



Headquarters
185 Berry Street
Suite 2000
San Francisco, CA 94107

650.854.9400
650.854.4800 fax

**Washington Office &
Barbara Jordan
Conference Center**
1330 G Street, NW
Washington, DC 20005

202.347.5270
202.347.5275 fax

February 19, 2026 | Virtual Event Transcript

Shifting U.S. Vaccine Policy: Explaining Federal Actions and Exploring Public Opinion

Host: Hello and welcome to today's event, Shifting US Vaccine Policy: Explaining Federal Actions and Exploring Public Opinion. If you have questions, you can submit them at any time using the Q&A button at the bottom of the Zoom control panel. We will get to as many questions as we can during the Q&A portion of the event. Also, the recording transcript and supplemental materials will be emailed to those that RSVP'd, after the event concludes. Sign language interpretation is also available. If you would like to access it, click on the interpretation button on your Zoom control panel and select American Sign Language. And now it's my pleasure to introduce Molly Brodie, Executive Vice President, Chief Operating Officer and Executive Director of Public Opinion and Survey Research at KFF.

Mollyann Brodie: Good morning or good afternoon, depending on what part of the country you're in. Thank you for joining us today for this important and timely briefing. I think we've all been watching over the past few months, month or so, as significant federal vaccine policy changes have been announced. We also anticipate that more may be in the works. Even this week, we await a decision of a federal judge as to whether the CDC's recent changes to vaccine recommendations can stand, and whether it's Advisory Committee, ACIP, can meet next week as planned. So for today, what we've done is we've brought together KFF's policy and polling experts to help provide context on these federal changes and the subsequent actions that they've spurred in the states and the courts. We're also going to explore initial public reactions to these developments.

After these very short presentations, we will open it up for Q&A. So allow me to introduce my amazing colleagues in the order in which they're going to speak. We're going to first hear from Josh Michaud, Associate Director of Global and Public Health Policy, and then Jen Kates, our Senior Vice President and Director of Global and Public Health Policy. The two of them are going to brief us on the details of the policy changes, and after that we'll turn to my colleague, Liz Hamel, who's Senior Vice President and Director of the Public Opinion Survey Research Program. She's going to give us an update on how the public is reacting to all of this. I'm going to turn it over to Josh, take it away.

Josh Michaud: Great. Thank you, Molly, and welcome, everyone. Thanks for being here. I'm Josh Michaud, and in these first few minutes of our presentation, I'm going to review and summarize the key actions and changes that the federal government

has made in vaccine policy under the Trump administration, sort of as a baseline from which to work for the rest of the discussion. And later, Jen will speak to some of the reactions to these changing federal policies from states and others, before Liz talks about the poll findings. To start, let's review some of the important roles that the federal government has in setting vaccine policy and how those contrast with state and local government roles. Next, please.

The federal government has the authority and responsibility to approve or authorize vaccines in the US, and conduct and require at times, post-market safety and monitoring of licensed products. The CDC and its external expert committee, the Advisory Committee on Immunization Practices or ACIP, develops public health guidelines and recommendations for the use of vaccines in the country and including issuing recommended child and adult vaccination schedules. The government is also a provider of health insurance and through laws such as the Affordable Care Act, the government also sets out insurance coverage requirements for vaccines in some cases. The government oversees financing mechanisms for vaccinations, including grants to state and local jurisdictions and funding through the Vaccines for Children's program, which is a major mechanism for vaccine access for kids in the United States, as well as compensation programs for vaccine injuries.

And in general, the federal government has a megaphone when it comes to delivering messages and communicating to the public and providers about vaccines and vaccination recommendations. Next, the state and local governments, it's worth it to remind ourselves that state and local authorities are those that set the vaccine requirements and mandates, not the federal government. This includes school vaccine mandates and mandates for certain employment classes such as healthcare workers. And state and local authorities can regulate the scope of practice regarding who can provide vaccines and under what conditions, and oversee state regulated health insurers when it comes to vaccine coverage. They also collect data related to vaccinations and may choose the extent of the data that is reported to the federal government related to vaccines.

Next, please. In each of these areas we just outlined, we've seen the Trump administration make policy changes or at least make notable changes in their public stance about these roles. Next. We've seen new restrictions on future COVID flu vaccine approval, COVID and flu vaccine approvals through stricter regulatory requirements such as requiring new clinical trials for COVID vaccines in some cases. We've seen questioning of post-market safety and surveillance systems and pledges to overhaul those systems, changes in recommendations and vaccine schedules, which we'll talk more about. The reconstitution of advisory committees and changes to insurance coverage for vaccines in certain cases such as formulations of vaccines which are no longer available on the

market, including the combined MMRV or measles, mumps, rubella and varicella vaccine, and the multi-dose influenza vaccine, whose recommendations have changed under the administration.

There's been discontinuation of some vaccine related research and development programs, criticism and pledges to change the vaccine injury compensation programs and discontinuation of some data collection and public posting practices of vaccine data. And notably, a different emphasis and set of priorities when it comes to communicating about vaccines with the public, including emphasizing parental choice on vaccines as an important element of vaccine recommendations. Next, please. There's been a steady unfolding of these vaccine policy changes over time since the start of the Trump administration and under Secretary of Health and Human Services, Robert F. Kennedy Jr., as shown on this timeline from the FDA's new requirements in May of last year for COVID vaccine trial results and Secretary Kennedy reconstituting the ACIP last June.

