

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Appropriations

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BILL: CS/SB 1756

INTRODUCER: Health Policy Committee and Senator Yarborough

SUBJECT: Medical Freedom

DATE: February 23, 2026

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>Sadberry</u>	<u>AP</u>	<u>Favorable</u>
3.	_____	_____	<u>RC</u>	_____

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1756 creates a statutory nonmedical exemption from immunization requirements for a child attending a K-12 school if the administration of a vaccine conflicts with the parent’s conscience. The bill requires the Department of Health to make the nonmedical exemption form available on its website.

The bill requires health care practitioners and paramedics who administer vaccines to a child to provide the child’s parent or guardian with certain informational materials before a vaccine may be administered. A parent’s or guardian’s signature must be obtained to document receipt of the information. The bill also requires that when more than one vaccine is to be administered to a child, the practitioner must discuss the parent’s or guardian’s options for the timing of the vaccinations and may, at the parent’s or guardian’s request, administer the vaccines to the child over multiple encounters.

The bill authorizes pharmacists to provide ivermectin<sup>1</sup> as a behind-the-counter medication without a prescription to a person 18 years of age or older. Before such dispensing, the bill requires a pharmacist to provide the person with written information regarding indications and

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<sup>1</sup> Prescription ivermectin tablets are approved for treating certain parasitic infections. Some topical forms of ivermectin are approved to treat external parasitic infestations and rosacea. A topical lotion for head lice is available without a prescription. Ivermectin products are also used to prevent heartworm disease and to treat certain internal and external parasites in animals. U.S. Food and Drug Administration, *Ivermectin and COVID-19* (Apr. 5, 2024), <https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19> (last visited Jan. 23, 2026).

contraindications, dosage, and the need to seek follow-up care from the person’s primary care physician. The bill grants immunity from civil or criminal liability or disciplinary action under Florida law for pharmacists acting in accordance with these provisions.

Additionally, the bill grants immunity from civil or criminal liability and for disciplinary action under Florida law to health care practitioners licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing authority, for prescribing or administering ivermectin to an adult, in good faith, in accordance with the applicable practice act and pertinent rules.

Finally, the bill clarifies that during a declared public health emergency, the State Surgeon General may not order an individual to be vaccinated.

The bill has an insignificant fiscal impact on state expenditures that can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026. The provisions requiring a parent’s signature documenting the receipt of informational materials would not go into effect until 30 days after the Board of Medicine and the Board of Osteopathic Medicine adopt the materials by joint rule.

## II. Present Situation:

### Florida Department of Health Immunization<sup>2</sup> Guidelines

#### *Duty to Immunize All Children in Florida*

The Florida Department of Health (DOH) is charged with ensuring that all children in this state are immunized against vaccine-preventable diseases.<sup>3</sup> The DOH is responsible for adopting rules governing the immunization of school children, as well as the testing for and control of preventable communicable diseases. The DOH establishes and maintains its own immunization schedule through the *Immunization Guidelines for Florida Schools, Childcare Facilities, and Family Daycare Homes* (“DOH Immunization Guidelines”), which have remained unchanged since their adoption in 2013.<sup>4</sup>

#### *Florida School-entry Vaccination Requirements*

Section 1003.22, F.S., requires immunizations for certain preventable communicable diseases as a condition of admittance to or attendance in Florida public and private schools (K–12) and for initial entrance into a Florida school. The statute requires immunization against the following diseases, several of which are typically provided in combined vaccine formulations:

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<sup>2</sup> Immunization is defined as “The process of being made immune or resistant to an infectious disease, typically by the administration of a vaccine. It implies that a vaccine will trigger an immune response.” U.S. Centers for Disease Control and Prevention, *Immunization Glossary of Terms*, <https://www.cdc.gov/vaccines/glossary/index.html> (last visited Jan. 23, 2026).

<sup>3</sup> Section 381.003(1)(e), F.S.

<sup>4</sup> Florida Administrative Code & Florida Administrative Register, Reference: Ref-02342 (adopting Fla. Admin. Code R. 64D-3.046, *Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes*; Form DH 150-615, *Revised Form 150-615*), <https://flrules.org/Gateway/reference.asp?No=Ref-02342> (last visited Jan. 23, 2026).

