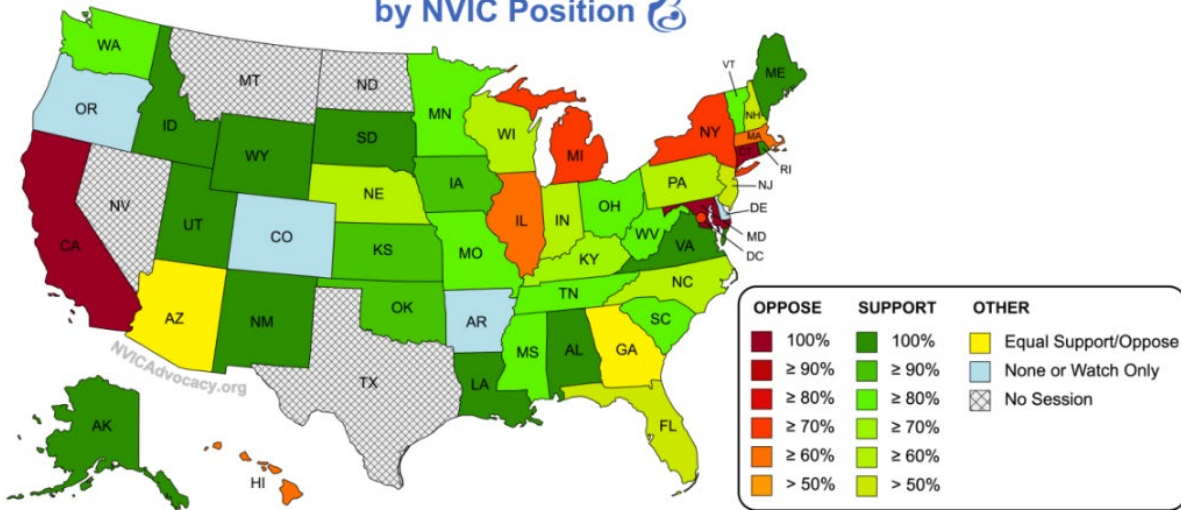
Eight states and the District of Columbia filed more bills that NVIC opposed than supported: California, Connecticut, District of Columbia, Illinois, Hawaii, Massachusetts, Maryland, Michigan, and New York.

California, Connecticut, and Maryland were the only states in the U.S. where there were no vaccine-related bills filed worthy of NVIC's support.



## Majority Percentage of Bills Filed per State in 2024

by NVIC Position 



These numbers show us that the vast majority of states have legislators who are listening to constituent concerns about vaccine-related issues. These enlightened state lawmakers have responded to the unprecedented infringement on human rights and civil liberties that many Americans have endured during the COVID-19 pandemic response by federal health officials and the most recent U.S. administration.

### Highlights from 2024 Enacted Bills

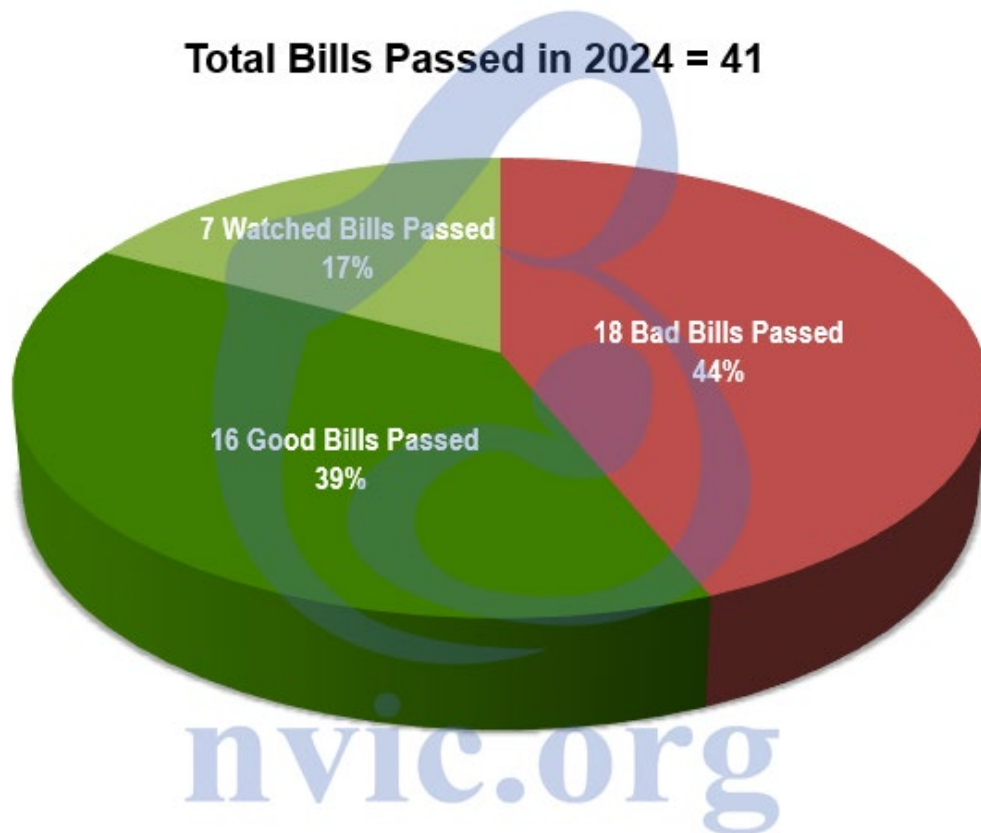
There are significant and positive takeaway points from the 2024 legislative session:

- No state legislature passed any bill with a vaccine mandate, including a COVID-19 vaccine mandate, and Louisiana passed a bill to prohibit the requirement for a student to receive a COVID-19 vaccine as a condition for enrollment or attendance in school.
- All COVID-19 related bills that passed have provisions to protect liberty.
- Three states, Idaho, Louisiana, and Utah, passed bills to expand vaccine exemptions for students.
- One state, Minnesota, passed a bill that could limit daycare options for children with conscientious vaccine exemptions.
- Two states, Louisiana and Oklahoma, passed bills to prohibit the United Nations, including the World Health Organization, as well as the World Economic Forum from having any jurisdiction in their state.
- Two states, Idaho and Kansas, passed legislation to prohibit vaccinations from being administered to children without parental consent.
- No state legislature passed any bills giving minors the legal authority to consent to vaccination on their own, without the knowledge or consent of their parents.

- Ten states and the District of Columbia passed bills to authorize more professions to administer vaccines, and in some bills, the minimum age of children who could be vaccinated was lowered (Connecticut, District of Columbia, Hawaii, Illinois, Maryland, Minnesota, New Hampshire, Ohio, Pennsylvania, South Carolina, and Tennessee).
- Only five enacted bills, out of the 18 NVIC opposed, changed areas of law outside of expanding the list of professions authorized to administer vaccines.
- Very little changed to move vaccine laws in the wrong direction outside of pharmacy bills designed to increase the ability of certain pharmacy employees to administer vaccines.

## 2024 Enacted Bills

Out of the 41 vaccine-related bills that were enacted in 2024, NVIC supported 16, opposed 18, and watched seven. Of the seven watched bills, six were designated as watch status because the provisions we opposed were successfully removed before the bills passed. One bill included positive elements worthy of support, but the bill also had sections that we opposed.



Of the 18 enacted bills that NVIC opposed, 13 bills expanded the list of professions authorized to administer vaccines leaving only five other opposed bills that passed.

Now more than ever, it is critical that people continue to be actively involved in the legislative process at all levels of city, county, state, and federal government. Participation includes learning where candidates stand on issues important to your family and voting accordingly. You can help educate your legislators, your governor, and local officials in order to protect your rights and the rights of others to exercise informed consent and reject discrimination, segregation, and forced vaccination.

Your voices matter and are impacting real change as you can see in this report. Trends and topics with relevant bill activity are noted below by section titles.

Bills in this report marked with an asterisk (\*) before the bill number are bills NVIC supported and vetted to have good language worth sharing with your legislators to consider filing for next session in your own state.

## Limiting the Reach of the WHO and Other International Organizations to Mandate Vaccines and Censor Free Speech

International organizations like The World Health Organization (WHO) of the United Nations (UN) and The World Economic Forum (WEF) pose a risk to our sovereignty here in the United States.

NVIC issued a three-step action alert on April 11, 2024, before a World Health Organization (WHO) vote scheduled in May on amendments to the International Health Regulations (IHR) to greatly expand its authority to track and mandate vaccines during pandemics. The WHO made it clear they want to be able to require vaccines, tracking, medical exams, and censor public speech about diseases and vaccines, lockdowns, and quarantines. Medical freedom groups around the country, [including NVIC](#), vocalized our opposition to these amendments that threaten freedom of thought, speech, and conscience.

While the amendments were not adopted in May 2024, The World Health Assembly (WHA), on June 1, 2024, made [“concrete commitments](#) to completing negotiations on a global pandemic agreement within a year, at the latest, and possibly in 2024.” In other words, WHO officials are still pressing forward to control an international response to pandemics that includes compliance by the U.S., European Union, and all member countries.

International organizations, like the WHO, have been hostile toward protecting informed consent to vaccination, which includes the right to refuse a vaccine without coercion, harassment, or penalty. In 2019, the [WHO declared “vaccine hesitancy” was one of the top 10 threats to global health](#) and individuals who refuse a vaccine for medical, personal, or religious reasons were labeled as "anti-vaxxers" and characterized as a menace to society by mainstream media outlets.

The most recent U.S. administration has been in solid support of amendments to the International Health Regulations (IHR) that would require America to give up our sovereignty for public health law responses to pandemics orchestrated by the United

Nations WHO and their funding partners, such as GAVI, which represents the pharmaceutical industry.

Based on the WHO's opinion that refusing a vaccine is a threat to global health, our country needs protective laws in place. NVIC issued an updated [action alert](#) to support federal and state legislation to stop the WHO power grab to mandate vaccines and censor free speech.

Two states, Louisiana and Oklahoma, were successful in passing protective legislation in the 2024 session limiting the reach of the WHO, UN, and WEF.

**\*LA [SB 133](#)** SUPPORT - Prohibits WHO, UN, WEF from having any power in LA, prohibits state or political subdivision from enforcing/implementing any rule, regulation, tax, policy, or mandate  
Status: ENACTED, signed by Governor Jeff Landry & effective 5/28/2024; Act No. 395

**\*OK [SB 426](#)** SUPPORT - Prohibits WHO, UN, or WEF mandates from having any force or effect in OK, prohibits compelling state enforcement including vaccines & data collection  
Status: ENACTED, signed by Governor Kevin Stitt & effective on 6/5/2024; Chapter Number 376

**OK [HR 1042](#)** SUPPORT - Prohibits World Health Organization (WHO), United Nations (UN), World Economic Forum (WEF) from having jurisdiction for vaccines, tests, masks, orders  
Status: ENACTED/Enrolled on 4/25/2024; adopted by the House on 4/24/2024

NVIC supporters wanting to secure protections in their state should contact their state legislators and encourage them to file and pass bills like LA [SB 133](#) or OK [SB 426](#).