New changing recommendations coming from ACIP and CDC in September and December of last year, and of course, the major shakeup of the childhood vaccine schedule that we saw last month. Next, please. Going into a little more detail on that last point. The table shown here lists the vaccines on CDC's pediatric vaccine schedule and notes which recommendations have changed in the new schedule compared to the schedule as it stood a year ago. A couple of points to make here. The changes have reduced the number of diseases that the federal government targets for routine vaccination from 17 to 11, and the number of routine vaccines recommended from 13 to seven. There are now six vaccines no longer recommended for routine use by all children in the US, compared to a year ago. And those include rotavirus, COVID, influenza, hepatitis A, hepatitis B, and meningococcal vaccines.

These vaccines are now recommended for a narrow group of children instead of universally recommended, based on certain risk factors and criteria. And the six have moved from what had been a routine category of vaccination to shared clinical decision making or SCDM, which refers to the individually based informed decision process that occurs between a provider and a patient or parent and guardian before vaccination is recommended. And next, please. I should note that there is some nuance with regard to the respiratory syncytial virus vaccine. It's highlighted here because it's one of the ones that has been changed just in terms of its categorization. It used to be listed by CDC as a routine vaccine, but under the new schedule it's been moved out of the routine category in the new schedule, even though the definitions of the high risk groups has not changed.

Finally, I'll wrap up with just a few additional thoughts on these changes. Insurance coverage for these vaccines should not be affected by these changes, with the one exception being possibly the HPV vaccine where the recommendation has changed from two or three doses previously, to one dose under the new schedule. And so coverage of that second or third dose might change. The HHS memo that details these changes and following statements from officials and members of ACIP have provided some of the rationales they've used for making these changes, and they include bringing the US more in line with peer developed countries.

But we have to note that under this new schedule, the US is actually an outlier among its peer developed countries and most of the countries that the HHS itself in the memo in which it announced these changes, recommend vaccinating children against 14 or more diseases instead of the 11 that the US does now. And then finally, I'd say establishing a greater trust in vaccines through providing preventive choice has been another of the rationales provided, which I think is a topic that we're going to continue to touch on as we go through the remainder of this event and the presentations. With that, I'll turn it over to Jen. Next slide, please.

Jennifer Kates:

Thanks so much, Josh. I'm going to pick up from where Josh left off and talk about some of the responses we've seen. And I should say some of these were actual responses after the fact, but some were anticipatory responses or proactive actions that were taken because some, let's say states, were concerned that there might be some changes. States are where a lot of the activity has taken place. Many states, mostly democratic-led but not exclusively, have come out and said that they are de-linking some of their policies around vaccine recommendations from CDC and ACIP. I will say that states have choice as to how they're going to make determinations for the policies in their state, but I've not really seen a situation where states have come out and de-linked from CDC guidelines as is happening. States are also forming new health alliances.

People probably are familiar, there's a West Coast Health Alliance, a Northeast Health Alliance where groups of states are coming together, saying that they're going to share resources and base their recommendations on outside sources of expertise and maybe find other ways to collaborate. And I expect more states will probably join some of those, we might see some others. We've also seen some Republican-led states moving to further reduce or even eliminate school mandates. There's legislation that's been proposed. A couple examples, Idaho and Florida. Unclear what will happen with those, but with the changes in the federal guidelines, that is something that we'll be watching for. As you may have seen if you're watching this space, a lot of outside groups have come out with

their own recommendations, typically sticking with the CDC schedule that had been in place prior to January, 2025 when changes were anticipated.

On the insurance question, as Josh mentioned, none of the changes with that one exception he highlighted should affect coverage for the most part. And private insurers have pledged, the insurance trade group has come out and said that private insurers will cover all the vaccines that have been on the schedule at no cost through 2026, regardless of these changes. But just to underscore, because it is a question that is asked a lot, at this point, we really don't see any real changes to coverage, although that could come in the future. One other thing that's started to change is signals from manufacturers that they may not pursue some of the R&D and other research efforts that they normally were planning to do because of uncertainty about where the federal government lies and will the federal government support all of this research because of the cancellation of some funding, some of the changing criteria? That's another thing.

And of course, there's legal challenges both ways. There's challenges against these changes, so AAP versus Kennedy is challenging the changes that were made. And then also legal challenges against AAP as well, and some of the other efforts that are out there, so this is a dynamic environment. Looking specifically at some of the state changes, next slide, please. I think it's really notable that when we started to track this, we had seen that states were coming out and saying, "We're going to continue to recommend a COVID vaccine," for example, "For all children and all people routinely," even though the federal government decided, starting a little bit in May last year, but definitely by September, that that was no longer the recommendation.