- DTaP: Diphtheria, Tetanus, and acellular Pertussis (whooping cough);<sup>5</sup>
- Polio;<sup>6</sup>
- MMR: Measles, mumps, and rubella.<sup>7</sup>

The statute authorizes the DOH to determine additional communicable diseases for which immunization is required.<sup>8</sup> Pursuant to this authority, the DOH currently requires vaccinations against the following diseases by rule:

- Haemophilus influenzae type b (Hib);<sup>9</sup>
- Hepatitis B (Hep B);<sup>10</sup>
- Varicella (chickenpox);<sup>11</sup> and
- Pneumococcal conjugate.<sup>12</sup>

Immunizations required under s. 1003.22, F.S., and related DOH rule are available at no cost from county health departments.<sup>13</sup>

### ***Eliminating Rule-based Vaccine Mandates***

The DOH held a rule workshop on December 12, 2025, in Panama City Beach.<sup>14</sup> At the workshop, draft Proposed Revisions to Rule 64D-3.046 were distributed to attendees. The draft proposed rule eliminated requirements for these four additional vaccinations.<sup>15</sup> At this time, no proposed rule has been formally published, and those four vaccinations are still required.

### ***Florida Requirements Versus Federal Vaccination Recommendations***

On January 5, 2026, the U.S. Centers for Disease Control and Prevention (CDC) announced changes to its Recommended Child and Adolescent Immunization Schedule.<sup>16</sup> The CDC

<sup>5</sup> CDC, *Vaccine Information Statement: DTaP Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/dtap.pdf> (last visited Jan. 23, 2026).

<sup>6</sup> CDC, *Vaccine Information Statement: IPV Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/ipv.pdf> (last visited Jan. 15, 2026).

<sup>7</sup> CDC, *Vaccine Information Statement: MMR Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/mmr.pdf> (last visited Jan. 15, 2026).

<sup>8</sup> Section 1003.22(3), F.S.

<sup>9</sup> Unrelated to the influenza viruses that cause seasonal flu, Hib is a bacterium that can cause severe respiratory infections (including pneumonia), otitis, and diseases such as meningitis. *Supra* note 2. See also CDC, *Vaccine Information Statement: Hib Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/hib.pdf> (last visited Jan. 15, 2026).

<sup>10</sup> CDC, *Vaccine Information Statement: Hepatitis B Vaccine (Interim)*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/hep-b.pdf> (last visited Jan. 23, 2026).

<sup>11</sup> CDC, *Vaccine Information Statement: Varicella (Chickenpox) Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/varicella.pdf> (last visited Jan. 23, 2026).

<sup>12</sup> CDC, *Vaccine Information Statement: Pneumococcal Conjugate (PCV) Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/pcv.pdf> (last visited Jan. 23, 2026).

<sup>13</sup> Section 1003.22(3), F.S.

<sup>14</sup> Dept. of Health, *Notice of Workshop re: Proposed Revisions to Rule 64D-3.046, Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes*, Fla. Admin. Reg. (Dec. 12, 2025) (notice filed in Vol. 51/230); see Rule 64D-3.046, Fla. Admin. Code.

<sup>15</sup> Proposed Revisions to Rule 64D-3.046 as presented at the Dec 12, 2025 Workshop on file with Senate Committee on Health Policy.

<sup>16</sup> The U.S. Department of Health and Human Services (HHS) affirms that routine childhood immunizations recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) are safe and effective, and play a vital role in protecting children from vaccine-preventable diseases. These recommendations form the basis for school and child care

continues to recommend every vaccine under Florida law and current DOH rule for children, except that the Hep B vaccination is now recommended only for certain high-risk groups or populations.<sup>17</sup>

### ***Florida School-entry Immunization Requirements; Exemptions***

As a condition of attending a public or private school (grades K-12), each child must present to the school either a Florida Certificate of Immunization Form<sup>18</sup> or a Religious Exemption from Immunization Form.<sup>19</sup> The forms are incorporated into DOH rule. Child care facilities<sup>20</sup> and family day care homes<sup>21</sup> are also required, by rule of the Florida Department of Children and Families (DCF), to collect one of these forms for each child they serve.

The Certificate of Immunization Form is prepared by a physician's office or clinic and provides for:

- Part A: Completion of immunizations in accordance with the DOH Immunization Guidelines;
- Part B: A temporary medical exemption for children<sup>22</sup> who have commenced a schedule to complete the required immunizations;<sup>23</sup> or

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immunization requirements in many states. See U.S. Dep't of Health & Hum. Servs., Fact Sheet: Childhood Immunization Recommendations Remain Strong (Nov. 3, 2022), <https://www.hhs.gov/press-room/fact-sheet-cdc-childhood-immunization-recommendations.html>.

<sup>17</sup> Vaccination recommended for infants born to women who tested positive for the hepatitis B virus or whose status is unknown. U.S. Department of Health and Human Services, *Recommended Childhood Immunization Schedule*, <https://www.hhs.gov/childhood-immunization-schedule/index.html> (last visited Jan. 23, 2026).

<sup>18</sup> Florida Administrative Code & Florida Administrative Register, Reference Material, Ref-02341 (64D-3.046; *DH Form 681—Religious Exemption from Immunization*), <https://flrules.org/Gateway/reference.asp?No=Ref-02341> (last visited Jan. 20, 2026).

