Health Care in Motion
Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care

June 25, 2025

HHS Moves to Overhaul the Advisory Committee for Immunization Practices (ACIP): What this Means for Vaccine Access

Over the past several weeks, the Department of Health and Human Services (HHS) has taken several concerning actions to change how vaccines are approved and recommended in the United States. At the core of HHS action is the Advisory Committee for Immunization Practices (ACIP) – a small, but very important body that makes clinical recommendations for adult and pediatric vaccine access. ACIP recommendations inform not only best clinical practices, but they also set the standard for many critical federal and state policies that protect public health: public and private insurance coverage requirements, governmental public health vaccine program coverage, scope of practice for immunization providers, school immunization requirements, and occupational immunization requirements.

Eroding the scientific credibility of ACIP and/or rolling back vaccine recommendations could have a domino effect across the entire health care and public health system. Read on to understand what HHS has done to change ACIP and how it could impact vaccine access moving forward.

What is ACIP?

- ACIP is a federal advisory committee made up of subject matter experts and charged with developing recommendations for vaccines.
- ACIP sets adult and pediatric vaccine schedules, which include recommendations about which vaccines are appropriate for routine or population specific use, how they should be administered, and what schedules should be followed.
- Once ACIP makes a recommendation, the CDC Director can either adopt, reject, or amend the recommendation.
- ACIP is also charged with developing the pediatric vaccine list for the Vaccines for Children (VFC) program, which provides federally procured vaccines to millions of children.

ACIP Overview

ACIP is an advisory committee overseen by the Centers for Disease Control and Prevention (CDC). ACIP recommends to the CDC a list of vaccines that includes which populations should get them, how they should be administered, and what schedule (i.e., the recommended timeline for vaccine administration) vaccine providers should follow.

ACIP recommendations are critical for clinical practice, providing uniform guidance for adult and pediatric providers on vaccine administration. Just as importantly, because many state and federal laws, regulations, and programmatic requirements reference ACIP's recommendations to establish what vaccines are covered, ACIP recommendations play an outsized role in insuring broad public access to vaccines.

ACIP's recommendations impact state and federal vaccine access laws and programs

Federal or state coverage requirement or program	ACIP reference
Vaccines for Children (VFC), a three-decade-old federal program that provides federally procured vaccines to uninsured, underinsured, and Medicaid enrolled children.	Under the Social Security Act, ACIP is charged with developing the pediatric vaccine list, which determines what vaccines are included in the VFC program.
State vaccine purchasing programs that provide vaccines for people ineligible for VFC through the CDC's contract and at CDC negotiated prices.	Separate from VFC, states may use the CDC infrastructure and CDC contract with various vaccine manufacturers to allocate state funding to purchase vaccines for populations not eligible for VFC (e.g., privately insured kids, CHIP enrolled kids, and uninsured adults). In practice, the CDC contract is typically limited to ACIP recommended vaccines.
ACA requirement that private insurance plans cover vaccines without cost sharing.	The ACA requires private insurance plans to cover vaccines recommended by ACIP without cost sharing. This provision is currently being litigated in federal court in *Braidwood Management v. Becerra*. The portion of this case impacting ACIP has been sent back to the District Court for additional briefing and argument. Given the uncertainty around *Braidwood*, many states have enshrined the ACA coverage and cost sharing protections, including for ACIP recommended vaccines, into state law.
Medicaid	Medicaid must cover ACIP recommended vaccines for adults and children without cost sharing (most Medicaid-enrolled children receive vaccines through the VFC).
Medicare	Vaccines are covered under both Medicare Part B and Medicare Part D. Medicare Part B covers a small number of vaccines (including COVID-19) and is not reliant on ACIP for coverage. Instead, the coverage requirements are included in statute. Medicare Part D requires Part D plans to cover ACIP-recommended vaccines not already included under Medicare Part B without cost sharing.
Community health centers	Community health centers often purchase vaccines directly from manufacturers for uninsured populations. There is nothing in the community health center statute requiring community health centers to

	limit access to ACIP recommended vaccines, but in practice, many community health centers rely on ACIP to guide procurement and coverage decisions.
Scope of practice laws for pharmacists, which govern what services a pharmacist is allowed to provide under their license and are generally set by a state's legislature in conjunction with the State Board of Pharmacy.	Most states require a vaccine to be recommended by ACIP in order for pharmacists to be allowed to administer it under state scope of practice laws.
School immunization requirements	States vary on what immunizations they require for school entry, but many states reference ACIP for age, schedule, and other administration considerations.
State occupational vaccine requirements	States vary on what immunizations they require for certain health care professionals, but many states reference ACIP for age, schedule, and other administration considerations.