When we looked at this, we found that many states said they would continue their older recommendation, but also, nine states at the time said they were going to continue to depart from federal recommendations for all childhood vaccines. And then we went back into the field to look at this question after the changes in January and found that half of the states, 25 actually, had done this for all childhood vaccines. So 25 states now are saying that they're departing from federal recommendations to determine what they're going to recommend in their state. Next slide. Looking more specifically, that 25 is part of this 28 number here, just to show you where they are. A couple of states, three states are not doing this yet, or maybe not at all for all vaccines, but are doing it maybe for COVID-19 vaccine or for the hepatitis B birth dose and hepatitis B vaccine for kids. So it's 28 total that have come out saying they're going to stick with the older recommendations.

Next slide. Also on the private insurers, while it is the case that so far the changes have limited impact on private insurance coverage, states, nine by our

count, have, where they are able to regulate insurers, which is state-regulated insurers, and I'll say most beneficiaries aren't in those plans, but nine states have come out and said, "We're going to mandate free coverage, no-cost coverage of vaccines for the vaccines that we decide we want to be covered, and not necessarily based on what CDC or ACIP says." And just, we probably should have stated this earlier, the federal law requires that CDC and ACIP-recommended vaccines be covered at no cost by most insurers, and there's other regulations that do as well. Next slide.

Yes, another thing that we've been tracking for a long time are exemptions to state school vaccine mandates. As Josh mentioned, mandating vaccines for school entry or daycare entry is a state purview, the federal government can't do that. All states allow for a medical exemption because there are some kids who can't get a certain vaccine because it's contraindicated for them. And since the '60s, really, and it's increasing since then, states have been introducing what are called religious and personal exemptions, so allowing parents or guardians to opt out of vaccine requirements due to other non-medical reasons. And you can see here that there are, let's say all but four states allow for some opt out other than for a medical reason. Next slide.

And interestingly, we also have been looking at changes in immunization rates among school age kids. And you can see between, let's say the 2019 to 2020 school period, which was right pre-COVID, to the most recent period, exemptions have gone up. So the share of kids whose families are opting them out of the mandated vaccines for school entry is going up. But when you get down below that, what becomes apparent is what's driving that is the non-medical exemptions. Medical exemptions have actually gone down slightly. They're not changing, really, but non-medical exemptions, so the share of parents claiming a different reason, not medical for opting out, is going up. And the next slide. Just wrapping up, some things that we're continuing to monitor and watch, there could be further changes to federal recommendations. Both Secretary Kennedy and ACIP members have signaled this in their statements.

More divergence could be appearing across the country the next school season. What happens in the fall with requirements is something to watch because states will have to probably make some decisions about what they're going to mandate. And then trends in vaccine uptake and particularly among school age children. One of the justifications for these changes was because of what the administration has said, falling trust and declining vaccine rates, which, the data are clear that that is happening. I think it's an open question as to whether these changes will change that or will contribute to further declines. And then of course, that will influence disease incidence. If there's greater uptake, there'll be hopefully less disease incidence. There's reduced uptake, we'll see more

outbreaks like we have already even been seeing with measles and other vaccine preventable diseases.

Again, trends in public trust. My colleague, Liz, will go into that. There's several legal challenges that are still at play and those, the decisions will be out for some of them soon and others will be ongoing. And then finally, this whole area of what's the change in the investment research decisions by vaccine manufacturers? Because those decisions, if vaccine manufacturers decide not to invest in a certain area or invest in other areas, that could have real implications for the supply for people in the United States. These are all areas to watch. Perhaps we'll have another webinar to provide updates on them in the future. And now I'll turn it over to my colleague, Liz, who will go into some of our public opinion data. Liz.

Liz Hamel:

All right, thank you, Jen. Before I get into our latest polling on vaccine attitudes and what people think about the changes that Jen and Josh just described, I just want to set the stage, and Jen teed it up nicely, by talking about trends in trust. This chart shows the trend over time and the share of people who tell us they trust the CDC for reliable public health information. The wording of this question in our polls has changed slightly over time. Starting in 2020 when we asked about trust for reliable information on coronavirus, then COVID-19 vaccines and more recently, we asked about vaccines generally. If we go back to March, 2020 at the onset of the pandemic in the US, you can see here, our polling found that about nine in 10 adults said that they had a great deal or fair amount of trust in the CDC to provide reliable information about the new virus.

And that was true across partisan groups. But if you follow the gray line in this chart, which represents the share for all adults, you see that trust dropped from a high of 85% in March, 2020, down to 47% in our latest poll in January, 2026. If you look at the red line, you can see what happens with partisanship over here. Those initial drops in trust were really driven by Republicans who pretty quickly lost faith in the CDC in the lead up to the November, 2020 election, and continuing throughout Biden's presidency. And this of course, was a time of heated partisan debates about public health measures related to the pandemic, including things like vaccine mandates, school shutdowns and masking. At the same time, Democrats' trust in the CDC for public health information remained high throughout President Biden's presidency, but it began to decline after President Trump was reelected and appointed Robert F. Kennedy Jr. as HHS secretary.