The additional 11 states of Alabama, Iowa, Idaho, Kentucky, Michigan, New Hampshire, New Jersey, Ohio, Pennsylvania, Tennessee, and Wyoming had similar bills filed, but they did not pass. Six of these states went a step further and added the U.S. Centers for Disease Control and Prevention (CDC) to the list of organizations prohibited from having any jurisdiction in that state.

## Prohibiting or Enabling Censorship

The [First Amendment to the Constitution](#) formally recognized the natural and inalienable right of Americans to think and speak freely. During and after the COVID-19 pandemic, people around the world witnessed or personally experienced the dangers of censorship. People were [denied access](#) to information challenging the safety, efficacy, and necessity of COVID-19 vaccines and treatments by their doctors, the media, and on social media.

Doctors are also under attack for speaking up about disease treatment options and vaccine risks. Some have even had their license suspended because they dared to question the COVID-19 narrative on medications and vaccines.

Individuals' real vaccine reaction experiences and the valid concerns of citizens, including credible medical professionals whose opinions did not align with the CDC's tightly controlled and often false narratives about COVID vaccine safety and effectiveness, were removed from social media platforms.

A person cannot exercise fully informed consent if health care providers are unable to express their concerns about vaccine risks and failures because they face the risk of retaliation against their professional licenses or reputations, or if the personal experiences of those who suffer a vaccine reaction are scrubbed from the internet. When people are not allowed to understand the risks and potential failures of a medical procedure, like vaccination, they cannot evaluate their own individual genetic, biological, and environmental risk factors in consultation with their health care provider and are at greater risk for a vaccine reaction, injury, or death.

To learn more, you can [read or watch NVIC co-founder and president Barbara Loe Fisher discuss vaccine risk censorship](#) in her February 26, 2024, testimony at US Senator Ron Johnson's "[Federal Health Agencies and the COVID Cartel: What are They Hiding?](#)" roundtable and read her [fully referenced report on censorship](#).

While no bills have passed this session to prohibit or enable censorship, there are two bills in states that are still in session that need your action.

**\*OH [HB 73](#) SUPPORT** - Protects medical free speech for health care providers & prohibits WHO jurisdiction in the state

Status: Heard in Senate Health Comm 3rd hearing (Opp) on 6/12/2024 at 9:30AM; substituted in Senate Health Comm on 5/8/2024; passed full House on 6/21/2023

Action: Contact Senate Health Committee Members and your Senator, ask them to SUPPORT

**NJ [A1884/S3700](#) OPPOSE** - Restricts medical free speech of health care professionals by creating new offense deemed professional misconduct for spreading "mis/disinformation"

Status: A1884 ref. to Ass. Reg. Prof. Comm. on 9/23/2024 | S3700 ref. to Sen. Health, Hum. Svcs, & Sen. Cit. Comm.

Action: Contact your Assemblymember & Senator, ask them to OPPOSE A1884/S3700

Additionally, California, Hawaii, and Wisconsin each had a bill filed enabling further censorship, which died.

## Prohibiting or Restricting Minor Consent to Vaccination

NVIC is strongly opposed to any proposed legislation that would allow minor children to consent to vaccination on their own without their parents' knowledge or consent.

As parents become more educated about vaccines and their risks, doctors are becoming increasingly frustrated with the extra time it takes to answer questions about vaccines. Parents lose trust in doctors and nurses who don't provide meaningful answers or threaten to throw families out of the medical practice if they do not agree to receive every federally recommended vaccine according to the CDC's childhood vaccine schedule.

Circumventing the parents' informed consent rights regarding medical decisions for minor children and going directly to the child, who could be easily swayed by a medical authority figure, is a persistent strategy employed by mandatory vaccination lobbyists even though they have faced strong resistance from parents and legislators.

Minor consent to vaccination continues to be a hot topic. In spite of the backlash against these bills, the eight states of Hawaii, Idaho, Illinois, Massachusetts, North Carolina, New York, Vermont, and Wisconsin, filed nine bills attempting to promote minor children consenting to vaccines on their own. NVIC opposed all of these bills.

NVIC is pleased to report that no bills enabling minor consent passed in the 2024 legislative session, and two states, Idaho and Kansas, passed bills to effectively prohibit minor consent.

**ID [S 1329](#)** SUPPORT - Prohibits health care services being provided to or solicited from an unemancipated minor without prior parental consent, with exceptions

Status: ENACTED, signed by Governor Brad Little on 3/21/2024; effective 7/1/2024; Chapter 148

**KS [SB 287](#)** SUPPORT - Prohibits a health care provider from administering any drug including vaccines to a minor in a school facility without parental or relative's consent

Status: ENACTED, signed by the Governor on 5/10/2024; Effective 7/1/2024; Chapter 108

Additionally, the 10 states of Alabama, Iowa, Louisiana, Minnesota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, and Wyoming, attempted to pass 19 total bills to prohibit minor consent to vaccination. NVIC supported these bills.

Two of these bills are worth considering to file next session in other states.

**\*LA [HB 711](#)** SUPPORT - Requires health care providers obtain prior written informed consent from a parent or legal guardian prior to vaccinating a minor, and this bill includes licensing penalties for noncompliance

**\*MN [HF 1860/SF 1106](#)** SUPPORT - Requires written consent for vaccination, prohibits minor consent, prohibits state agents/businesses from discriminating for vaccine status, criminal penalties can be imposed for violations

Families concerned about efforts to pass minor consent laws in their state should regularly monitor their state page on the [NVIC Advocacy Portal](#) throughout the year to know when to take action to oppose these bills and to support the bills prohibiting minor consent to vaccination.

## Expanding Parental Rights

Parents know and love their children better than anyone, and they should be in charge of making health care and vaccination decisions for their children.

To counter attempts to erode or eliminate parental rights, 12 states had bills filed to strengthen parental rights. Tennessee was the only state to pass a comprehensive parental rights bill this session.

**TN [HB 2936/SB 2749](#)** SUPPORT - Prohibits the government from burdening fundamental parental rights including the right to direct child's health care, part of Families' Rights & Responsibilities Act  
Status: SB 2749 ENACTED, signed by Governor Bill Lee on 5/28/2024; effective date 7/1/2024; Public Chapter 1061

The states of Idaho, Ohio, Oklahoma, Rhode Island, Washington, and Wisconsin had bills filed that included amongst their provisions the requirement of some type of parental notification to inform a parent of their right to exempt their children from vaccination. The bill in Wisconsin actually passed the legislature, but Governor Tony Evers vetoed it on 3/29/2024.

**WI [AB 510/SB 489](#)** SUPPORT - Establishes parental rights including right to be notified if school-offers immunizations and how to decline them  
Status: AB 510 was VETOED by Governor Tony Evers on 3/29/2024

Rhode Island had a parental rights and informed consent bill that did not pass, but it is a great bill for other states to consider filing for next session. It was held for further study in the House Education Committee.

**\*RI [H 7781/S 2424](#)** SUPPORT - Requires schools to inform parents of their right to exempt their child from vaccination and to obtain parental consent for medical procedures, part of larger parental rights bill

Sometimes medical professionals threaten to report parents who don't allow their child to receive every vaccine to child services in an effort to bully and scare parents. Clarifying in statute that refusing a vaccine for their child does not constitute child abuse can help eliminate this abusive practice. West Virginia had a bill that NVIC supported which attempted to add this to state law. States that don't have a provision like this already in law should consider filing a bill like it.

\*[WV HB 5206](#) SUPPORT - Establishes that parents or guardians declining to vaccinate a child is not child abuse

## Requiring Labeling of Vaccine-Free Blood

While the Food and Drug Administration allows those who receive a COVID-19 shot to donate blood, unvaccinated blood for transfusions is in increasing demand, especially from those who have strived to keep their bodies free of contamination with synthetic mRNA and other ingredients in the COVID shots.

A [joint statement](#) from America's Blood Centers, the American Red Cross, and the Association for the Advancement of Blood and Biotherapies claims "*there is no scientific evidence that demonstrates adverse outcomes from the transfusion of blood products collected from vaccinated donors and, therefore no medical reason to distinguish or separate blood donations from individuals who have received a COVID-19 vaccine.*"

This does little to reassure those in need of a transfusion, especially considering that documents released by the CDC reveal [evidence of collusion between the CDC and major social media corporations](#).

They have this backward because the burden is on the CDC and other organizations to make sure using vaccinated blood is safe. Since there is insufficient evidence to support the safety of mRNA biological products, informed consent is vital.

Individuals receiving blood products deserve to know if they are receiving blood that contains [synthetic mRNA-containing lipid nanoparticles \(LNP\)](#) capable of inducing spike protein expression in susceptible cells and tissues. Research suggests new mRNA technology has the potential to cause significant harm.

[One such study](#) by German researchers found that [children who received a COVID-19 mRNA vaccine by Pfizer had heightened levels of IgG4 antibodies](#) one year after vaccination. [IgG4-related disease](#), associated with elevated levels of immunoglobulin G4 (IgG4) antibodies in the blood and tissues, is a rare systemic condition characterized by chronic inflammation and the formation of fibrous tissue in various organs.

Other reports confirm [a causal link between mRNA COVID-19 vaccines and myocarditis](#). Moderna trials for an HIV mRNA vaccine were halted during Phase 1 of their trials due to "[puzzling skin side effects](#)" suggesting harmful immune responses to the vaccine.

Notably, a July 27, 2024, preprint [study](#) finds that components of the Moderna COVID-19 mRNA vaccine were present in the vaccinated study participant's blood for up to 28 days after injection, the total duration of the study's observation period. The length of time it takes for the vaccine components, including spike proteins and lipid nanoparticles, to leave the blood and body and the effect of these components on other organs remain unknown.



As this [new technology](#) rapidly expands, and [vaccine developers rush to replace all vaccines](#) with the mRNA versions, bills that require the labeling of blood donated from someone who received an mRNA vaccine are crucial to protect individuals from the known and unknown harm that mRNA technology can cause.

The seven states of Alaska, Illinois, Kentucky, Louisiana, Missouri, Rhode Island, and Wyoming had bills that would require the blood of a donor vaccinated with mRNA or COVID-19 vaccines to be labeled. While none of these bills passed, NVIC is aware of plans for these types of bills to be refiled. It would be a good idea to forward this information to legislators in your state to file and pass a bill like these.

