GRANT MAKERS IN HEALTH

ISSUE FOCUS

Understanding Vaccine Access in a Shifting Landscape

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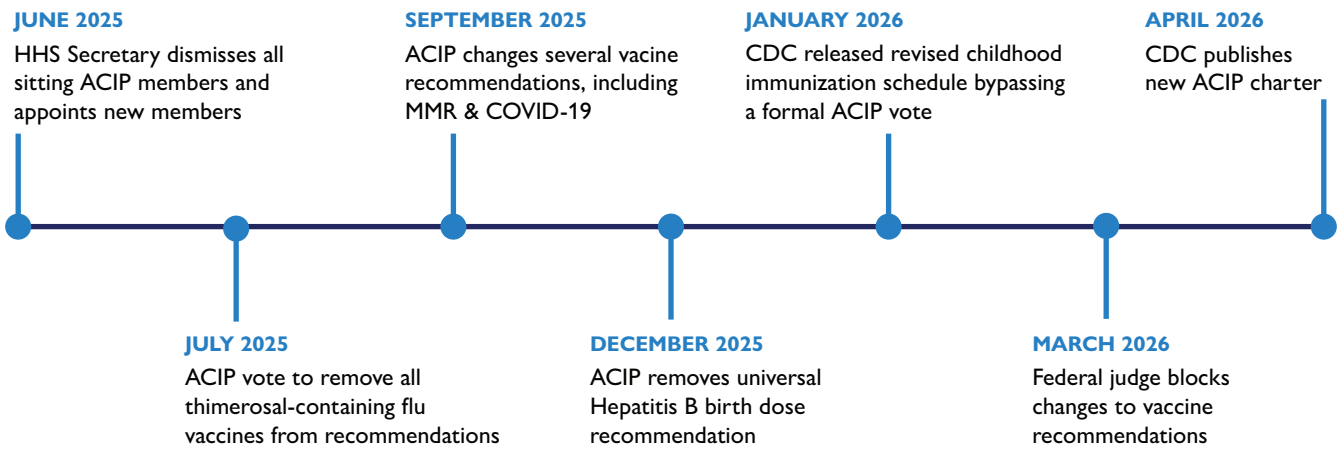
EXECUTIVE SUMMARY

In the past 14 months, the United States has experienced significant upheaval in the federal vaccine policy landscape, leaving a vacuum of credible national guidance. This vacuum has made childhood vaccinations a confusing and complicated topic for families at a time when routine vaccinations are already declining (Hill et al. 2025).

In response, new infrastructure was rapidly created to fill the gap, while existing stakeholders expanded their roles to ensure continued broad access to vaccines. Nineteen states have adopted American Academy of Pediatrics (AAP) guidance in place of the revised federal schedule, and regional multi-state coalitions have emerged to coordinate evidence-based immunization recommendations. While these efforts are meaningful, they cannot replicate the scale or reach of the federal government, and significant gaps remain in vaccine coverage, data collection, communication and coordination. Closing these gaps will require sustained commitment from actors outside the federal system, and health funders are uniquely positioned to contribute. They can do so by supporting policy and legal advocacy, investing in trusted community communication networks, strengthening state and regional data capacity, and convening cross-sector actors to protect vaccine access, particularly for communities most at risk.

RECENT ADMINISTRATIVE ACTIONS

FIGURE 1. TIMELINE OF RECENT ADMINISTRATIVE ACTIONS



(Adapted from Common Health Coalition, 2026)

The year 2025 was one of significant upheaval at the Department of Health and Human Services (HHS) with workforce reductions, reorganizations, and severe funding cuts (TFAH 2025). The Department's role in approving and recommending routine vaccinations was not immune to this disruption. In February 2025, within days of his confirmation, HHS Secretary Robert F. Kennedy, Jr. postponed a scheduled meeting of the Advisory Committee on Immunization Practices (ACIP). In May 2025, the Centers for Disease Control and Prevention (CDC) stopped recommending COVID-19 vaccines for healthy children and pregnant women, citing no new scientific evidence. In June, Secretary Kennedy dismissed all 17 ACIP members, replacing them with eight individuals, many of whom are known to be vaccine skeptics. When CDC Director Dr. Susan Monarez refused to pre-approve Kennedy's vaccine directives, she was removed from her position in August 2025, less than a month after her Senate confirmation. Three CDC senior leaders, Dr. Debra Houry, Dr. Demetre Daskalakis, and Dr. Daniel Jernigan, also resigned.