In our latest poll from January, we see that trust in the CDC was at its lowest point among Democrats since we began tracking, with 55% of Democrats and 43% of Republicans saying that they have at least a fair amount of trust in vaccine information from the CDC. Now, I'm not going to show all the trend

charts, but we did find similar declines and similar patterns when we look at trust for information from the FDA and state and local health departments. Moving on to the next slide, here is our latest data on the question of who people trust for reliable information about health issues more generally. And one thing that's been consistent in our polling on health information and trust is that as trust in government agencies has declined and become more partisan over time, individual healthcare providers have remained the most trusted source of health information.

You can see here that about nine in 10 adults across partisanship say that they trust their own doctor or healthcare provider for reliable information. But beyond individual providers, none of the government agencies or individuals that we asked about are trusted by more than half of the public. We have about half saying they trust information from the FDA and CDC, and about four in 10 trusting information from their state government officials. Even fewer say that they trust HHS Secretary Kennedy or President Trump for reliable health information. And perhaps not surprisingly, we see deep partisan divides when we ask about those individuals. Next slide, please. Beyond declining trust in government health agencies as sources of information, we also find that most of the public lacks confidence in federal agencies to provide recommendations and guidance about vaccines.

This is from our latest poll in January. We ask the question, "How much confidence do you have in federal government health agencies to make recommendations about childhood vaccine schedules?" And if you look at the dark blue part of the bars here, you see that just 15% of the public overall say that they have a lot of confidence. And in fact, if you look at the green bars, over half say they have just a little confidence or none at all when it comes to these agencies' ability to make vaccine recommendations. And notably, this is true across partisan groups and among those who consider themselves supporters of the Make America Healthy Again movement and those who don't. Next slide, please.

Underlying this lack of confidence is the public skepticism about federal health agencies' abilities to ensure vaccine safety and effectiveness, to make decisions based on science and to act independently. You see here that just under half of the public say that they have a lot or some confidence in health agencies to ensure the safety and effectiveness of vaccines approved for use in the US. About four in 10, 38% are confident that these agencies will make decisions based on science rather than on the personal views of agency officials. And just a third, 34% are confident that they can act independently without interference from outside interests. And as you can see here, confidence is relatively low on these measures across partisan groups. Next slide, please.

Before I get into what our new poll says about reactions to some of the recent changes in federal vaccine guidance, I want to review a few findings from a large survey of parents that we conducted over the summer in partnership with The Washington Post. And this poll was conducted before many of the recent changes were made by HHS, but it's really helpful context because looking at parents is really the group that's most likely to be in a decision-making position when it comes to childhood vaccines. What we found in that survey was that the vast majority of parents said it's important for children in their community to be vaccinated for things like MMR and polio. Looking here, if you add up the blue parts of these bars, we get about 90% of parents saying that it's very or somewhat important for kids in their communities to be vaccinated against MMR and polio.

But you see that fewer parents said it was important for kids to be vaccinated against flu, that was just over half. And an even smaller share, fewer than half viewed COVID vaccination as important for kids. Next slide, please. That poll of parents also revealed important divisions in parents' vaccine attitudes and behaviors along partisan lines, similar to some of the trends that we saw with the general public. For example, about a third of parents said that they don't think vaccines go through enough safety testing before being recommended for children. And that view is expressed by about half of Republican parents compared to one in five parents who are Democrats. Similarly, before the recent changes to the recommendations, about a quarter of parents said that the CDC recommended too many vaccines for kids, and that was 41% of Republican parents compared to just 9% of Democrats.

And we found these differences extended to parents' vaccine decisions as well. So the green bars here, 22% of Republican parents compared with 8% of Democratic parents said that they had skipped or delayed at least one vaccine for their own children. Beyond partisanship though, this large sample of parents in this poll allowed us to identify another emerging difference in parents' vaccine attitudes and behaviors, and that's by age. So if you look at the bottom sets of bars here, across the board, including in each of the examples shown here, we found that younger parents were somewhat more likely than older parents to express attitudes that were somewhat skeptical of vaccines, and to report skipping or delaying vaccines for their own children. And this is something that we think is worth keeping an eye on moving forward, as it may signal the beginning of a generational shift in how parents are thinking about vaccination.

Next slide. Another key theme from our polling on health information and trust is that when we look at false and misleading statements about vaccines and other health topics, we found consistently that few people are ardent believers in health misinformation and many people fall into what we call the malleable

middle. And these are people who express some level of uncertainty about whether a claim is true or false. Here are four examples of false and misleading statements about vaccines that we've tested in recent polls. "Getting the measles vaccine is more dangerous than becoming infected with measles. More people have died from COVID-19 vaccines than have died from the virus. The claim that the MMR vaccines have been proven to cause autism in children," or that, "mRNA vaccines can change your DNA."

Now, for each of these, the gray bar on the left shows that a very small share, under 10% says each claim is definitely true. And in the light gray bar on the right, you see between a quarter and four and 10 say each is definitely false, but most people fall in either the blue or the green part of these bars, saying that each statement is probably true or probably false. Now, this uncertainty presents both challenges and opportunities. The fact that many people lean towards rejecting these false claims presents an opportunity for interventions to reinforce factual information. But a significant challenge is that the cumulative effect of uncertainty across an array of false and misleading claims can lead to confusion. And that confusion can make it difficult for individuals to make decisions about their own health and the health of their children. And that's particularly true at a time of declining trust in various sources of information.