**\*AK [HB 334](#)** SUPPORT - Requires blood banks test & label blood for mRNA vaccine components, requires disclosure donor received mRNA vaccine, allows recipient to refuse

**IL [HB 4243](#)** SUPPORT - Requires blood banks to test & label donated blood for COVID-19 vaccine or mRNA vaccine components; requires recipient consent

**KY [HB 163](#)** WATCH - Requires donated blood testing for COVID-19 antibodies & spike protein, & blood donors to wait post COVID-19 vaccination & infection before donating

**\*LA [HB 822](#)** SUPPORT - Requires blood donors to disclose if they received a COVID-19 or mRNA vaccine, blood to be clearly labeled, includes right to request non COVID-19 vaccinated blood

**MO [HB 2759/SB 1429](#)** SUPPORT - Requires blood banks to test & label donated blood for COVID-19 vaccine or other mRNA, requires opportunity for recipient to refuse

**RI [H 7881](#)** SUPPORT - Requires blood donors to disclose if received COVID-19 vaccine, blood to be conspicuously labeled, right to request non COVID-19 vaccinated blood

**WY [HB 115](#)** SUPPORT - Requires blood donors to disclose if received COVID-19 vaccine, blood to be conspicuously labeled, right to request non COVID-19 vaccinated blood

## Prohibiting mRNA Technology in Foods

As lawmakers become informed about genetically engineered biological products labeled as vaccines and their impact on the biological integrity of humans and the environment, a number of bills are being introduced in state legislatures to address these concerns. One specific area of concern to legislators is protecting America's food supply from mRNA technology.

Just about everyone knows someone who died or whose health declined after receiving a COVID-19 shot. Hashtags like #diedsuddenly, #turbocancer, and #myocarditis are trending on social media.

While the long-term implications for those who have been injected with mRNA COVID-19 shots are not known, many [medical experts](#) have expressed serious concern. As more people are rejecting mRNA COVID shots, research has been directed at getting genetically engineered biological products into people using less than conventional methods like those being incorporated into the food supply.

There is a new technology of incorporating genetically engineered biological products labeled vaccines into the plants we eat to expose us to that new technology through our foods. Human exposure can also happen indirectly through the animals we eat, specifically animals that have been injected with genetically engineered biological products, [including mRNA vaccines](#). The practice of vaccinating farm animals is more common because crowded and unhealthy farming methods set up environments where animals are more susceptible and less resistant to disease.

Just as many are concerned about poor quality and conflict of interest laden federal oversight on human vaccines, the alarms are being sounded about vaccines, including biological products using mRNA technology, being incorporated into our food supply.

The bottom line is we simply do not know enough about the impact these genetically engineered biological products being incorporated into our food supply have on human health. We also don't know the full range of potential negative effects of injecting mRNA biologicals labeled vaccines on animal health and how our ecosystems are affected.

Some legislators have been trying to deal with this potential threat to our food supply by developing ground-breaking legislation to protect the public's health. Tennessee legislators passed a bill that defines a drug to also mean a food that contains a vaccine or vaccine material in the Tennessee Food, Drug, and Cosmetic Act. This would require any food containing mRNA vaccines to be classified and handled as a drug instead of a food. For example, lettuce designed to deliver a vaccine through human consumption could not be hidden on grocery shelves among regular lettuce. By reclassifying foods containing vaccines to be drugs instead of food, this bill effectively prohibits vaccines or vaccine materials to be included in foods and still considered and sold as just food.

**\*TN [HB 1894/SB 1903](#) SUPPORT** - Defines "drug" within the Tennessee Food, Drug, and Cosmetic Act to also mean a food that contains a vaccine or vaccine material

Status: HB 1894 ENACTED; signed by Governor Bill Lee on 4/22/2024, effective immediately; Public Chapter 742

None of the other bills filed to prohibit mRNA vaccines from being used in our food supply have passed, but this topic is one of increasing public interest. The three states of Mississippi, New Hampshire, and Pennsylvania had bills filed that included provisions to directly prohibit mRNA vaccines in food.

**\*MS [HB 714](#)** SUPPORT - Prohibits administration of mRNA vaccine to livestock, agricultural specimen, poultry, produce, or other food intended for human consumption

**\*NH [HB 1572](#)** SUPPORT - Prohibits using mRNA technology including vaccines in food, requires labeling of lab grown meat and food containing insects, penalties for violations

**PA [SB 883](#)** SUPPORT - Bans gene therapy products such as mRNA technology from being injected into Pennsylvania's food supply

## Requiring mRNA Labeling in Foods

If legislators can't gather enough support to stop mRNA vaccines in food, one legislative strategy is to require conspicuous labeling so consumers can exercise informed consent. This can be accomplished by providing consumers with information on the mRNA product content status of the meat, vegetables, and processed food they purchase. As more consumers become savvy and reject these foods with unknown health effects, the free-market system can put pressure on food product manufacturers and distributors to offer alternatives similar to how the labeling of organics has encouraged more food growers and companies to offer organic food options.

None of the bills requiring mRNA labeling of foods became law.

The three states of Mississippi, Missouri, and Tennessee had six total bills that prohibited the manufacture, sale, or delivery of food containing meat from mRNA-vaccinated animals unless the food was accurately and conspicuously labeled.

**MO [SB 1285](#)** SUPPORT - Redefines prohibited misbranded foods to include foods w/ meat product derived from mRNA-vaccinated animals unless labeled mRNA vaccinated, \$1000 fine

**MS [HB 643](#)** SUPPORT - Prohibits the manufacture, sale, delivery, holding, or offering for sale of food containing mRNA vaccine or material unless conspicuously labeled

**MS [HB 736](#)** SUPPORT - Prohibits the manufacture, sale, delivery, holding, or offering for sale food containing mRNA vaccine or vaccine material unless conspicuously labeled

**TN [HB 32/SB 88](#)** SUPPORT - Prohibits the manufacture, sale, or delivery, holding, or sale of any food that contains a vaccine unless conspicuously labeled

**TN [HB 299/SB 99](#)** SUPPORT - Prohibits the manufacture, sale, or delivery, holding, or sale of meat that contains a mRNA vaccine or material unless conspicuously labeled

**TN [HB 2708/SB 1974](#)** SUPPORT - Prohibits manufacture, sale, delivery, or holding of meat product derived from livestock receiving mRNA vaccine/material unless conspicuously labeled

There were four states that had bills that would have required accurate and conspicuous labeling.

**\*KY [HB 229](#)** SUPPORT - Requires labeling of gene & potential gene therapy products, requires informed consent for products that could infect or be absorbed into a person

**MO [SB 1186](#)** SUPPORT - Requires conspicuous labeling for any product that has potential to act as gene therapy or that could introduce genetic material to product's users

**PA [SB 741](#)** SUPPORT - Requires conspicuous labeling & informed consent for any genetic material components or gene therapy products including vaccines

**UT [HB 549](#)** SUPPORT - Requires genetically modified meat products, including those made from animals receiving mRNA vaccines, to be conspicuously labeled, includes penalties

There were four bills that would have allowed agriculture products made from aquaculture, livestock, or poultry that have not been injected with mRNA biologicals to be labeled "mRNA Free": AZ [SB 1146](#), AZ [SB 1146](#), AZ [SB 1648](#), and TN [HB 842/SB 369](#).

AZ [SB 1146](#), which allows agriculture products made from aquaculture, livestock, or poultry that has not received mRNA biologicals to be labeled "mRNA Free", actually passed, but it was unfortunately vetoed by Arizona Governor Katie Hobbs.

Bills like these would benefit consumers by giving them a choice to avoid genetically engineered mRNA biological products.

## Changes to Definition of Vaccine

Changes to the definition of a "vaccine" to remove any promise of preventing infection or transmission have appeared for the first time in state legislation this session.

Bill sponsors have rationalized these proposed changes to allow for states to fund the purchase of the new Respiratory Syncytial Virus (RSV) monoclonal antibody shot, which does not qualify as a vaccine under some states' definition of vaccines. It is not actually a vaccine, but rather a drug.

The problem with these changes to the definition of "vaccine," is that the change has nothing to do with the real reason some lobbyists are advocating for the change. With a change in the vaccine definition in state laws, state governments will be allowed to substitute mRNA versions of vaccines that don't meet the criteria of a vaccine under the

current traditional definitions, which include the vaccine's ability to prevent infection and transmission of disease. This could result in mRNA versions of vaccines being substituted for more traditionally made vaccines without the knowledge or consent of vaccine recipients.

According to Penn Medicine, mRNA technology is being used to [create mRNA vaccines for literally "every imaginable infectious disease."](#) While most traditional vaccines use a weakened or dead version of the actual pathogen to stimulate an immune response against disease, development of these types of vaccines can be lengthy and costly. Modifying them is also difficult.

In contrast, mRNA products use a genetic code to program the body's cells to produce synthetic proteins to manipulate the immune system and create antibodies that will theoretically prevent severe symptoms of an infectious disease. This is the [mRNA technology](#) used to create mRNA COVID-19 vaccines that stimulate a synthetic version of the SARS-CoV-2 spike protein, which then stimulates production of antibodies against the spike protein.

Even though there are [outstanding questions about the safety of mRNA technology](#), the pharmaceutical industry wants to use it to produce many new vaccines and other biological products because it allows for very rapid development times, lowers costs, and generates higher profits. These mRNA biologicals are not actually vaccines according to most definitions because they are [designed to reduce severe symptoms of a disease](#) and not guarantee protection against infection and transmission of disease.

Some legislators are advocating for these vaccine definition changes to allow for state funding of the RSV monoclonal antibody shot. However, this type of legislation will open the door in the future for states to also switch to mRNA versions of vaccines while there is already a justifiable concern about the injuries and deaths caused by mRNA COVID-19 vaccines.

On January 25, 2023, NVIC submitted a [referenced public comment](#) to the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (FDA VRBPAC) calling for the voluntary withdrawal of mRNA COVID-19 vaccines from the market by manufacturers. There is so much concern with the mRNA technology that there were several bills filed this session to prohibit mRNA vaccines from being used in the food supply and to require blood products donated by those who have had mRNA vaccines to be labeled.

Washington state passed a bill that changes the definition of "vaccine" in state code to remove the qualifiers that the vaccine will stimulate immunity and protect against disease. The final approved definition only stipulates that a vaccine is an immunization approved by the FDA as safe and effective and recommended by the Advisory Committee on Immunization Practices for administration to children under the age of nineteen years. The word "immunization" no longer accurately describes a vaccine that

no longer has to meet the specific criteria of stimulating immunity or protecting someone from infection.

Public health officials at the Washington Department of Health requested this legislation. The bill sponsor, during the hearing, said they were doing this because of the new RSV monoclonal antibody shot for newborns (which is a drug being labeled a vaccine), saying “it does not stimulate your immune system at all,” and they needed to change the definition so they could purchase it.

WA [HB 2157/SB 5982](#) OPPOSE - Changes definition of vaccine to include all FDA approved immunizations recommended by the CDC regardless of their ability to protect against disease  
Status: SB 5982 was ENACTED, signed by Governor Jay Inslee & effective on 3/13/2024; Chapter No. 41

The citizens of Washington need to be on the lookout for this loophole to be exploited by those ordering vaccines to quietly substitute mRNA technology versions with unknown toxicity and effectiveness profiles. The newness of the technology and quick production times means no long-term studies on health outcomes will be done. True informed consent for using the products would be impossible. With mandated vaccines, passage of this law could find those who take vaccines for school entrance required to receive new mRNA biological products labeled “vaccines” with unknown health consequences.

