

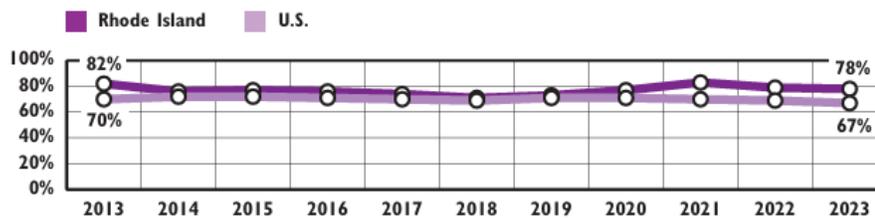
Protect Access to Childhood Vaccines

[H-7625](#) (Donovan) / [S-2379](#) (Ujifusa)

Rhode Island has better childhood vaccination rates than the national average, but access to vaccines is at risk. Children can be protected against over a dozen potentially life-threatening vaccine-preventable illnesses by age 2, and nearly twenty by age eighteen. Vaccines teach children's immune systems to fight infections the same way that children learn to read with beginner books, by showing them small, simple pieces of information to help them build skills.



Fully Immunized Children*, Rhode Island and United States, 2013-2023



*Fully immunized children received the 4:3:1:3:3:1:4 series. In 2018, the National Immunization Survey-Child (NIS-Child) methodology changed from coverage among children 19 to 35 months of age to coverage by age 24 months.

Source: Centers for Disease Control and Prevention, *National Immunization Survey-Children*, 2013-2023.

Vaccination protects more than just individuals. High community levels of vaccination protects infants who are too young to be vaccinated and immunocompromised children and adults by reducing the amount of illness circulating in a community. This is sometimes called [herd or population immunity](#). In areas where enough people are vaccinated, some diseases can be stopped from spreading in a particular area, like [polio](#), or even stopped from spreading worldwide, like smallpox.

The *Affordable Care Act* mandates that health insurance cover preventative services, including recommended childhood vaccines. The Advisory Committee on Immunization Practices (ACIP), a committee at the Centers for Disease Control (CDC), and the American Association of Pediatrics (AAP), an organization made up of pediatricians, are two of the bodies that make recommendations on vaccine schedules for children. **Rhode Island law currently dictates that health insurance plans cover vaccines recommended by the AAP and ACIP, to the extent permitted by available funds.**

However, changes to the advisory process and membership of the ACIP have led to a substantially reduced recommended vaccination schedule. The membership of the Advisory Committee on Immunization Practices has recently changed dramatically, now including self-proclaimed vaccine skeptics, and has become a political process rather than a scientific one. Their process lacks the scientific integrity and evidence-based decision-making that it once had, and the new recommended childhood vaccine schedule has changed to recommend [protecting children against fewer illnesses](#). **The 2026 AAP recommended**

schedule continues to protect children against 18 diseases, while the ACIP recommended schedule protects against only 11.

Insurance plans in Rhode Island currently cover the AAP recommended vaccination schedule for children, but that coverage is at risk. While the ACIP no longer recommends protecting all children against illnesses like Hepatitis B and rotavirus, the risks of these illnesses remain significant. Hepatitis B is a vaccine-preventable viral liver infection often acquired at birth or in early childhood that, when acquired in the first year of life, leads to chronic hepatitis in [9 out of 10 cases](#). Rotavirus is an illness in children that causes [fever, vomiting, and diarrhea](#), and infected nearly all children by age 5 before the rotavirus vaccine was available. The vaccine has reduced rotavirus-related hospitalizations by 80%, and emergency room visits by 57%, [nationally](#). **If health insurance plans do not cover these vaccines and the rest of the vaccines recommended by the AAP, families are at risk of losing access to protection against these and other vaccine-preventable illnesses.**

The Proposed Legislation:

- 1. Authorizes the Rhode Island Department of Health to determine which vaccines are necessary to protect the public health.** Rhode Island law currently bases the recommended childhood vaccine schedule on ACIP and AAP guidance. While the AAP has remained steadfast in its commitment to protecting children's health, the ACIP has not. This could subject Rhode Island children to the politicized decision-making of the ACIP. The proposed legislation would authorize the Rhode Island Department of Health to make decisions in the best interests of Rhode Islanders, allowing Rhode Island to act when federal guidance is insufficient or inadequate.
- 2. Requires Rhode Island-regulated health insurance plans to cover these vaccines without cost-sharing.** Rhode Island-regulated health insurance plans currently cover the AAP recommended childhood vaccines. ACIP guidance has changed to reduce recommended protection, and insurance plans may be able to impose cost-sharing requirements or drop coverage for certain vaccines that ACIP no longer recommends for all children. *The American Academy of Pediatrics still recommends the full childhood vaccine schedule to protect children against life-threatening illnesses with potentially life-long consequences, and it is vital that Rhode Islanders can access these vaccines without fear of financial barriers.*

Federal guidance on childhood immunizations has changed quickly and these changes have not been based in evidence. **Rhode Island has an opportunity to ensure that our children have access to protection against many vaccine-preventable illnesses, without having to worry about insurance coverage or confusing federal messaging.**