Next slide, please. Okay, so finally, I just want to end on what we know from our latest polling on reactions to the recent changes to the recommended childhood vaccine schedule. First, I think it's important to point out that while everyone on this call has probably been watching this very closely, that's not the case for all of the public. In January, we found that about half the public, including similar shares across parents, partisans and supporters of the MAHA movement, said that they had heard a lot or some about the recently announced changes. And that means that about half of people have heard little to nothing about these changes. Next slide, please. Among the half who have heard about the changes, opinions about the likely impacts are more negative than positive. Overall, 54% of those who've heard about these changes expect that they'll have a negative impact on children's health, and that's about twice the share who say they'll have a positive impact, which is 26%.

Perhaps not surprisingly, this divides sharply again on partisan lines. 83% of Democrats we've heard of the changes, expect them to have a negative impact, while about half of Republicans and MAHA supporters expect them to have a positive impact on children's health. Next slide, please. Okay, so where does this leave vaccine confidence? Here, we see a somewhat similar picture to what we found this summer in our survey of parents. Our January survey found that large majorities of the public across partisanship are confident that the MMR and polio vaccines are safe for kids. Now, as Josh mentioned, those are two of the vaccines that are still universally recommended for children under the new

guidelines. But the picture starts to diverge somewhat when you get to some of the vaccines where recent recommendations have changed. So for hepatitis B and flu, we still see that majorities overall are confident in their safety, but we're starting to see bigger partisan differences.

For example, for hepatitis B, 85% of Democrats are confident the vaccine is safe, compared to 61% of Republicans. And for flu, those shares are 82% and 52%. And then as it has been for a long time, the COVID vaccine is the most polarizing, with just half of adults overall and three in 10 parents confident that COVID vaccines are safe for kids, but that diverges with eight in 10 Democrats compared to just 28% of Republicans. That's a lot of data that I've shared. We will make these slides available, but for those of you who want to dig in deeper, you can find the full reports on each of these polls on our website. And we've also just launched a new interactive dashboard that features all the data that I've just shown and other key insights from our polling on health information and trust. We'll plug that URL into the chat for anyone who wants to dig in and learn more. And I will turn it back over to Molly.

Mollyann Brodie:

Hey, great. Wow, thank you all. Those were really compelling insights and there was a lot, and not surprisingly, it has stimulated a lot of questions. I do want to remind those of you who are out in the audience, that you can continue to go ahead and submit questions in the Q&A. We're going to try to get to as many of them as we can. I just want to start, I'm going to turn back to Jen and Josh. Your last chart, which, you had a lot of things you're watching in the future, but that top one was that you end by saying that you're expecting some more changes in federal recommendations or by HHS. Can you say some more about that or talk more specifically about what you're watching for, or what you think is really on the horizon in that arena?

Jennifer Kates:

Yeah, I can take that. Thanks, Molly. Based on comments that have been made by Secretary Kennedy and also some of the ACIP members themselves and others in the administration, these are just based on those, we don't know for sure. I think it is a likely outcome that there would be decisions to move more of the vaccines that are now in the routine category into shared clinical decision-making. And I think for some people who don't follow this, that seems like it's not... Yeah, of course we should. I'm a parent, you want to have consent for your vaccines. I think it's a different emphasis. One is a routine recommendation says this vaccine is safe and effective and it is therefore recommended for all kids. And so when you go talk to your pediatrician or you're getting the vaccine information, this is what we recommend for kids.

It's not that you're not being consulted, but it's sort of a universal recommendation for everybody, as shared clinical decision-making is more like you might experience with an individual medical procedure, discussing, "Should

I get a colonoscopy? Should I get this?" You have discussions about the individual with regard to an intervention. And since none of the safety or efficacy data have changed, it's just notable that these were moved. It's likely that we'll see more of that, as I mentioned, for some of the vaccines still listed in routine.

Another thing that could happen, although I am not sure, and President Trump has talked about this, one of the issues that he has raised and a couple others are wanting to decouple some of the vaccines that are now packaged together like the MMR vaccine, which is still routinely recommended for all kids, but allows a parent to get one shot for their kid at the time. Breaking that up would mean three shots. So those are the kinds of changes that could happen. We'll see and we can talk more about what they might mean. But just in short, I think parents are going to be confused and I'm sure they're not going to totally know what these changes mean and why they're changing.

Josh Michaud:

And I'd also add, if I could, about one thing that I think a lot of people are watching is related to these vaccine liability programs. We've seen statements from HHS officials and discussion out there about making changes to the vaccine injury compensation program, which covers many childhood vaccines and the counter-measures, injury compensation program, which covers other counter-measures including the COVID vaccine. And currently, the injuries that are covered through these programs really are quite rare and there's a process put in place so that people can be compensated if they have injuries which are consistent with a time period and associated with certain vaccines. And one thing that people are on the lookout for is an effort to expand the scope of the injuries that are included under these programs, such as linking vaccines with a more common condition like autism, which had already been mentioned, or conditions that are linked to autism.