Legislators in New Hampshire - the second state this year - introduced a bill attempting to change the definition of “vaccine.” The new definition of vaccine would no longer require the product to induce immunity or prevent infection and transmission of disease. Similar to Washington state, the reason given for the bill was so that the New Hampshire Vaccine Association (NHVA) could purchase the RSV monoclonal antibody shot labeled a “vaccine.”

NVIC opposed this vaccine definition change and advised advocates to contact legislators to oppose it as well. Legislators heard our concerns and amended the bill to remove the proposed definition change and instead added RSV biological products to those which can be funded by the NHVA. NVIC was able to change our position on SB 559 from OPPOSE to WATCH. This was a big win.

NH [SB 559](#) WATCH - Adds RSV biological products to NHVA, opposed expansive change to definition of "vaccine" removed  
Status: ENACTED, signed by Governor Christopher Sununu & effective on 7/26/2024; Chapter No. 0307

Informed consent advocates need to be vigilant in quickly identifying and opposing the attempt by health departments, pharmaceutical companies, and medical trade lobbyists to change the definition of “vaccine” in their own states. If this isn’t done, a tidal wave of mRNA and other genetically engineered biological products can be classified as vaccines and be mandated under existing state vaccine requirements for school

children or adults in certain jobs, such as those working in medical facilities. Be aware they will try to get their foot in the door to do this by beginning with lobbying for the addition of the new RSV monoclonal antibody shot that has been labeled a “vaccine” to secure state funding to give the shot to newborns. Other states can do what New Hampshire did when facing this challenge and simply fund the purchase of the RSV monoclonal antibody shot directly rather than opening Pandora’s Box by weakening the definition of vaccine.

NVIC supports taking action to warn legislators that the redefinition of a “vaccine” is a real threat to informed consent rights and needs to be addressed with legislation. NVIC will post these bills on the NVIC Advocacy Portal at <http://NVICAdvocacy.org>, so please login and check your state page often before and during the upcoming 2025 legislative session.

## Prohibiting Vaccine Status Discrimination or Mandates for all Vaccines

Prohibiting mandates and discrimination based on vaccination status for all vaccines is a very important legislative goal for every state. Vaccines are pharmaceutical products that carry a risk of injury and death. Mandates and discrimination subvert the informed consent process for an individual deciding whether or not to use a vaccine for themselves or their child. The decision about whether or not to receive one or more vaccines should have no bearing on one’s ability to participate in society.

Vaccination status has been used to deny public accommodations, employment, professional licenses, education, insurance, health care, child-care, long-term care, access to nursing homes, eligibility for housing, child custody, eligibility to foster or adopt a child, access to financial or transportation services, attendance at houses of worship, concerts/entertainment venues and sporting events, participation in professional and recreational sports, camp attendance, in-person shopping or eating at restaurants, and legal immigration.

Eliminating vaccine mandates alone is not enough. Prohibiting coercion and discrimination related to vaccination status must go hand in hand with eliminating mandates. If this is not done, then doctors, employers, schools, and other entities can still coerce and pressure someone into taking a vaccine by making life for an unvaccinated person so burdensome that they effectively don’t have a choice.

Even though every state has some form of vaccine exemptions available to students attending school, discrimination towards exempted students continues to be a pervasive problem. Louisiana passed an excellent bill this legislative session that will end vaccine status discrimination in schools. All other states should consider filing and passing this type of legislation.

\***LA [HB 908](#)** SUPPORT - Prohibits a teacher, school employee or administrator from discriminating against or distinguishing between students based on their

vaccination status

Status: ENACTED, signed by Governor Jeff Landry on 6/3/2024, effective 8/1/2024; Act No. 460

The following 20 states had 34 bills with some aspect of prohibiting vaccine mandates and/or vaccine status discrimination that did not pass: Florida, Hawaii, Idaho, Indiana, Kansas, Louisiana, Minnesota, Mississippi, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, West Virginia, and Wisconsin. Some of the noteworthy support bills worth filing again are listed below. Florida SB 680 was the most comprehensive medical freedom bill filed in any state in the 2024 legislative session.

**\*FL [SB 680](#)** SUPPORT - Prohibits mandatory vaccine tracking and discrimination based on vaccine/immunity status in public & private sectors; broad medical freedom bill

**ID [S 1227](#)** SUPPORT - Creates “Idaho Bill of Patient Medical Rights”; includes right to informed consent and prohibition on discrimination based on vaccination status

**IN [HB 1072](#)** SUPPORT - Prohibits vaccine mandates for health profession education students, prohibits religious objection inquiries, establishes cause of action for violations

**KS [SB 20](#)** SUPPORT - Removes restrictive language in the religious belief exemption for vaccines mandated for child care facilities and school, expands employee exemptions

**KS [SB 390](#)** SUPPORT - Prohibits an employer, health care, school, or person from discriminating or taking an adverse action based on vaccination or other treatment refusal

**LA [HB 809](#)** SUPPORT - Prohibits the state from implementing or enforcing any CDC recommendations or mandates without passage by the legislature & governor’s signature

**MN [HF 1896/SF 923](#)** SUPPORT - Prohibits enforcement of government vaccine mandates, allows presence of natural antibodies as an alternative to vaccination

**MN [SF 2279](#)** SUPPORT - Establishes it is an unfair discriminatory practice to discriminate against an individual for the individual's vaccine status

**OH [HB 319](#)** SUPPORT - Prohibits discrimination for the refusal of medical interventions including vaccines for reasons of conscience, including religious convictions

**OK [SB 276](#)** SUPPORT - Adds vaccination/immunization status to current employment discrimination law



**OK [SB 1975](#)** SUPPORT - Prohibits forced medical procedures including a vaccine and discrimination based on refusal, part of Citizen's Bill of Rights

**RI [S 2386](#)** SUPPORT - Requires parental written informed consent before vaccination, prohibits vaccine status discrimination, establishes penalties for non-compliance

**RI [S 2285](#)** SUPPORT - Prohibits discrimination in postsecondary education of students, faculty and staff based upon medical or religious vaccine exemptions

**SC [S.975](#)** SUPPORT - Prohibits business, non-profit, school, and employer vaccine mandate; prohibits employer vaccine status discrimination; limits DHEC emergency powers

**SD [HB 1221](#)** SUPPORT - Prohibits vaccine passports & discrimination over vaccination status

**TN [HB 377/SB 585](#)** SUPPORT - Establishes Patient Rights Act, includes sections to prohibit discrimination based on vaccination status by health care facilities & with transplants

**VT [H.364](#)** SUPPORT - Prohibits discrimination in employment and places of public accommodation based on vaccination status

**WV [HJR 24](#)** SUPPORT - Proposes amending WV Constitution w/ right to refuse med treatment incl vaccines, provide equal protection, & prohibit discrimination by public vote

**\*WV [HB 5211](#)** SUPPORT - Removes all vaccine mandates for school children, higher education students, and employees

**WV [SB 257](#)** SUPPORT - Prohibits vaccine mandates for school children by any entity, or by any state or local government official, entity, department, or agency

Wisconsin's legislature passed a bill that would protect people from being denied an organ transplant based on their vaccination status, but Wisconsin's Governor Tony Evers vetoed it. In his [veto statement](#), Governor Evers states that he objects to the Wisconsin legislature restricting how transplant hospitals serve their patients (even though denying a transplant over a person's vaccination status could likely result in death). This was a good bill that should have been signed. It would be good to pass a bill similar to this in every state.

**\*WI [AB 955/SB 933](#)** SUPPORT - Prohibits a person from discriminating against an individual receiving an organ transplant based on the individual's vaccination status

Status: SB 933 was VETOED by Governor Tony Evers on 3/29/2024

**No states passed any vaccine mandates in the 2024 legislative session so far.**

The following states attempted to pass general vaccine mandates: Illinois, Michigan, New Jersey, and New York. As of October 2024, none of these bills have passed.

**IL [HB 5853](#)** OPPOSE - Establishes diphtheria, tetanus, and pertussis containing vaccine record and vaccine requirements for higher education students

**MI [SB 875](#)** OPPOSE - Adds ACIP recommendations to required school vaccines & expands school vaccine & reporting requirements to include children entering 12th grade

**NJ [A1823](#)** OPPOSE - Requires annual flu vaccine for public and private K-12 school students, preschools, child care centers, & institutions of higher education

**NY [A1811/S1945](#)** OPPOSE - Mandates flu vaccines for children in child care and school

**NY [A2186A/S2726A](#)** OPPOSE - Mandates certain vaccines on children's camp attendees and staff, with medical exemptions

**NY [A4324](#)** OPPOSE - Requires employees at children's overnight and summer camps to receive vaccines, religious exemptions for employees allowed

## Prohibiting Vaccine Status Discrimination or Mandates for Foster Care and Adoption

Adoption and foster care are safety nets in our society to help children receive love and care when their birth parents are unable to provide that for them. It takes a special kind of commitment for someone to open up their hearts and home to these children.

Nobody should have their ability to adopt a child or provide foster care for them be contingent on themselves or anyone else in their family receiving vaccines. There are already shortages of viable homes for children in need of care that vaccination status should not be eliminating people from the pool of potential adoptive or foster care parents.

Tennessee passed a bill protecting people from having vaccination status interfere with their ability to either adopt or provide foster care.

**\*TN [HB 1726/SB 2359](#)** SUPPORT - Prohibits the state from requiring any member of a foster care family or adoptive family to be vaccinated if they have religious or moral objections

Status: SB 2359 ENACTED, signed by Governor Bill Lee & effective on 4/11/2024; Public Chapter 699

Iowa and Tennessee had three other bills filed that did not pass that would have offered similar protection to prospective foster care and adoptive families.

Preventing vaccination status discrimination in the adoption and foster care process is a worthy cause to pursue in every state.

## Prohibiting COVID-19 Vaccine Mandates and Discrimination

Businesses and government entities overstep in an abuse of power when they require patrons, employees, or citizens to receive injections of biological products that can injure or kill them and have unknown future consequences. No one should have to decide between providing for their family and taking a vaccine they don't want or need. During the COVID-19 pandemic, vaccine mandates and vaccine status discrimination proliferated and hurt many people.

**There have been more than 1.6 MILLION adverse health events, including hospitalizations, injuries, and deaths, reported to the federal Vaccine Adverse Event Reporting System (VAERS) following COVID shots, most of them associated with mRNA COVID shots.**

People need the protection granted by laws when government entities or private business violate informed consent rights, such as requiring use of a pharmaceutical product, which carries known and unknown risks that can be greater for some people, as a condition of holding a job, receiving medical care, getting a school education, or participating in society.