HHS Changes to ACIP and Potential Impact on Vaccine Recommendations

The critical role that ACIP recommendations play in vaccine access in the United States makes the dramatic changes HHS has either made or proposed for ACIP—as well Secretary Kennedy's recent actions attempting to unilaterally change vaccine recommendations without ACIP input—very concerning. The following is a brief timeline of the actions HHS has taken to date:

- On May 27th, in a video announcement posted on X, Secretary Kennedy announced that COVID-19 vaccines would no longer be recommended for children and adults without underlying medical conditions or for pregnant people. The unilateral action was a dramatic departure from the usual process of relying on careful review from ACIP followed by a formal recommendation regarding vaccine use. There was widespread confusion about the immediate implications of the announcement and how exactly it would be implemented.

- Shortly after the May 27th announcement, CDC changed the ACIP COVID-19 recommendations, but did not go quite as far as the announcement Secretary Kennedy had made, leaving some room for COVID-19 vaccine access for children and adults without underlying conditions. Instead of removing the recommendation for this population altogether, CDC changed the recommendation to "shared decision making," meaning that adults and children without underlying conditions can still access COVID-19 recommendations after consulting with a healthcare provider. CDC, however, did remove the recommendation for pregnant people to receive COVID-19 vaccines. Reporting on the process indicates that the ACIP members themselves were not involved in these changes. (ACIP was slated to meet later in the month, but these changes came well before that meeting.) Instead, CDC appears to have made these

changes to the recommendations unilaterally without the usual deliberation that precedes recommendations.

- The announced change to the COVID-19 vaccine recommendation immediately caused confusion and access challenges, particularly for pregnant people trying to obtain the vaccine. Because many pharmacist scope of practice laws base the ability of pharmacists to provide a vaccine on whether ACIP recommends it, people were turned away at retail pharmacies that did not believe they could continue to provide the vaccine to pregnant people given the ACIP change.

- On June 9th, Secretary Kennedy announced that he was firing all 17 members of ACIP and replacing them with new members. He claimed that he was taking this drastic step to ensure that the body was free of bias –though many argue that the ACIP procedures to check for conflicts of interest were already robust, and that if Kennedy genuinely wanted to address conflicts there are better ways to achieve this.

- On June 11th, Secretary Kennedy announced the appointment of eight new ACIP members with varying degrees of relevant experience, including some with ties to anti-vaccine groups and causes. The process for the rapid firing and rehiring of ACIP was highly unusual, triggering immediate reaction from providers and public health leaders worried that the move would undermine both public trust in the body and the critical expertise needed to make vaccine recommendations. Even Senator Bill Cassidy (R-LA), who cast the deciding vote to confirm Secretary Kennedy, has publicly expressed concern about the newly constituted committee, and called for delaying ACIP's next meeting until it is "fully staffed with more robust and balanced representation — as required by law — including those with more direct relevant expertise."

- Despite Senator Cassidy's warning, the new iteration of ACIP is still scheduled to meet on June 25th, where there is a packed agenda, including recommendation votes scheduled for COVID-19 vaccines, HPV vaccine, influenza vaccines, meningococcal vaccine, RSV vaccines for adults, and RSV vaccine for maternal and pediatric populations. Votes for inclusion of vaccines in the VFC program are also scheduled for COVID-19 vaccines, HPV vaccine, influenza vaccines, and RSV vaccines.

What's Next?

Assuming ACIP's June 25th meeting moves forward as planned, the dramatic and unusual nature of the ACIP membership changes and the backgrounds of the new members threaten to seriously undermine access to vaccines as well as public confidence in ACIP's recommendations. Advocacy by and on behalf of people living with and vulnerable to chronic conditions, including vaccine preventable illnesses, will likely be needed to protect the scientific integrity of vaccines and widespread access. For example, the American College of Obstetrics and Gynecology (ACOG) and the American Academy of Pediatrics (AAP) have been leading the charge to oppose the CDC's recent recommendation changes regarding the COVID-19 vaccines and urging payers to continue to cover these vaccines for pregnant people without cost sharing. More can be done, however, including by political leaders such as Senator Cassidy, who have the power to hold Secretary Kennedy accountable for vaccine policy changes that lack rigorous scientific bases. Watch this space for further updates regarding vaccine access, and preventive care access more broadly.

Subscribe to all Health Care in Motion Updates

Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; John Card, Staff Attorney; and Anu Dairkee, Clinical Fellow. This issue was written with the assistance of Amy Killelea of Killelea Consulting.

*For further questions or inquiries please contact us at **chlpi@law.harvard.edu**.*