In November 2025, Secretary Kennedy directed the CDC to remove long-standing language stating that vaccines do not cause autism and provided no new evidence to justify the change. In December 2025, the Centers for Medicare and Medicaid Services (CMS) eliminated the requirement for states to report certain childhood vaccination data for Medicaid and Children's Health Insurance Program (CHIP) patients—data that are crucial for tracking vaccine access and equity. CMS also informed state health officials it was exploring new measures about "whether parents and families were informed about vaccine choices, vaccine safety and side effects, and alternative vaccine schedules" and "how religious exemptions for vaccinations can be accounted for" (Michaud and Kates 2025). Then, in January 2026, HHS reduced the recommended

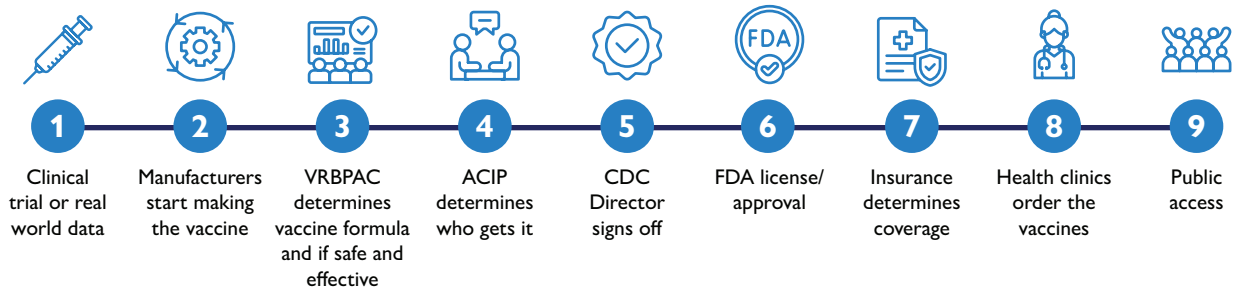
childhood vaccines from 17 diseases to 11 without ACIP involvement, public comment, or evidence-based review (Michaud and Kates 2026).

The loss of credibility in the federal vaccine recommendations has made the states the locus of vaccine recommendations. Within weeks, 19 states, including California, Colorado, Minnesota, New Jersey, New York, and Pennsylvania, announced they would follow AAP guidance rather than the revised federal schedule. The first significant legal check came on March 16, 2026, when a federal judge in Boston temporarily blocked the overhaul of the nation's childhood vaccine schedule. The ruling stayed structural changes to ACIP, froze its reconstituted membership, and nullified all ACIP votes since June 2025 (NPR 2026).

On April 6, 2026, HHS published a notice in the Federal Register renewing the ACIP charter through 2028 and modifying the membership eligibility criteria by broadening the required areas of expertise for members. The previous ACIP charter prioritized technical expertise in immunization practice, public health, clinical or laboratory vaccine research, and assessment of vaccine efficacy and safety and required representation of consumer or community perspectives (CDC 2026). In contrast, the renewal notice calls for diverse viewpoints, geographic representation, and a range of specialty areas, including clinical, scientific, public health, academic, and consumer perspectives. (Federal Register 2026). The new charter also includes four new liaison groups, all of which have expressed unfounded concerns about vaccines (CSPI 2026). As of May, 2026 the American Academy of Pediatrics v. Kennedy litigation remains active, and the broader vaccine infrastructure remains at risk.