While NVIC would prefer bills to be passed that would prohibit mandates and protect individuals from discrimination based on vaccination status for all vaccines, we still support bills that are COVID-19 vaccine specific for several reasons, including:

- 1) When legislators learn about the problems with COVID-19 vaccines and policies, they realize these problems aren't COVID-19 vaccine specific, and later, they may become open to more expansive protections, including amending COVID-19 specific laws to include all vaccines.
- 2) The COVID-19 vaccine was the most mandated vaccine by employers, and a bill prohibiting mandates and discrimination would still protect a lot of people.
- 3) The COVID-19 vaccine is devastating the lives of so many people. As of the 10/25/2024 release of data from the Vaccine Adverse Event Reporting System (VAERS), [38,068 deaths](#) and [1,652,232 adverse events](#) have been reported to VAERS associated with COVID-19 vaccines. One [government-funded study](#) estimated that less than one percent of all vaccine-related adverse health outcomes are ever reported to VAERS.

Pervasive COVID-19 vaccine mandates and discrimination over vaccination status during the COVID-19 pandemic and beyond has catapulted interest by lawmakers to create protective legislation to prohibit these practices going forward. While many states have already passed bills in this category, there is still widespread interest to close these gaps in protection.

Two bills passed in the District of Columbia and Louisiana that offered COVID-19 specific protections.

**DC [B25-0278](#)** SUPPORT - Repeals the requirement that eligible students in DC receive COVID-19 vaccines by amending Immunization of School Students Act of 1979

Status: ENACTED, signed by Mayor Muriel Bowser with Act Number A25-0310; Law Number L25-0108; Effective 1/23/2024

\***LA [HB 46](#)** SUPPORT - Prohibits the requirement for a student to receive a COVID-19 vaccine as a condition for enrollment or attendance at any public or nonpublic school

Status: ENACTED, signed by Governor Jeff Landry on 6/19/2024; effective 8/1/2024; Act No. 674

There were 65 other bills filed in 21 states that did not pass that offered some kind of protection from COVID-19 vaccine mandates or discrimination. You can view these bills on the [NVIC Advocacy Portal](#) on the following state pages: Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Washington, West Virginia, and Wyoming.

Only two states, New Jersey and New York, are attempting to mandate the COVID-19 vaccine, but both states' bills have not passed as of October 2024. These bills are still active.

**NJ [A1864](#)** OPPOSE - Requires public & private higher education institution students, staff, & others take COVID-19 vaccine, only religious & medical exemptions available

**NY [A2143/S624](#)** OPPOSE - Mandates COVID-19 vaccines for students attending colleges and universities in New York

**NY [A8281](#)** OPPOSE - Requires non-citizens to get up to 16 vaccines, including COVID-19, & undergo health screenings for communicable diseases to receive state services

## Requiring Reinstatement, Back Pay, or other Restitutions for Anyone Fired Due to COVID-19 Vaccine Mandates

As the dust settles from damaging COVID-19 vaccine mandates, vaccine status discrimination, and coercion policies, several state legislators are attempting to help secure compensation for those employees who were wrongfully terminated, forced to resign, or even physically harmed.

While it is very important to prohibit vaccine mandates and vaccine status discrimination now, and in the future, the reality is many have already been harmed and need help. Bills like these can help those trying to recover.

Not only is it the right thing to do, but it also makes sense from a business risk perspective. Lawsuits from employees who were mandated to receive COVID shots as

a condition of employment and denied religious exemptions are succeeding. Six San Francisco Bay Area Rapid Transit (BART) employees filed a discrimination lawsuit saying they were wrongly terminated for refusing the vaccine on “sincerely held religious beliefs” and [were recently awarded \\$7.8 million](#) or \$1.3 million each [after nearly three years of struggling](#). Two years ago, a New York state Supreme Court ordered all New York City employees who were fired for refusing COVID-19 vaccines [to be reinstated with back pay](#). Former Mayor Bill de Blasio had adopted the mandate which impacted thousands of employees. While hundreds of police officers and firefighters were fired, the New York City Mayor had [exempted professional basketball and baseball athletes and other performers](#) from the COVID shot mandate. Recently, a federal jury in Detroit [awarded more than \\$12 million](#) to a former Blue Cross Blue Shield of Michigan (BCBSM) employee who was terminated after declining to get a COVID-19 vaccine, citing religious discrimination.

Hawaii, New Jersey, New York, Pennsylvania, and Washington filed 12 bills requiring some kind of compensation for an employee who was fired over not taking a COVID-19 shot. These financial remedies include reinstatement, backpay, guaranteed unemployment, establishing a cause of action, pension service credit, and correction of records.

Iowa, Louisiana, Missouri, South Carolina, and Wisconsin had 6 bills filed authorizing compensation to employees for vaccine injuries arising out of COVID-19 vaccine mandates. These financial remedies include direct compensation, assignment of liability, civil remedies, and presumed workmen’s compensation.

While none of these bills have passed, New York and Pennsylvania’s bills are active through 2024, and New Jersey’s bills carry over through 2025.

## Expanding, Removing, or Restricting Exemptions

The use of biological products labeled vaccines should be an opt-in process that allows people the freedom to make informed, voluntary decisions without threats, coercion, or any societal sanction or punishment. Individuals should be able to exercise informed consent to use any pharmaceutical product or medical intervention that carries a risk of injury, death, or failure without having to file an exemption or jump through other bureaucratic hoops, such as formally opting out of vaccine mandates and government-operated electronic vaccine tracking systems.

There is legitimate concern when state legislatures add exemptions to vaccine mandates in adult workplaces. The act of adding the exemption into state law is a de facto state government endorsement of private businesses or government requiring the use of a biological product as a condition of employment. Informed consent rights are violated when government condones or encourages corporations, private businesses, and even within divisions of itself to require vaccination as a condition of employment. Exemptions can be easily removed or restricted which would leave people with only vaccine mandates.

While NVIC is opposed to vaccine mandates in state public health laws, the state legislatures, which have codified and expanded vaccine exemptions, have helped many people who have religious, conscientious, or health reasons for not taking a vaccine to keep their jobs, stay in school, or continue to receive government services.

All vaccines and biological products labeled vaccines carry a risk of injury or death that can be greater for some individuals for genetic, epigenetic, environmental, or other [individual increased susceptibility](#) high-risk factors. Some of these high-risk factors have been identified and are considered official [contraindications to receipt of vaccines](#) by government health officials, while other high-risk factors have not be identified due to long-standing gaps in vaccine science.

NVIC strongly opposes any bill removing or restricting medical, religious, conscientious, or any other personal belief vaccine exemptions. Where there is a risk, there must always be a choice.

Today, vaccine manufacturers and vaccine administrators are protected from civil liability for vaccine injuries and deaths even though the law [passed by Congress in 1986 establishing the National Vaccine Injury Compensation Program](#), when it was passed by Congress, [did not give doctors liability protection for medical malpractice](#) and only gave vaccine manufacturers partial liability protection. It was the 2011 Supreme Court Decision [BRUESEWITZ ET AL. v. WYETH LLC, FKA WYETH, INC., ET AL.](#) that declared government licensed, recommended, and mandated vaccines to be “unavoidably unsafe” and effectively [handed vaccine manufacturers complete liability protection](#) - even when there was evidence the company could have made a vaccine less reactive.

In this legislative session, two states passed bills that expanded vaccine exemptions for children attending school.

**LA [HB 47](#) SUPPORT** - Expands vaccine exemptions to students attending school & distance learners, requires vaccine mandate communication include exemption information

Status: ENACTED, signed by Governor Jeff Landry on 6/19/2024; effective on 8/1/2024; Act No. 675

**UT [SB 13](#) SUPPORT** - Exempts a student who attends a home-based microschool or micro-education entity from immunization requirements as part of education bill

Status: ENACTED, Signed by Governor Spencer J. Cox on 3/20/2024; Effective date 5/1/2024; Public Law Number 464

Alabama, Colorado, Hawaii, Iowa, Indiana, Kansas, Louisiana, Massachusetts, Mississippi, New York, Oklahoma, Virginia, Vermont, and West Virginia had a total of 37 bills attempting to expand vaccine exemptions for children in school or child care.

It is noteworthy that Indiana, Mississippi, New York, Oklahoma, Vermont, and West Virginia had bills attempting to implement missing vaccine exemptions.

**IN [HB 1071](#)** SUPPORT - Establishes statewide medical, religious, and right of refusal vaccine exemptions, adds right of refusal exemptions to existing vaccine exemptions

**MS [HB 1510](#)** SUPPORT - Adds written religious exemption option to school vaccine attendance requirements without the exceptions attached to existing medical exemptions

**NY [A6676/S118](#)** WATCH - Restores religious belief exemptions for vaccines required for school, requires reporting of the parent by health care provider

**OK [HB 3249](#)** SUPPORT - Expands childhood vaccine exemptions including adding a conscientious exemption

**VT [H.187](#)** SUPPORT - Adds conscientious and personal beliefs exemptions to vaccines required for school & child care

**WV [HB 5106](#)** SUPPORT - Adds religious exemption from school vaccine requirements to existing medical exemption

**WV [HB 5142](#)** SUPPORT - Provides religious and conscientious vaccine exemptions for state employees while prohibiting discrimination, adds conscientious exemption for school & higher ed

West Virginia legislators passed a bill that NVIC supported that would have eliminated vaccine requirements for public virtual schools, but Governor Jim Justice vetoed it on 3/27/2024. In Governor Justice's [veto statement](#), he cites his reasons for the veto as deferring to the "licensed medical professionals" who claim that the bill "could and likely would result in reduced immunity and harm to West Virginia's kids."

**WV [HB 5105](#)** SUPPORT - Eliminates vaccine requirements for public virtual school, allows private & parochial schools choice to maintain or exempt vaccine requirements

Status: VETOED by Governor Jim Justice on 3/27/2024

Iowa, Minnesota, Oklahoma, Pennsylvania, Washington, and Wisconsin had bills containing provisions to require parents to be informed of their right to file and receive a vaccine exemption for their child to attend school that did not pass into law.

In the entire country, only one bill was passed - in Minnesota - that made vaccine exemptions less accessible for children. It only applies to child care centers. While it did not remove vaccine exemptions from child care, it removed the existing requirement that child care centers accept a conscientious belief exemption. This makes it optional for child care centers to decide whether or not they want to accept conscientious belief exemptions. Minnesota also has a medical exemption but does not have a separate religious exemption. The initially filed version of this bill was an education supplemental budget bill, unrelated to vaccination. The bill passed both the House and Senate without any proposed changes to sections of law regarding vaccine exemptions for child care.

It wasn't until the conference committee was appointed to resolve differences between the House and Senate versions of the bill that the legislators on the conference committee decided to delete the bill's contents and put in entirely new language which included removing the requirement that state-licensed child care centers accept a conscientious belief exemption to mandated vaccines for children two months of age and older. There was no opportunity for families relying on the conscientious belief exemption in child care settings to voice their objections to conference committee members or their own legislators.

NVIC opposed the conference committee version of the bill because of the burden it would impose on families whose children would be kicked out of their child care immediately if their child care center chose to no longer accept conscientious exemptions. Minnesota families should ask their legislators to restore the requirement for child care centers to accept the conscientious belief exemption.