And if that were to happen, hypothetically, it would lead to many, many more claims potentially from parents seeking compensation. The system is already strained and there's difficulty reviewing and processing the volume of claims already coming in. And a finite trust fund to draw a compensation payment, so certainly something to be aware of that could lead to real challenges for vaccine makers, the government and others. The process is established by law for making changes to that table and there's an external committee that needs to review the changes in a public comment period. But if they sidestep any of those sort of processes, you could have a stiff legal challenge as well, so that's one thing I'd be looking at.

Mollyann Brodie:

Great, thank you both. Let me ask you, Liz, about what you are watching for in the future. I know we are going to continue to be tracking public opinion on this, but as you left it, there is some sort of, we see where the trends are. What do

you think we might be seeing in the future? What are you going to be watching closely? Can you also just speak to, you mentioned that the younger parents, we are seeing that they're more skeptical on some of these fronts. Is that true for all partisans, or is there a partisan gap like you saw in so many of your other polling results?

Liz Hamel:

Yeah, great questions and they tie together because the young parents is one thing that I think we really do want to keep an eye on for the future, that we know from all of our polling that young people are different in where they're getting their information. We're seeing more young people across the board, getting health information from social media and now as well from AI and other places. And we've also seen in our polling that there is some corollary between people getting information from social media and their tendency to believe some of the false and misleading claims that we're seeing circulated.

And so I think that keeping an eye on young parents, both where they're getting their information and how they're making decisions, is something we definitely want to keep an eye on. To the second part of the question, where we do see attitudes diverging by both age and partisanship, we don't always have the cross-tabs to dig in detail, but we can look at things with multivariate analysis, with regression, for those of you who are into the statistics. And we do find that those differences by age and bipartisanship, they do hold when you control for those factors separately.

Mollyann Brodie:

Great, thank you. And let me just follow-up with you on another question that came in. When HHS did release these changes, they gave a lot of rationales for why they were making the changes. And one of them was that it would increase parents' willingness to get their kids vaccinated, because there'd be fewer vaccines, and so that it was actually going to help reduce the vaccine hesitancy that we have been seeing growing over time. Does [inaudible 00:40:55] in any of our polls we conducted, speak to that? Is there any reason to believe that that is true? Do we know how people are thinking about the number of vaccines and the timing of vaccines? Can you speak to that?

Liz Hamel:

Yeah, I think it's too early to tell at this point. I mean, as I showed, only about half of the public has even heard or paid attention at all to these changes. That's true of parents as well. And it's really only a small subset of parents with kids at a certain age that are in that position to be making decisions about vaccines. I think it's definitely something we'll continue to track our polling, but at this point I think it is too early to tell. We did ask a question for those who had heard of the changes, do they increase or decrease their level of trust in the federal agencies? And we found many people said it didn't change their level of trust. If anything, it tilted a little bit negative as opposed to positive, but I think it's something we definitely need to keep an eye on moving forward.

Mollyann Brodie: Great. All right, and turning back to Jen and Josh, there has been a lot of questions about the state actions and you certainly have been tracking that closely. I know you have some policy briefs available on KFF.org that can give a lot more detail about that. But can you share a little bit more about your thoughts of what might be happening in the future? And in particular, one of our audience members lives in the great state of Kansas, and Kansas seems to be trying to make it law that you have to follow the federal and ACIP guidelines in the state of Kansas. Is that something, a trend that you're seeing throughout a lot of other states? Or why don't you just share a little bit more about the details from all your state analysis?

Jennifer Kates: Yeah, great question. Kansas, just to know, we're not tracking all of the bills that have been introduced because there have been so many, hundreds of bills introduced on various aspects of vaccine policies in states. We have been tracking things that pass either the state legislature and are signed by the governor, or just policies put in by executive branch. But specifically to the question around Kansas, Kansas is an interesting state. It's one of the 25 states that has announced through the governor and state health department that it is going to continue to follow outside expert guidelines for its childhood vaccine recommendations, not necessarily CDC or ACIP. The introduction in the budget, I think that's what the person was saying, to try to force them to follow that would certainly, if that became a legislative requirement, change that.

So that's something to watch. I'm not aware of if any of the other states that have moved to say that they're not going to follow are facing any of that, or how likely that would move forward. We do expect to see more divergence from states, especially if... I mean, states are going to be faced, honestly, the legislatures and governors are going to be faced with, "What do we do about the next school season? Do we make a change, do we keep what we had? Is it enough to have the exemptions?" The personal and the religious exemptions are a way for parents and guardians for a variety of reasons, to opt out, but states might want to go further. That's where I think the next set of activity is going to be that we're watching.

Mollyann Brodie: That's great. And again, both for you and Josh, there are a lot of questions about the insurance coverage. And I know it's complicated and I know there's a lot of different types of insurance coverage. A lot of people get their insurance in a lot of different ways. Could you maybe just try to dig into that a little bit more? And especially thinking about the future, it's one thing about what's law today, but we're definitely thinking about what's happening in the next year or so. Can you guys speak to that, please?