THE VACCINE INFRASTRUCTURE FROM RESEARCH TO PUBLIC ACCESS

FIGURE 2. US VACCINE INFRASTRUCTURE



(Adapted from Jetelina, 2026)

Most Americans have received a vaccine or are aware of vaccines, but the journey of how vaccines get from a laboratory to their doctor's office isn't visible to the public and is therefore poorly understood. The U.S. vaccine infrastructure is not a single system, but a multi-step chain including various stakeholders and sectors. The sequence is illustrated in the graphic above and described below:

1. **Clinical Trials:** Vaccine manufacturers and other researchers, with oversight from the Food and Drug Administration (FDA), conduct laboratory studies (for fall vaccine updates) or clinical trials (for new vaccines) to determine safety and effectiveness. Promising new vaccine candidates move to clinical trials in humans with independent monitoring, which occurs in 3–4 phases, often over the course of years.
2. **Manufacturing:** During the third phase of clinical trials or when a vaccine formula needs to be updated, the FDA oversees the manufacturing process, inspects the facility, and tests batches of vaccines to ensure reliable and large-scale manufacturing (CDC 2024).
3. **Regulatory Approval/VRBPAC:** The FDA reviews the above research data to determine whether the vaccine is safe and effective. It also reviews prescribing information such as dosage and administration. The FDA can approve the vaccine at this stage or ask the Vaccines and Related Biological Products Advisory Committee (VRBPAC) to give additional guidance. The VRBPAC is comprised of independent scientists and public health experts, and their discussions are open to the public.

4. **ACIP:** The Advisory Committee on Immunization Practices (ACIP) historically comprised of external medical and public health experts, reviews the vaccine for safety and efficacy to determine *who* gets the vaccine and *when* by evaluating specific ages, related disease burden, and public health benefit, and issues recommendations on which populations should receive the vaccine and when.
5. **CDC:** If ACIP recommends a vaccine, the CDC Director decides whether to formally adopt ACIP recommendations, and based on that, the recommendation becomes official CDC public health guidance for the vaccine's safe use. It is then added to the U.S. Childhood and Adolescent Immunization Schedule, which is updated annually and serves as a guide to providers nationally (CDC 2024).

   It is important to note that the CDC Immunization Schedule is guidance only. Under the Constitution's Tenth Amendment, states hold primary authority to enact laws related to the health, safety, and welfare of their population. As a result, the federal government cannot require states to comply with its guidance. States, therefore, determine which vaccines to require, for what purpose, and whether and how individuals can opt out (Kates and Michaud 2024).
6. **FDA:** The FDA issues formal licensure authorizing the vaccine for distribution in the U.S. market. Licensure includes final approval of labeling, manufacturing specifications, and prescribing information, which includes dosage and administration.
7. **Insurance Coverage:** ACIP's recommendations determine which vaccines are covered by nearly all insurers, including employer-sponsored plans; individual plans, including those purchased through the Affordable Care Act (ACA) marketplaces; Medicare Part D; state Medicaid programs; Vaccine for Children Program; and the Children's Health Insurance Program. The ACA and subsequent laws mandate health insurers to cover ACIP-recommended vaccines without copayments or other cost sharing (Commonwealth Fund 2025).
8. **Distribution to Clinics and Pharmacies:** Distribution takes place through public and commercial channels. For publicly purchased vaccines, the CDC purchases and distributes vaccines in bulk for the Vaccines for Children and other programs and distributes them to state health departments and enrolled providers. For commercial distribution, manufacturers sell and distribute to health care systems, pharmacies, and clinics.
9. **Public Access:** The public receives vaccines at provider offices, primary care clinics, pharmacies, Federally Qualified Health Centers (FQHCs), public health departments, and school-based clinics. They make choices about which vaccines to accept based on their knowledge of the vaccines, which can be influenced by misinformation and lead to confusion about risks and benefits.

Together, these interconnected steps form the foundation of the U.S. vaccine system, and disruption at any point can threaten safe and equitable public access.