**MN [HF 5237](#)** OPPOSE - Removes the requirement that licensed child care centers accept a conscientious belief exemption to mandated vaccines for children two months and older  
Status: ENACTED, signed into law by Gov. Tim Walz on 5/18/2024; effective 5/19/2024; Chapter No. 115

Florida, Massachusetts, Michigan, Minnesota, New Jersey, New York, Pennsylvania, Wisconsin, and West Virginia had 18 other bills filed that have not passed which would remove or restrict vaccine exemptions for children. These types of bills need to be strongly opposed.

New Jersey's bill attempting to eliminate the religious belief exemption for school children and child care carries over through 2025 and needs continued strong opposition.

**NJ [A1812](#)** OPPOSE - Eliminates religious belief exemptions in NJ for children in schools and child care centers  
Status: Introduced and referred to Assembly Health Committee on 1/9/2024

Three bills passed in the 2024 legislative session that expanded vaccine exemptions for adults in the higher education setting.

**ID [H 597](#)** SUPPORT - Expands religious & personal vaccine exemptions to apply to adult students in public, private, or parochial high school, trade school, or higher education  
Status: ENACTED, Signed by Governor Brad Little on 3/28/2024; Effective date 7/1/2024; Chapter 225

**UT [HB 405](#)** WATCH - Excludes medical students from existing vaccine exemptions in higher education when school provides Title VII Civil Rights Act limited religious exemption



Status: ENACTED, signed by Governor Spencer J. Cox on 3/14/2023, effective date 5/1/2024; Public Law Number 283

**UT [SB 192](#)** SUPPORT - Prohibits higher ed institutions from requiring vaccines unless medical, personal, or religious exemptions allowed, part of broad higher ed bill

Status: ENACTED, signed by Governor Spencer J. Cox on 3/18/2024; effective 5/1/2024; Public Law Number 378

Wisconsin's legislature passed a bill to require institutions of higher education that receive public money to offer students medical, religious, or personal belief vaccine exemptions, but Wisconsin's Governor Tony Evers vetoed the bill. In his [veto statement](#), Governor Evers states that he objects "to the Wisconsin State Legislature's efforts to micromanage decision to respond to public health incidents." NVIC supported these companion bills because college students deserve the right to refuse vaccination and still receive an education, just as elementary and secondary school students already have these exemptions available to them.

**WI [AB 610/SB 920](#)** SUPPORT - Requires higher ed institutions receiving public money to offer students health, religion, or personal conviction exemptions to vaccine requirements

Status: AB 610 was VETOED by Governor Tony Evers on 3/29/2024

Arizona, Illinois, Kentucky, Minnesota, Missouri, and West Virginia had bills establishing or expanding adult vaccine exemptions that did not pass.

## Requiring Vaccine Records to be Incorporated into Death Records

Infant mortality rate (IMR) is a powerful indicator of socio-economic well-being and public health conditions of a country. While the United States prides itself on being an affluent country, with state-of-the-art medicine, far too many infants still die without explanation. [Fifty-three countries have lower IMRs](#) than the United States in 2024 according to the Central Intelligence Agency (CIA).

Since the first vaccine for smallpox, [death has always been a serious complication of vaccination](#). Today, the federally recommended childhood vaccine schedule directs doctors to give infants and children [42 doses of 15 vaccines by age two](#). Not only does the U.S. give more doses of vaccines to infants and children under age six, but the U.S. has the [highest infant mortality rates](#) among all developed nations of the world.

The death certificates of many of these babies who die shortly after vaccination within a year or two of birth list Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID) as the cause of death, which means that coroners could not identify specific symptoms or determine pathological reasons for death. There have been

[reports in the medical literature](#) providing evidence for a positive correlation between the number of doses of vaccines and infant mortality rates.

Given [outstanding vaccine safety research gaps](#) and questions about an association between vaccine administration and serious adverse health outcomes, including sudden unexplained infant deaths, medical examiners should include vaccine records in a child's death record after an infant or toddler's death occurs. Sadly, vaccines are rarely mentioned in a [coroner's](#) report following an infant death. If medical examiners are unwilling to [investigate vaccines as a possible cause of death](#), then there is a legitimate reason for state legislators to create legislation that would require them to do so. This starts with including vaccine records in death records so the cause of death can be investigated and ascertained with the benefit of this important medical information.

Louisiana passed a resolution urging and requesting the Louisiana Department of Health to conduct a study to examine the relationship between unexpected deaths of infants and children ages two and under and the administration of vaccinations. Additionally, this resolution requires that the study include, but not be limited to, an analysis of the state's vaccination records in the context of sudden unexpected deaths of infants and children, ages two and under, and be submitted in the form of a written report to the House of Representatives of the Legislature by February 1, 2025. This report must include the vaccination records from the 2013 calendar year to present. The report must include the infant or child's age at the time of death, their full vaccination history, and the date of the infant or child's last vaccine and its proximity to the infant or child's time of death.

The Louisiana Department of Health is required to collaborate with relevant state and federal agencies, as well as medical and public health care experts to ensure that its study is conducted with the highest level of scientific rigor and integrity. The state is required to allocate funding to support the study in this resolution, and the findings are to be used to inform future policies and practices aimed at reducing the incidence of unexpected deaths of infants and children ages two and under in Louisiana.

**LA [HR 292](#)** SUPPORT - Requests the LA Dept of Health to study the relationship between unexpected infant deaths, ages two and under, and the administration of vaccinations

Status: ENACTED/Enrolled and signed by Speaker of the House on 5/31/2024

The following seven states had a total of 11 bills requiring vaccine records to be included in death records: Idaho, Iowa, Louisiana, Minnesota, Mississippi, New Hampshire, and New Jersey.

Two of these bills are worth referencing to compose language for bills to be filed next session in every state.

**\*NH [HB 1661](#)** SUPPORT - Requires death records to include certain immunization data received by the decedent, requires the Department of Health to issue regular reports on deaths/immunizations

**\*NJ [A625/S656](#)** SUPPORT- Requires identification and review of deaths or near deaths happening after vaccination

## Restricting Vaccine Registries

NVIC has [opposed the mandatory inclusion of Americans in government-operated electronic vaccine and health records tracking systems](#) since the 1990s. Once any personal medical information is entered into a state government database, federal law allows that information to be shared with other entities without the person's knowledge or consent for the purpose of conducting public health surveillance, investigations, research, or interventions, and for other purposes. See [45 CFR 64.512\(b\)\(2\)](#) and see [a list of core data elements](#) for information that can be gathered and included in electronic vaccine tracking registry systems.

Electronic vaccine tracking registries that either mandate automatic inclusion and reporting or are opt-out systems rather than voluntary opt-in, are a threat to medical privacy. Electronic vaccine tracking registries and mandatory vaccination systems continue to jeopardize the legal right of Americans to decline one or more government-recommended vaccines without being subjected to coercion or societal sanctions.

NVIC supports legislation repealing vaccine tracking systems, inserting opt-in informed consent protections in electronic vaccine tracking registries, and removing public funding for any vaccine registries that do not include opt-in informed consent protections. New Hampshire was the latest state to successfully change their vaccine tracking system to opt-in with [HB 1606](#) in 2022. NVIC encourages those reading this report to reach out to their legislators and ask them to file a bill making their state vaccine tracking system opt-in like the two that are starred below.

While no new states were successful at changing their state vaccine tracking system from forced inclusion or opt-out to opt-in, the four states of Florida, Idaho, Iowa, and New Jersey tried. New Jersey's 2 bills are still active through 2025 and should be supported.

**\*FL [SB 680](#)** SUPPORT - Prohibits mandatory vaccine tracking and discrimination based on vaccine/immunity status in public & private sectors; broad medical freedom bill

**IA [HF 2041/SF 2058](#)** SUPPORT - Requires DHHS to require health care provider to obtain opt-in written informed consent prior to reporting vaccine administration to registry or IHIN

**\*ID [H 397](#)** SUPPORT - Changes the state vaccine tracking registry to an OPT-IN system where it is currently an OPT-OUT assumed consent system

**NJ [A1523](#)** SUPPORT - Prohibits the automatic registration in New Jersey Immunization Information System & requires opt-in

**NJ [S887](#)** SUPPORT - Prohibits reporting children's medical information, including immunization info to state vaccine registry, without written consent of parent/guardian

Louisiana had a bill that passed that would have expanded vaccine tracking, but opposition encouraged legislators to remove that section before the bill passed. This is a good win for medical privacy in Louisiana. The bill was changed from a recommended oppose position to a watch position because the remaining part of the bill had nothing to do with vaccines.

**LA [HB 421](#)** WATCH - Provides students with sickle cell disease management & treatment plan; opposed expansion of vaccine tracking system removed  
Status: ENACTED, signed by Governor Jeff Landry on 6/11/2024; effective 8/1/2024; Act No. 616

## Authorizing Pharmacists, Technicians, and Interns to Vaccinate

There is legitimate concern that pharmacists, pharmacy technicians, and pharmacy interns are less qualified and have less medical training than doctors or nurses when it comes to administering vaccines to people. This concern is especially true regarding the ability of pharmacy personnel to identify and screen children and adults, who may have a higher risk of suffering vaccine reactions and should not receive vaccines, and their ability to recognize and ultimately report serious health problems, injuries, and deaths following vaccination to the federal Vaccine Adverse Event Reporting System (VAERS). It is unlikely that pharmacy personnel will follow up with injured vaccine recipients and advise parents and patients about the statute of limitations and instructions for filing a compensation claim with the [National Vaccine Injury Compensation Program](#) or the [Countermeasure Injury Compensation Program](#).

The addition of pharmacy technicians to the types of personnel who can administer vaccines is especially concerning because many states don't require pharmacy technicians to graduate from high school and accept a GED certificate instead. Neither of these options provides sufficient education to help prevent vaccine injuries and deaths. Pharmacy technician training on vaccine administration usually consists of one or two hours.

The ten states of Connecticut, Hawaii, Illinois, Maryland, Minnesota, New Hampshire, Ohio, Pennsylvania, South Carolina, and Tennessee passed bills establishing or expanding law permitting pharmacists, pharmacy technicians, or pharmacy interns to vaccinate. In several states, very young children are allowed to be vaccinated in a pharmacy. NVIC opposed these bills.

Below is a list of bills that passed establishing or expanding law permitting pharmacists, pharmacy technicians, or pharmacy interns to vaccinate.

