

VACCIREVIEW



The essential role of states in protecting immunization access

Bibliography

Cohen M, Klein J, Montz E, Wong CA. The essential role of states in protecting immunization access. *N Engl J Med.* 2026;394(5):420-422. doi:10.1056/NEJMp2517029

Summary

This Perspective outlines how recent U.S. federal policy shifts threaten long-standing structures that guarantee broad, no-cost access to recommended vaccines and how states can respond to protect immunization access. Historically, the FDA, CDC and ACIP have formed a coherent federal backbone: FDA licenses vaccines; ACIP issues evidence-based recommendations; VFC and Affordable Care Act provisions then ensure no-cost coverage and stable supply. The authors describe how this framework is being destabilized by narrowing of Covid-19 vaccine labels, ACIP votes to stop routine recommendations for Covid-19 and thiomersal-containing influenza vaccines without high-quality supporting evidence, and website changes implying vaccine–autism links.

They highlight six main risk channels:

1. Loss of non-cost coverage if ACIP rescinds or narrows recommendations, unless states explicitly tie coverage to professional society guidelines (e.g. AAP) as well.
2. Instability of the Vaccines for Children (VFC) program, because VFC eligibility is directly linked to the CDC schedule; removing or narrowing indications would abruptly cut off publicly purchased vaccines for millions of children.
3. Disruption of school and child-care entry requirements, many of which are pegged to CDC/ACIP recommendations.
4. Constraints on who may vaccinate when scope-of-practice rules are tied to FDA labels or CDC recommendations.
5. Increased clinician liability concerns if changes to VICP or PREP Act protections are made, potentially discouraging vaccination in off-label or “shared clinical decision-making” contexts.
6. Expansion of “shared clinical decision-making” language, which may reframe some vaccines as “optional,” increase documentation burden, and confuse clinicians and the public.

The article then sets out an action agenda: states can mandate no-cost coverage in Medicaid and regulated plans, build contingency procurement mechanisms (e.g. Section

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317 funds, state universal purchase), decouple school-entry statutes from federal schedules by aligning instead with expert society recommendations, broaden vaccinator scope-of-practice, reaffirm liability protections, and invest in trusted messengers and surveillance for coverage and misinformation. While acknowledging that such efforts cannot fully replace coherent federal leadership, the authors argue that state action is essential to prevent backsliding to uneven vaccine access and resurgent vaccine-preventable disease.

Comment: Global Relevance

Although written for the current United States situation, this piece is a vivid case study of how vaccine access in practice is determined not only by national licensure and guidelines but by the decisions of sub-national entities that control school requirements, procurement, reimbursement, and who is allowed to vaccinate. The dynamics describes fragile dependence on central technical bodies, rapid policy shifts driven by politics, and the need for local governments to improvise coverage, supply and communication strategies—are directly analogous to the situation in many countries where health and immunization are devolved to states, provinces or even municipalities, often with limited inhouse vaccinology expertise. For clinicians and policy-makers outside the U.S., the article is a reminder that robust vaccine access requires not just good science at national level, but also strong, technically supported sub-national governance that can buffer political shocks, maintain evidence-based schedules, and prevent local gaps in expertise from eroding population protection.

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