IMPLICATIONS OF RECENT FEDERAL ACTIONS

The administration's actions described above have significantly disrupted vaccine development, approval, and recommendations, and changes continue to occur. While the March 16 ruling was unequivocally good news for public health, it is not a resolution. HHS's April 6 ACIP charter renewal indicates that further changes are likely, and the vaccine landscape will continue to shift in the months ahead.

The primary implications of these federal actions are described below:

- **Weakened Credibility in the Regulatory Process:** The role of VRBPAC at FDA and ACIP at CDC is to provide expert, independent scientific reviews of vaccines, but the current administration has questioned their utility and sometimes bypassed them altogether. As of May 2026, VRBAC has not met since May 2025, while it met four times in 2024. VRBAC's charter must be renewed every two years, and if it is not renewed by July 2026, the committee will be terminated (Michaud & Kates 2025). Additionally, HHS' changes to ACIP and its recent recommendations are the subject of litigation. The court ruling from March 16 was explicit that the 13 recently appointed members cannot serve, freezing committee meetings, and postponing the March 18-19 meeting (Common Health Coalition, 2026). However, on April 6, 2026, HHS renewed the ACIP charter with broadened eligibility requirements for ACIP membership and new liaison organizations, potentially preparing for the next phase in this legal dispute.
- **Erosion of Trust in National Vaccine Guidance:** Given the lack of independent external reviews in the regulatory process and the federal government's rapid shifts around vaccine policy, many states have lost confidence in the national vaccine guidance and have chosen to follow other guidance from American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG), until that trust can be restored (CIDRAP 2026; TFAH 2025). While the existence of other guidance is positive, it is not ideal or efficient to have multiple vaccine schedules across the country.
- **Confusion Among Providers and the Public:** As states follow different guidelines, it becomes increasingly complicated for providers and the public to know the vaccine requirements for their states. Families who don't have easy access to providers, who speak languages other than English, or who are distrustful of medical providers are unlikely to question different vaccine recommendations and may forego vaccines altogether. In addition, providers may not have time to explain different vaccines to families or make recommendations based on individual situations.

- **Lack of Federal Data to Guide Coverage Decisions:** With the elimination of state reporting of some childhood vaccination data for Medicaid and CHIP beneficiaries as of January 2026, CMS eliminated a key instrument for tracking access to vaccines among vulnerable groups (CMS 2025). The absence of consistent measures across states limits the federal government's ability to monitor vaccination trends and identify gaps in access, particularly among the vulnerable populations that Medicaid and CHIP are designed to serve.

THE EMERGING RESPONSE

This loss of institutional trust has prompted responses from universities, public health and advocacy organizations, media, and others. Many organizations have stepped up to play various roles such as providing credible scientific research information, conducting policy and legal advocacy, participating in multi-state collaboratives, and providing clear, evidence-based information to the public. These organizations are trying to fill the gaps but cannot replace the scale and scope of the federal government. The following table reflects current known activity by segment:

Pipeline Segment	Who Is Working Here
Clinical trial/safety data	Academic medical centers; Vaccine Integrity Project; Children's Hospital of Philadelphia (CHOP) Vaccine Education Center
Policy, advocacy, and legal strategy	Network for Public Health Law; Health in Justice Action Lab; American Academy of Pediatrics (AAP)
Clinical guidance	American Academy of Pediatrics (AAP); the American College of Obstetricians and Gynecologists (ACOG); the American Academy of Family Physicians (AAFP); the Infectious Diseases Society of America (IDSA); the American Medical Association (AMA); the National Foundation for Infectious Diseases (NFID); the American College of Cardiology (ACC); Immunize.org
State policy & immunization coalitions	Association of State and Territorial Health Officials (ASTHO); National Network of Immunization Coalitions; state coalitions in CA, WA, CO, AK, TX, DE, KS; Governor's Public Health Alliance (15 states); West Coast Health Alliance (4 states); Northeast Public Health Collaborative (11 states)
Health clinic ordering & access	National Association of Community Health Centers (NACHC); FQHC networks; Vaccines for Children (VFC) program administrators; safety net health systems; Unity Consortium
Public communications & trust	The Evidence Collective; Your Local Epidemiologist; Project Stethscope; Voices for Vaccines; Center for Infectious Disease Research and Policy (CIDRAP) public communications; national and local media; trusted messengers such as faith leaders, community health workers (CHWs), and others.