**CT [SB 133](#)** OPPOSE - Authorizes pharmacists to order, prescribe, & administer vaccines to adults & children 12 & up with parental consent for all vaccines on

CDC schedule

Status: ENACTED, signed by Governor Ned Lamont on 5/28/2024; effective 10/1/2024; Public Act No. 24-73

**HI [HB 2553](#)** OPPOSE - Authorizes pharmacists, pharmacy techs, & pharmacy interns to vaccinate individuals 3 years old & older w/ FDA approved & ACIP recommended vaccines

Status: ENACTED on 6/27/2024; Public Act 104; Effective 1/1/2025

**IL [SB 3268](#)** OPPOSE - Expands vaccines authorized to be given by a pharmacy technician or student to include SARS-CoV-2 and RSV

Status: ENACTED, signed by Governor J.B. Pritzker on 6/7/2024; Public Act 103-0593; Effective Date 6/7/2024

**MD [HB 76/SB 18](#)** OPPOSE - Lowers age of children to whom pharmacists can order & administer vaccines and expands which vaccines they are authorized to administer to children

Status: ENACTED HB 76 and SB 18 were approved by Governor Wes Moore on 4/25/2024, effective immediately, Chapter 231 & Chapter 232 respectively

**MN [HF 5247](#)** OPPOSE - Allows pharmacist to order & give vaccines w/out prescription; allows pharmacy personnel to vaccinate minors 6+, Covid-19 & flu vaccines to minors 3 years old and older

Status: ENACTED; Signed into law by Gov. Tim Walz and filed with Secretary of State on 5/24/2024; Chapter 127; Effective date 7/1/2024

**NH [SB 402](#)** OPPOSE - Allows a pharmacist, pharmacy intern, or pharmacy technician to administer vaccines licensed by the FDA & recommended by ACIP to individuals 18 years old and older

Status: ENACTED, signed by Governor Christopher Sununu on 8/2/2024; effective 10/1/2024; Chapter No. 354

**OH [SB 144](#)** OPPOSE - Authorizes pharmacy interns & technicians to give vaccines, lowers age to 5 years for flu & COVID shots from pharmacists, interns, & technicians

Status: ENACTED, effective 10/24/2024

**PA [HB 1993](#)** OPPOSE - Authorizes pharmacists & pharmacy interns to vaccinate children ages 5+ & pharmacy techs to administer COVID-19 & influenza vaccines to children 13 years old and older

Status: ENACTED, approved by Governor Josh Shapiro on 5/17/2024 with effective date 11/5/2024; Public Law Number 77

**SC [H.3988/S.505](#)** OPPOSE - Removes prohibition on pharmacy technicians to give vaccines, authorizes pharmacy technicians to vaccinate adults and children of all ages

Status: H.3988 ENACTED, signed by Governor Henry McMaster & became

effective on 7/2/2024; Act No. 221| S.505 died 4/10/2024, 2023 carryover failed to move

**TN [HB 282/SB 869](#)** OPPOSE - Authorizes pharmacists to prescribe, order, & administer all vaccines to adults & COVID & flu vaccines to children 3 & up; requires registry reporting

Status: SB 869 was ENACTED, signed by Governor Bill Lee & became effective on 5/1/2024; Public Chapter 824

Some bills are attempting to authorize others outside of pharmacy employees to vaccinate. These bills have been filed in the District of Columbia, Illinois, Missouri, New Hampshire, New Jersey, and New York.

The wide range of employees include the following professions: dental hygienists, dentists, emergency medical technicians (EMTs), medical assistants, nursing students, optometrists, paramedics, and podiatrists. Many of the reasons that these workers shouldn't be allowed to administer vaccines are the same as why pharmacy employees shouldn't be allowed to administer vaccines.

The District of Columbia is the only location in the United States to pass a bill this session authorizing dentists, dental hygienists, and podiatrists to administer vaccines.

**DC [B25-0545](#)** OPPOSE - Authorizes podiatrists, pharmacists & techs, dentists & hygienists to administer vaccines, without parental consent under certain conditions

Status: ENACTED, signed by Mayor Muriel Bowser on 5/29/2024; effective on 7/19/2024; Act Number A25-0479, Law Number L25-0191

A very strange law passed in Florida that would allow a sheriff to administer rabies vaccines to dogs, cats, and ferrets in custody.

**FL [HB 303/SB 334](#)** OPPOSE - Permits contractors of a county or municipal animal control authority or a sheriff to administer rabies vaccines to dogs, cats, & ferrets in custody

Status: HB 303 ENACTED on 6/24/2024, signed by Gov. DeSantis; Effective 7/1/2024; Chapter No. 2024-258|SB 334 substituted in Senate with HB 303 on 2/14/2024

## Prohibiting Quotas for Pharmacists Giving Vaccines

Pharmacy vaccination quotas pose a conflict of interest where corporate profits are put ahead of patient needs or safety. They create an environment where informed consent takes a backseat, and the administration of vaccines to customers is driven by corporate vaccine delivery goals or requirements. Some pharmacists themselves are not on board with being tasked with pressuring or coercing customers to get vaccinated in order to drive up vaccine sales. Some pharmacists [have staged walkouts](#) because

they are unhappy with their work conditions, which include being required to meet high vaccination quotas.

While not all pharmacies have strict quotas for administering vaccines to customers, there are some pharmacies that [set internal goals and track vaccine administration to help increase sales](#). Pharmacies under the Federal Retail Pharmacy Program (FRPP), launched in February 2021, were [encouraged to increase their vaccination rates](#) by partnering with federal health agencies to distribute and administer COVID-19 vaccines during the coronavirus pandemic.

A 2024 federal Centers for Disease Control and Prevention (CDC) [Morbidity and Mortality Weekly Report](#) states that pharmacies participating in the FRPP served as “integral partners in national efforts to scale up vaccination capacity” during the spread of COVID-19. The CDC argues that these FRPP partnerships with pharmacies were “critical” in getting COVID-19 vaccines into the arms of all Americans and could serve as a model to increase the administration of other vaccines.

Pharmacists and other pharmacy personnel are not medically trained or adequately educated to identify contraindications to vaccination or how to respond to life-threatening reactions that can occur immediately following vaccination. People should only be vaccinated after they have been informed of the risks and benefits and allowed to make their decisions without the outside pressure or coercion that can be generated when vaccine sales quotas are in place.

Some states have already passed bills to prohibit pharmacy quotas. In 2021, California passed [SB 362](#) which prohibited community pharmacies from establishing quotas.

Bills to prevent pharmacist vaccine quotas will protect the consumer, the pharmacist, and other pharmacy personnel from unnecessary pressure and coercion to administer vaccines and, in turn, reduce the possibility of vaccine injuries and deaths. Minnesota had a bill this session to address this issue, but it did not pass. It specifically includes vaccines in the quota prohibition, so a bill similar to this would be good to file in other states.

**\*MN [HF 5109/SF 3916](#) SUPPORT** - Prohibits pharmacy chains w/ more than 75 pharmacies from establishing quotas for their pharmacy employees, including number of vaccines given

## Prohibiting Incentives to Vaccine Providers to get People Vaccinated

Insurance companies incentivize certain health measures, including vaccination, for providers to offer their patients to meet “quality metrics.” These incentives can be given through cash bonuses as evidenced by Blue Cross Blue Shield’s physician incentive programs in individual states, such as the [California “pay-for-value”](#) model and the [Tennessee](#) and [Rhode Island](#) “Commercial Quality Incentive Program.” The incentive or

“kickback” program is built into the contract with the provider and offers a bonus payment on top of the service reimbursement if providers meet the patient participation threshold within each category of the quality metric.

According to [testimony](#) provided to the Louisiana [House Insurance Committee](#) on [HB 958](#) in April, which would prohibit incentives and penalties based on vaccination rates, providers and clinics who do not meet the threshold of pediatric patients fully vaccinated, according to the US Centers for Disease Control and Prevention (CDC) [childhood vaccine schedule](#), are ineligible for the incentive for that metric. They are also at risk of being dropped from their plan if they fail to meet specific “quality metrics” built into their health plan provider contract.

This type of incentivized coercion presents a conflict of interest and interferes with the physician-patient relationship by pressuring providers to push vaccines regardless of what is best for the individual patient. Vaccines should not be one-size-fits-all. Not all vaccines are the same, and not all people react to a vaccine the same way.

Parents who refuse one or more vaccines for their children are often denied access to health care because having under-vaccinated children as patients hurts the provider’s bonuses and reimbursements. The American Academy of Pediatrics (AAP) [published the results of a 2019 survey](#) showing that 51% of pediatric offices have a policy to dismiss families who refuse vaccines in the primary series, and 28% have policies to dismiss families who spread out vaccines. [NVIC’s Cry for Vaccine Freedom Wall](#) features first-person testimonials of the harassment, coercion, and sanctions at the hands of doctors pressured to meet vaccination quotas, especially for children.

Incentivizing vaccination, which carries a risk of vaccine injury and death, is an unethical medical practice, and it needs to be stopped. As of October 25, 2024, [2,637,811 adverse events](#) and [48,581 deaths](#) were reported to the federal [Vaccine Adverse Event Reporting System \(VAERS\)](#).

Kentucky, Louisiana, and West Virginia considered bills this session to prohibit incentives for medical personnel to vaccinate patients. This is a new category of bills for NVIC to monitor this year. All states should prohibit this practice which puts the safety and health of patients, especially infants and children, at risk.

**\*KY [HB 41](#) SUPPORT** - Prohibits immunization incentives to be issued or used by insurance companies, schools, state & local government, health facilities, & employers

**LA [HB 958](#) SUPPORT** - Prohibits health coverage plan incentives & penalties intended to influence, persuade, or encourage health care providers to vaccinate

**\*WV [SB 520](#) SUPPORT** - Establishes the "Informed Consent for Vaccination Protection Act" including prohibiting a provider from accepting insurance bonuses, monetary payments, and other incentives from an insurance or pharmaceutical company over vaccination rates; prohibits insurance companies



from penalizing a health care practitioner due to vaccination rates of their patients

## Requiring Vaccine Providers Disclose Financial Incentives to get People Vaccinated

If a state can't pass a bill to prohibit financial incentives for medical personnel providers to vaccinate, passing a bill requiring vaccine administrators to disclose financial incentives can still help health care consumers to make better informed choices when choosing a doctor.

Also, knowing any potential conflict of interest the vaccine administrator may have enables health care consumers to assess the validity and sincerity of the health care provider's vaccination recommendations. This transparency is integral to informed consent.

Utah legislators proposed a bill to require health care providers to make this type of disclosure, but it did not pass.

**\*UT [HB 123](#) SUPPORT** - Requires health care providers to disclose additional compensation they receive for administering vaccines prior to vaccination

Prohibiting financial incentives to vaccine providers is preferable, but requiring disclosure of financial incentives could help if a prohibition does not get passed.

## Comparing Recent Sessions to 2024

The 2024 legislative session found NVIC tracking 624 vaccine-related bills, which is the third most in the history of the NVIC Advocacy Portal. This was less than the 709 vaccine-related bills in 2023 and an all-time high of 875 bills in 2022, but higher than the previous all-time high of 473 bills filed in 2021, and 232 bills introduced in 2020.

The lingering effects of the aggressive public health community response to the COVID-19 pandemic have kept interest high in vaccine-related legislation in all states to combat government overreach, but the surge is starting to wind down.

This session had the least number of states, 43 states and the District of Columbia, filing vaccine-related bills since 2021.