Jennifer Kates: Yes, I can do that. And we have a policy analysis of this so you can actually see buying type of insurance, what the requirements are, but I'll try to briefly say

what those are and then also forecast ahead, just so people have a level of playing field on what is very complicated. It is because of federal law, the Affordable Care Act, that insurers must cover at no charge, private insurers must cover at no charge, all ACIP, CDC recommended vaccines, whether they're routine recommended. Whether they're shared clinical decision making, that's how it's been interpreted. So if you have private insurance, that's where you're getting your free vaccines and that's by law. So if a vaccine was to come off of the schedule, meaning it's no longer recommended at all, an insurer wouldn't have to cover it for free. They could, but they wouldn't have to.

It's a little different when you go down to Medicare, so Medicare part B was required by law, not because of CDC or ACIP to cover pneumococcal, Hep B, flu and COVID vaccines by law. So unless that law changes, there's no change that we're anticipating. Medicare part D is all others, and that was also by a law, but it is tied to CDC. And just to go on, Medicaid is also tied to CDC and ACIP. So if CDC and ACIP make changes, it basically has a ripple effect or could have a ripple effect on a lot of different coverage areas for people. Having said that, because of the types of changes that have been made so far with very limited exception, insurers should still be required to cover those vaccines listed at no cost.

And even though the trade entity for insurers has said it will be through 2026, I think insurers will be hard-pressed to deviate from the law on that after 2026. So really, the thing to watch is if anything comes off the schedule or gets significantly limited and goes from not just saying routine, but says, "We're only recommending it for this age group." If that happens, then an insurer is not legally bound by this requirement and could start charging for the vaccine. And we know that when vaccines cost, that's going to be a barrier for people. And it already is for those who are uninsured because there's limited options for particularly adults.

Mollyann Brodie: And has there been analysis about what the long-term impacts might be with these lower vaccine rates across the board, the cost, the disease burden? Do we know a lot about that yet, or is that something we're still watching for the future?

Jennifer Kates: I mean, there are some analyses. These are really based, there's two kinds of things. There's evidence from before, so we have data on when before a vaccine was introduced, how prevalent a disease was. And also how the prevalence has gone down once a vaccine is introduced. And you can also estimate the cost of that. So CDC has estimated some of those costs, for example, and also a whole range of other estimates to say what is the bigger effect on populations, not just for the individual. In not all vaccines, but in several, they have community level effects. There are some beginning projections that have been developed.

We're not affiliated with it, but Emory University has a tool, some researchers there that I've seen that is projecting what will happen if coverage rates go down, for example. If the coverage of pneumococcal vaccine goes down by, you can say 2% or 3% or 1%, what would be the effect? How many more kids would get sick, be hospitalized? How many more infections there would be. And I know they're doing that for a few and it's been done for hepatitis B. So there are data available, including on costs, but I think this will be something that will be estimated as we go forward.

Mollyann Brodie: Great. And Liz, I want to turn back to you. There's been a lot of questions that relate broadly to this issue of lack of confidence in the federal health system, public health system, to provide information and the declines that you showed and the trends over time, and what the implications of that might be going forward and what you are looking for, watching for. And particularly how that might be different bipartisan, and then again, by the ages. Do we know any reasons behind it?

We know now that younger parents are more skeptical. Do we have any hypothesis or any data about why that might be the case? They're largely a demographic who was born and raised when there were a lot of vaccines and probably haven't seen measles before or hasn't seen a measles before. And just anything from our data that can help illuminate the implications of this declining trust, and not just overall, but by some of these key subgroups.

Liz Hamel: Yeah, I think one of the implications that I am most concerned about is this level of confusion. We have to remember that parents and parents of young kids in particular, they're busy people, they have a lot going on. They're trying to put food on the table, they're concerned about lot of other things. When they have to make decisions about their kids' health, they take it very seriously, but they don't always have time to look at, "What does my state recommend, what does the CDC recommend?" They really trust their providers. We also know that healthcare providers, often they don't have enough time with their patients already and now they are facing increased questions or patients who have been exposed to a lot of misinformation or questionable information on social media.

I think it puts a lot more pressure on that provider-patient relationship. And so I think that's one of the things that we may see going forward as people are exposed to different recommendations coming from different levels of government and different groups. We've also seen groups like the American Medical Association, the American Academy of Pediatrics, put out information that is different than what the CDC is recommending. And so it's really a lot, I think, for busy parents and parents of young kids to try and keep track of.

Mollyann Brodie: And Josh, I want to take it back to you for a second to talk a little bit more about the status of the AAP lawsuit and whether we should expect to see an ACIP meeting next week or not, and what you're hearing and what you think is next on that front.

Josh Michaud: Right. Yeah, good question. Just quickly, after the schedule changes came out in January, the AAP filed this lawsuit in federal court for a preliminary injunction to making those changes and also to have the ACIP meeting canceled while the legal issues were being worked out. And the basis for that lawsuit is really that these changes were made outside of the normal processes going through ACIP. They were handed down from HHS without going through the normal process of negotiation and input from the ACIP. And last Friday, there was a hearing held and a federal judge heard the plaintiffs' and the defendants' arguments.