Against the backdrop of erosion of credibility in federal vaccine guidance, the response from various nonprofits and coalitions has been a source of stability, yet many gaps remain, including:

- **Federal Data Collection:** The absence of federal data collection of childhood immunization status, among other measures, jeopardizes information about national vaccination trends over time, raises equity concerns, and makes evidence-based resource allocation decisions difficult.
- **Communication Infrastructure:** Communication has been used as a tool to erode trust in vaccines, which makes reclaiming the narrative especially important. While multiple organizations have stepped in to address vaccine concerns and counter misinformation, the scale of these efforts needs to increase dramatically and be sustained over time.
- **Operational Coordination:** Efforts to defend vaccine access require bridging legal, clinical, payer, and communications efforts. No single organization performs all these functions. However, several organizations, including the Common Health Coalition, the National Network of Immunization Coalitions, and the Vaccine Integrity Project, play important bridging roles across multiple areas. Operational coordination would strengthen the collective response needed to preserve, defend, and ultimately improve the nation's vaccine infrastructure.

THE ROLE OF HEALTH FUNDERS

Health funders have an important role to play in the vaccine landscape since threats to vaccine access are likely to continue. They have often responded to emerging health challenges, and vaccine access is no different. The multiple ways funders can engage are described below.

- **Funding:** Many of the organizations that have stepped in to respond to the threats to the vaccine infrastructure have done so without long-term funding, so financial support for the next two to three years is needed. In addition, planning a future vaccine infrastructure that serves everyone is an underfunded area.
- **Educate and Advocate:** Funders can play a dual role by educating key audiences and advocating for evidence-based policy. In terms of education, funders can equip their grantees, peer funders, and local stakeholders with information about how federal vaccine policy changes are affecting their communities. Funders can keep their state and federal legislators informed about local impacts of vaccine policy changes and vaccine misinformation. As legal challenges continue, funders can also consider filing amicus briefs in relevant cases, drawing on their own expertise and that of their grantees.
- **Support Communications and Outreach:** At the national level, funders can support the provision of clear information about policy changes and disseminate research results related to vaccine access. Such information is needed by the public and also by providers who are navigating different recommendations and potentially complex conversations with families. At the community level, trusted messenger networks, including community health workers, faith leaders, FQHCs, and local ethnic media, serve as key actors in reaching individuals and families who have limited access to conventional communication infrastructure. Funders can also support grantees in developing culturally and linguistically responsive vaccine communications.
- **Strengthen Data and Surveillance Capacity:** With the elimination of mandatory state reporting of certain childhood vaccination measures, the ability to monitor vaccination trends, including among vulnerable populations, has been significantly weakened. Funders can support the national compilation of state-level data, where available, as well as state or regional immunization coalitions and local public health agencies in their efforts to collect immunization status data.

- **Convene Across Sectors:** As state-level vaccine policy has become the primary arena for vaccine access decisions, convenings that connect local, state, and regional actors are especially valuable right now. Funders can support gatherings that bring together public health officials, immunization coalition leaders, clinical partners, community organizations, and legal advocates to share information, align on strategy, and identify solutions to improve equitable access to vaccines. Place-based funders are particularly well situated to host or support state and regional convenings, while national funders can help coordinate across regions and surface lessons for broader application.