2024's legislative session tied with 2023's legislative session as having the highest percentage, 63%, of NVIC supported bills compared to total number of bills filed. This is higher than 54% in 2022 and 59% in 2021. Prior to 2021, all percentages of support bills compared to total bills were less than 50%.

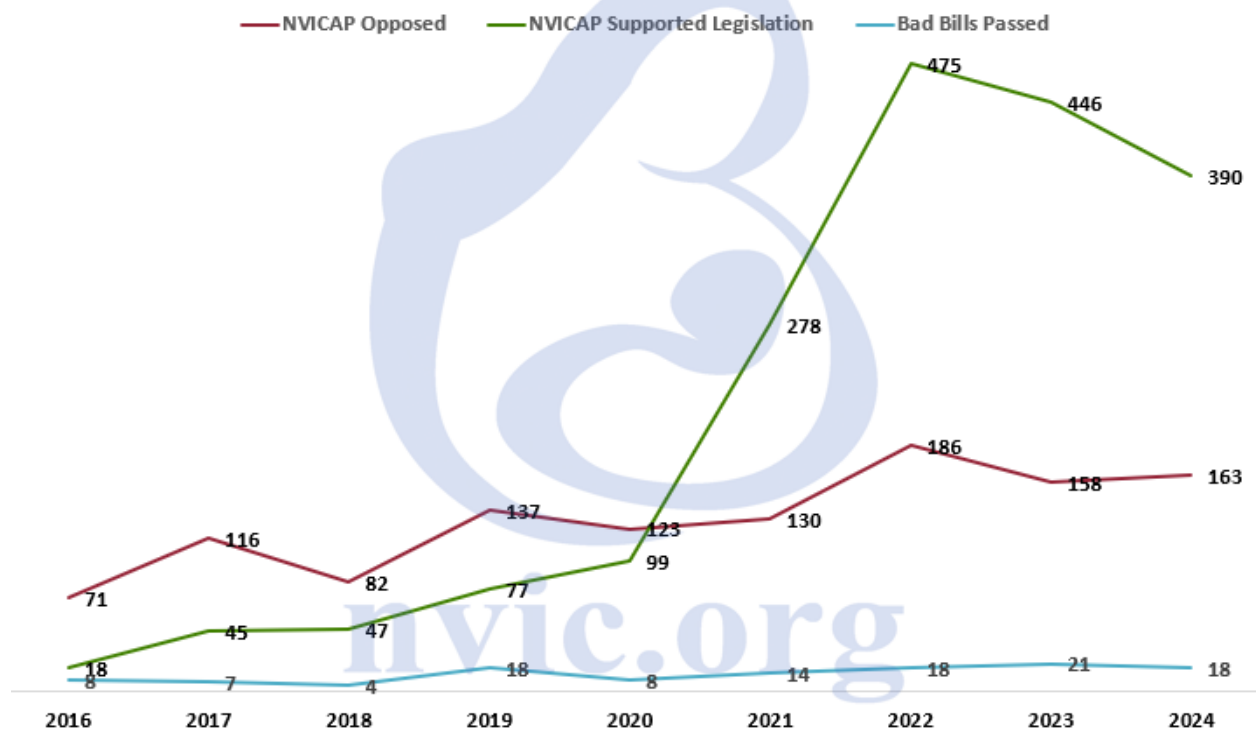
NVIC opposed 163 bills in 2024, which is just a little higher than the 158 opposed bills in 2023, but still well below the all-time high number of 186 opposed bills in 2022. Previous years had fewer opposed bills, 130 in 2020 and 137 in 2021, but there were also fewer bills overall filed in those sessions.

Because of the recent increased push to give pharmacists, pharmacy technicians, pharmacy interns, and others the authorization to vaccinate, this is the second year NVIC has uniformly opposed these bills across all states. One factor in this decision was to raise awareness about this concerning trend to move vaccination, especially for young children, away from trained medical personnel.

The positive takeaway from this is that, outside of pharmacy related bills, the 2024 legislation session represents one of NVIC's most successful sessions helping to defeat legislation threatening vaccine informed consent rights in America.

It's encouraging that NVIC was able to support 390 vaccine-related bills filed in 2024. This was the third highest amount filed in any session. This is a huge jump compared to the 278 bills supported in 2021, and the 99 bills supported in 2020 at the start of the pandemic. The gap between the number of supported and opposed bills remains significant. This positive trend maintained over the last four years because more families, health care providers, and lawmakers recognize the need to secure vaccine informed consent protections in U.S. public health policies and laws.

### Growth in Vaccine Informed Consent Advocacy Remains Ahead of Restrictions & Mandates



Enlightened legislators are listening to concerned constituents in greater numbers and resisting aggressive lobbying efforts by the pharmaceutical industry, medical trade, government health officials, and other special interest groups, who benefit from laws that compel children and adults to use every vaccine sold by drug companies and recommended by federal health agencies and medical trade associations.

Individual citizen grassroots involvement in the legislative process, through personal communications and education of lawmakers, continues to make a tremendous impact on the outcomes of vaccine-related bills filed in state legislatures. Although federal government officials attempted to influence state COVID vaccine policies in the last four years, more state legislators became aware of not only evidence demonstrating the negative health effects of COVID-19 vaccines, but also the risks with other vaccines currently on the federally recommended vaccination schedules.

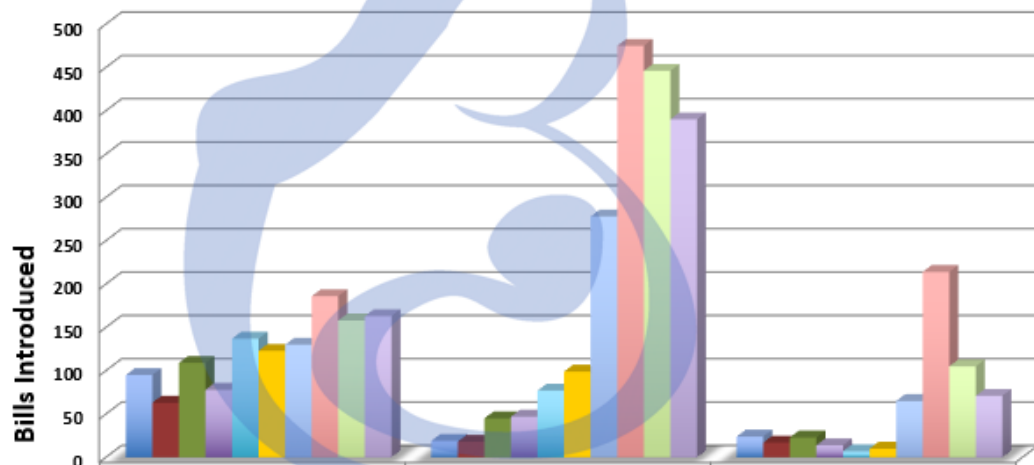
NVIC predicts that lobbying efforts by the vaccine and medical trade industries and federal government officials will continue to use fear and misinformation to scare children and adults into accepting often poorly tested vaccines that have significant risks and few official contraindications to help prevent vaccine injury and death.

**Most vaccine mandates are likely to be accomplished through local regulations, state agency rules, executive orders, and employer mandates, so removing the authority for these entities to implement vaccine mandates or discriminate based on vaccination status is a worthy goal for every state.** It will be important for more Americans in every state to get involved in the legislative process at every level to protect their informed consent rights.

## Vaccine Related Legislation Trends

Number of States Affected

2015 - 41 2016 - 33 2017 - 42 2018 - 36 2019 - 40 + DC  
 2020 - 39 + DC 2021 - 49 2022 - 44 + DC 2023 - 50 + DC 2024 - 43 + DC



	Bills Opposed	Bills Supported	Bills Watched
2015 - Total 160	95	19	24
2016 - Total 106	63	18	17
2017 - Total 184	109	45	23
2018 - Total 143	78	47	14
2019 - Total 221	137	77	7
2020 - Total 232	123	99	10
2021 - Total 473	130	278	65
2022 - Total 875	186	475	214
2023 - Total 709	158	446	105
2024 - Total 624	163	390	71

## What Else Can You Do?

If you see bills in this report or on the [NVIC Advocacy Portal](#) that you would like to have filed in your state, we encourage you to send this information to your state legislators. NVIC Advocacy staff are here as a resource if any legislators or their aides have questions and would like to get more information.

Please join the tens of thousands of Americans working with NVIC to hold the line and advance protections in the states. Please become a registered user of the free online [NVIC Advocacy Portal](#) today, and check in often to learn about ways to personally educate your legislators when vaccine bills that affect your rights are moving in your state. Please encourage your family and all of your friends to do the same.

**Also, register for our text alerts by texting the full name of your state to (202) 618-5488.**

Your active participation is vital to protecting informed consent rights and vaccine choices in America.

Because mainstream media, [largely financially supported directly by vaccine manufacturers through advertising](#), is unreliable in providing accurate and unbiased information about vaccines, and considering censorship has increased since 2020, it can be challenging for people to find trustworthy educational sources about vaccines. Please share NVIC's information with family, friends, and legislators. NVIC also publishes well-referenced [Diseases and Vaccines information](#), accurate [state vaccine law information](#), which you can find on our website [NVIC.org](#), and of course bill information on the NVIC Advocacy Portal at <http://NVICAdvocacy.org>. NVIC's illustrated and fully referenced [Guide to Reforming Vaccine Policy and Law](#) is another excellent vaccine education tool for legislators, friends, and family members too.

NVIC has published many excellent referenced articles, commentaries and videos on vaccine science, policy and law posted on <http://NVIC.org> that you can use and forward. Be sure to also subscribe to the free weekly digital journal newspaper [The Vaccine Reaction](#), which features breaking news articles that can also be shared with legislators. Everyone knows someone who has been affected by a vaccine reaction, and the information seeds you plant today can make a difference tomorrow and into the future.

As always, the challenges are great, but so are the opportunities to educate and empower legislators and residents of every state to defend vaccine freedom of choice. NVIC is committed to continuing to make that happen, and we look forward to working with you through the [NVIC Advocacy Portal](#) to help you protect vaccine informed consent rights in your state in the remaining days of 2024, and in 2025 and beyond. Please register for free at <http://NVICAdvocacy.org>, and check your state page often

We rely on your donations to make NVIC's work possible. Informed consent for vaccination has become a mainstream issue, and we are making a huge difference as you can see in this report. We need your financial support to be able to continue and grow our efforts. Please make a donation [here](#).

We all would be wise to heed this timely call to action by Barbara Loe Fisher, co-founder and president of the non-profit educational charity [National Vaccine Information Center \(NVIC\)](#), recently [posted on the social media platform X](#):

*“The globalist ideologues and profiteers never sleep. For the next four years, we need to go for the win and enshrine informed consent into US law and take down mandatory vaccination in the states and return liability for vaccine injuries and deaths to Big Pharma and the medical industrial complex. This is our time, blessed by the good Lord, to take up the sword for truth and freedom and finish the job. NO FORCED VACCINATION - NOT IN AMERICA!”*