And there was an expectation that we might've heard it before our event, but we still haven't heard the judge's decision about this yet. So at least as far as the case goes, we're waiting to hear the conclusion of whether there will be a preliminary injunction. Now, regarding the ACIP meeting that was on the books for next week, as of now, we're skeptical that it will happen because there is a rule in place that a public notice must be made of the hearing, 15 days in advance. And we're well into that, beyond that period now. And so in the absence of a public notice, it's unclear whether they will hold the ACIP meeting regardless of the outcome of the case itself.

Mollyann Brodie: All right, there's another issue on many, many, many minds right now. And even though it's a long way out, it seems like we've been talking about it for months already, and that is the upcoming midterm elections. And I guess I just want to throw out to any of you, what your thoughts are about all of these federal vaccine changes and the various reactions that you've been tracking, and whether you think they will play out in any way, shape or form, even as a discussion item in the midterm elections? And I know it's a long way out, so we'll take your predictive thoughts with a grain of salt, but I would love to hear your thoughts on this.

Liz Hamel: Yeah, I mean, I can start with at this point, as I showed in the data, this is not something that a large share of the public or a large share of voters are paying attention to. I think there is probably a small group that is very motivated in one direction or the other by this. But what we find in all our other polls is that what people really care about when it comes to healthcare and the elections, and what they want to hear about is solutions to address the affordability of healthcare. And so I think that, when it comes to health issue in the election, is likely to be the dominant thing that people are going to want to hear people talk about and that they're really looking for policy solutions on. Whereas this

vaccine issue, I think is probably a motivating factor for a smaller group of voters.

Jennifer Kates: Yeah, Liz is the expert on thinking about elections and public opinion, but there's been some reporting that the administration's moving away from the heavy vaccine messages because they're getting some pushback. I think just picking up what Liz said, this is probably one of those issues where first of all, there's a partisan divide, so that's just already there. But I think if you take this and if there is some pushback with some other policies that are getting pushed back, it just provides more collective noise around issues, which could tip the balance in different directions. I'm watching, just like everybody else, I think, to see who brings this up in which elections and does it become a talking point or not? So it'll be interesting to watch and hopefully we'll have some more polling on that.

Mollyann Brodie: Great. And I guess this is more for Jen and Josh, but we've seen measles outbreaks across the country right now in various pockets. Is there any way to link these changes that are going on, the conversations that are going on, the state actions that are going on, the legal lawsuits that are going on, the changes in parents' confidence that Liz has pointed out, with any of the measles outbreaks to date or thoughts about the future? Just trying to tie, do we think they're all related at the moment or are they separate forces happening? Josh, want to-

Josh Michaud: I can jump in, yeah. I don't know if we can directly link these changes to recommendations to current measles outbreaks. As Liz said, not everyone's paying attention to these and it's fairly recent as far as development. The root causes of the current outbreaks really lie in the fact that there are pockets of under-vaccination in certain communities, and that's been present for a long time and it's been, the declining vaccination rates for measles in some of these communities have extended back for years.

So I do think it's fair to say that any additional barriers to getting people vaccinated for measles and any confusing messages or conflicting messages about vaccinating for measles can lead to more confusion about this and can chip away at the margins of protections in more communities, which would open up the possibility for more of these outbreaks. Measles being at the leading edge of the vaccine-preventable disease outbreaks because it is such a contagious virus and the vaccine is so effective, if we have more confusion and disorder around this, it's going to exacerbate what already exists. And I'm sure that the measles situation will continue not to get better very quickly.

Mollyann Brodie: Great. All right, we're getting really close to the end. I'm going to let our panelists have any last word you want to have a last word about. Something

that we missed talking about, something you want to emphasize, something you want to leave the audience with. I'm looking at you, Jen.

Jennifer Kates:

Well, I was thinking when Josh was talking, that part of what we're seeing now with all these policy changes at the federal level, they are reflective of a growing partisan divide around public health and around vaccines that really started with COVID. And so they're not happening in a vacuum and we have to remember that. At the same time, I think the open question, maybe this feeds into elections, is it going too far? And will the public push back, and will that be something that does a course correction or will we see outbreaks?

I mean, even though I think there was a question I saw written about the MMR recommendation hasn't changed, but we're seeing it's true, the MMR recommendation is still, it's routinely recommended. But the issue, as Josh saying, anytime there's confusion or calling into question, it's just going to make it more challenging to promote a message around the importance of this vaccine.

Mollyann Brodie:

All right, we're going to let you have the last word because you should always have the last word, so thank you, Jen. I really want to offer my appreciation and gratitude to the three of you. I mean, you've been my amazing colleagues for so long now and I always learn something new when I listen to you, and I hope our audiences took something away from all your incredible insights.

As a reminder to the rest of you out there, there is a link to this event recording and the slides will be emailed to you who RSVP'd. It'll come out later today. There's also going to be a transcript that'll be available soon on the website. We really appreciate you coming and spending your time with us today. We hope that you've learned something or taken something away for you and your work or your organization. And we also hope to see you back at another KFF event soon, so thank you all.

KFF transcripts are created on a rush deadline. This text may not be in its final form and may be updated or revised in the future. Accuracy and availability may vary. The authoritative record of KFF programming is the video recording.