The U.S. vaccine infrastructure, while complex, succeeded in reducing the incidence of vaccine-preventable diseases nationwide (AAP 2022). The speed at which COVID-19 vaccines were manufactured, authorized, and distributed is another notable success. However, federal actions over the past year have weakened these systems, and the disruption is still unfolding. States, professional medical societies, and many nonprofit organizations have stepped in with speed and credibility. Yet these responses cannot replicate the scale of federal infrastructure, and gaps remain in data, communication, and coordination. Health funders are uniquely positioned to help stabilize the vaccine infrastructure and ensure that the communities most at risk remain centered in the response. As the landscape continues to evolve, funders should engage their current grantees, connect with state and regional immunization coalitions, and explore where their support can have the most impact.

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ACRONYM GLOSSARY

Acronym	Name of Organization
ACIP	Advisory Committee on Immunization Practices
AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
ACOG	American College of Obstetricians and Gynecologists
AMA	American Medical Association
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
CHOP	Children's Hospital of Philadelphia
CIDRAP	Center for Infectious Disease Research and Policy
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Centers
HHS	U.S. Department of Health and Human Services
IDSA	Infectious Diseases Society of America
NACHC	National Association of Community Health Centers
NFID	National Foundation for Infectious Diseases
VRBPAC	Vaccines and Related Biological Products Advisory Committee
VFC	Vaccines for Children Program

REFERENCES

1. American Academy of Pediatrics. CDC: "VFC Program 'One of the Nation's Most Important Contributors to Health Equity." August 13, 2024. https://publications.aap.org/aapnews/news/29640/CDC-VFC-program-one-of-the-nation-s-most-important.
2. American Academy of Pediatrics. "Impact of Routine Childhood Immunization in Reducing Vaccine-Preventable Diseases in the United States." Volume 150, Issue 3, September 2022. Impact of Routine Childhood Immunization in Reducing Vaccine-Preventable Diseases in the United States | Pediatrics | American Academy of Pediatrics.
3. Centers for Disease Control and Prevention. "ACIP Charter." April 8, 2026. https://www.cdc.gov/acip/about/acip-charter.html.
4. Centers for Disease Control and Prevention. "ACIP Recommendations." August 8, 2025. https://www.cdc.gov/acip/vaccine-recommendations/index.html.
5. Centers for Disease Control and Prevention. "How Vaccines are Developed and Approved for Use." August 10, 2024. https://www.cdc.gov/vaccines/basics/how-developed-approved.html.
6. Center for Infectious Disease Research and Policy. "States Health Organizations Reject New CDC Vaccine Guidance." January 12, 2026. https://www.cidrap.umn.edu/public-health/states-health-organizations-reject-new-cdc-vaccine-guidance.
7. Center for Infectious Disease Research and Policy. "The State of US Vaccine Policy: Special Edition." March 17, 2026. https://www.cidrap.umn.edu/childhood-vaccines/state-us-vaccine-policy-special-edition-mar-17-2026.
8. Centers for Medicare & Medicaid Services. Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance. December 30, 2025. https://www.medicaid.gov/federal-policy-guidance/downloads/sho25005.pdf.
9. CNN. "States, Cities Face Loss of Vaccination Programs and Staff After 'Baffling' Cuts to Federal Funding." July 25, 2025. https://www.cnn.com/2025/07/25/health/federal-immunization-funding-cuts.
10. Center for Science in the Public Interest. "The Straight Shot: Federal Vaccine Updates." April 16, 2026. The Straight Shot: Federal vaccine updates - Apr 16, 2026.
11. Commonwealth Fund. "The Advisory Committee on Immunization Practices: What It Does and How Recent Changes to It Will Affect Vaccine Affordability and Access." August 2025. https://www.commonwealthfund.org/publications/explainer/2025/aug/advisory-committee-immunization-practices-what-it-does.

12. Common Health Coalition. “Summary of the AAP v. Kennedy Ruling.” March 16, 2026. https://commonhealthcoalition.org/wp-content/uploads/2026/03/AAP-Ruling-Explainer-v4.pdf.

13. Congressional Research Service. The Advisory Committee on Immunization Practices (ACIP). Congress.gov. https://www.congress.gov/crs-product/IF12317.

14. Contemporary Pediatrics. “How 2025 increased distrust in vaccines and what 2026 has in store.” December 24, 2025. https://www.contemporarypediatrics.com/view/watch-how-2025-increased-distrust-in-vaccines-and-what-2026-has-in-store.

15. Federal Register. Advisory Committee on Immunization Practices (ACIP); *Notice of Charter Renewal*. April 6, 2026. Federal Register: Advisory Committee on Immunization Practices (ACIP); *Notice of Charter Renewal*.

16. Grantmakers In Health. *Understanding the Changing Landscape*. March, 2025. https://www.gih.org/wp-content/uploads/2026/01/health-policy-update-2026-Jan21.html.

17. Grantmakers In Health. *Health Policy Update*. January 21, 2026. https://www.gih.org/wp-content/uploads/2026/01/health-policy-update-2026-Jan21.html.

18. Hill, L., Ndugga, N., Artiga, S., Michaud, J., & Kates, J. “Recent Changes in Children’s Vaccination Rates by Race and Ethnicity.” December 3, 2025. https://www.kff.org/racial-equity-and-health-policy/recent-changes-in-childrens-vaccination-rates-by-race-and-ethnicity/.

19. Jetelina K. “New Vaccine Guidance: What Funders Should Know.” Grantmakers In Health webinar. January 29, 2026.

20. Jetelina K. Your Local Epidemiologist. “A win for your access to vaccines, federal accountability, and health.” March 17, 2026. https://yourlocalepidemiologist.substack.com/p/a-win-for-your-access-to-vaccines.

21. Levine D. and Singh P. “US Vaccine Advisory Meeting Postponed After Kennedy Takes Top Health Job.” Reuters, February 20, 2025. https://www.reuters.com/world/us/us-cdc-vaccine-advisory-meeting-be-postponed-stat-news-reports-2025-02-20/.

22. Michaud J. and Kates J. “Federal Vaccine Advisory Committees: Roles and Current Issues.” June 10, 2025. https://www.kff.org/other-health/federal-vaccine-advisory-committees-roles-and-current-issues/.

23. Michaud J. and Kates J. “HHS Public Health Policy Actions Under the Trump Administration 2025-2026.” March 19, 2026. https://www.kff.org/other-health/tracking-key-hhs-public-health-policy-actions-under-the-trump-administration/.

24. Network for Public Health Law. “Updates to HHS Restructuring and Funding Cuts: Impact on State and Local Public Health.” April 2025. https://www.networkforphl.org/news-insights/updates-to-hhs-restructuring-and-funding-cuts-impact-on-state-and-local-public-health/.

25. NPR. "Judge blocks US government from slimming down vaccine recommendations." March 16, 2026. https://www.npr.org/2026/03/16/nx-s1-5749530/judge-blocks-rfk-jr-vaccine-changes.

26. Reuters. "Kennedy Rewrites Rules for Membership on US Vaccine Advisory Panel." April 6, 2026. https://www.reuters.com/legal/litigation/kennedy-rewrites-rules-membership-us-vaccine-advisory-panel-2026-04-06/.

27. Siri A., Brehm E. A., and Resciniti M. Letter to HHS re: ACIP Charter Recommendations. Informed Consent Action Network. March 25, 2026. https://icandecide.org/wp-content/uploads/2026/03/Letter-to-HHS-re-ACIP-Charter-Recommendations.pdf.

28. State Health and Value Strategies. "HHS Announces Major Updates to Childhood Immunization Schedule." January 9, 2026. https://shvs.org/hhs-announces-major-updates-to-childhood-immunization-schedule/.

29. Trust for America's Health. *Public Health Infrastructure in Crisis: HHS Workforce Cuts, Reorganizations, and Funding Reductions: Impacts and Solutions*. September 18, 2025. https://www.tfah.org/report-details/funding-report-2025/.

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