<sup>19</sup> Florida Administrative Code & Florida Administrative Register, Reference Material, Ref-02410 (64D-3.046, *DH Form 680—Florida Certification of Immunization*), <https://flrules.org/Gateway/reference.asp?No=Ref-02410> (last visited Jan. 20, 2026).

<sup>20</sup> Section 402.305, F.S., requires the Department of Children and Families to establish licensing standards that all licensed child care facilities must meet, including minimum standards relating to immunizations and the maintenance of emergency and health records for all children. Department rule chapter 65C-22, F.A.C., incorporates the *Child Care Facility Handbook*, which in turn references the DOH Immunization Guidelines. The handbook requires child care facilities to obtain a Certificate of Immunization (Form DH 680) or a Religious Exemption from Immunization (Form DH 681) for each child within 30 days of enrollment. See Fla. Admin. Code R. 65C-22.001(8); Fla. Dep't of Children & Fams., *Child Care Facility Handbook*, <https://flrules.org/Gateway/reference.asp?No=Ref-13928> (last visited Jan. 20, 2026).

<sup>21</sup> Section 402.313, F.S., directs the Department of Children and Families to adopt rules establishing minimum standards for family day care homes. These standards must include health and safety requirements, including provisions for the maintenance of immunization records. Department rule chapter 65C-20, F.A.C., incorporates the *Family Day Care Home and Large Family Child Care Home Handbook*, which references the DOH Immunization Guidelines. The handbook requires the operator to obtain a Certificate of Immunization (Form DH 680) or a Religious Exemption from Immunization (Form DH 681) for each child within 30 days of enrollment. See Fla. Admin. Code R. 65C-20.010(1)(a); Fla. Dep't of Children & Fams., *Family Day Care Home and Large Family Child Care Home Handbook*, <https://flrules.org/Gateway/reference.asp?No=Ref-13928> (last visited Jan. 20, 2026).

<sup>22</sup> Children under age 4 are generally granted a temporary medical exemption because they have not received all required vaccine doses required of a kindergartener by that age.

<sup>23</sup> An allopathic, osteopathic, or chiropractic physician can certify a temporary medical exemption pursuant to s. 1003.22(5)(c), F.S. The DOH has indicated that it is not within a chiropractic physician's scope of practice to administer a vaccine to a minor child. Florida Department of Health, *Legislative Bill Analysis: SB 1756* (Jan. 22, 2026) (On file with Senate Committee on Health Policy).

- Part C: A permanent medical exemption for medically contraindicated immunizations. Only a licensed allopathic or osteopathic physician may certify a permanent medical exemption.<sup>24</sup>

Aside from a 30-day temporary exemption applicable to transferring students, homeless students, dependent children, or students entering the juvenile justice system, the only nonmedical exemption authorized in the Florida Statutes is a religious exemption.

The Religious Exemption from Immunization Form must be signed by a parent or guardian who declares that immunizations conflict with his or her “religious tenets or practices.”<sup>25</sup> The DOH Immunization Guidelines currently state the following regarding exemptions that might be sought for other reasons:<sup>26</sup>

However, the DOH’s draft Proposed Revisions to Rule 64D-3.046 delete “Exemptions for

**D. Consistency With Florida Law:**

Requests for religious exemption from immunizations should be consistent with section 1003.22, *Florida Statutes*. **Exemptions for personal or philosophical reasons are not permitted under Florida law.**

personal or philosophical reasons are not permitted under Florida law.”<sup>27</sup> from the DOH Immunization Guidelines and amend the Religious Exemption from Immunization form to allow a parent to attest that “Immunizations are in conflict with my religious tenets or practices, *which may include a sincerely held moral or ethical belief.*” The current exemption form does not contain this reference to “a sincerely held moral or ethical belief,” nor does Florida law. At this time, no proposed rules have been formally published.

### ***Religious Exemption Form***

The DOH Immunization Guidelines require county health department staff to issue the Religious Exemption from Immunization form, which is available electronically in the Florida SHOTS registry. (See “Florida SHOTS Immunization Registry” on pg. 10 of this analysis.) No other information should be solicited from the parent or guardian.<sup>28</sup> The form requires the electronic

<sup>24</sup> *Supra* note 19.

<sup>25</sup> The immunization requirements shall not apply if “the parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;” Section 1003.22(5)(a), F.S.

<sup>26</sup> Florida Administrative Code & Florida Administrative Register, Reference: Ref-02342 (adopting Fla. Admin. Code R. 64D-3.046, Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes; Form DH 150-615, Revised Form 150-615), <https://flrules.org/Gateway/reference.asp?No=Ref-02342> (last visited Jan. 23, 2026).

<sup>27</sup> Proposed Revisions to Rule 64D-3.046 as presented at the Dec 12, 2025 Workshop on file with Senate Committee on Health Policy.

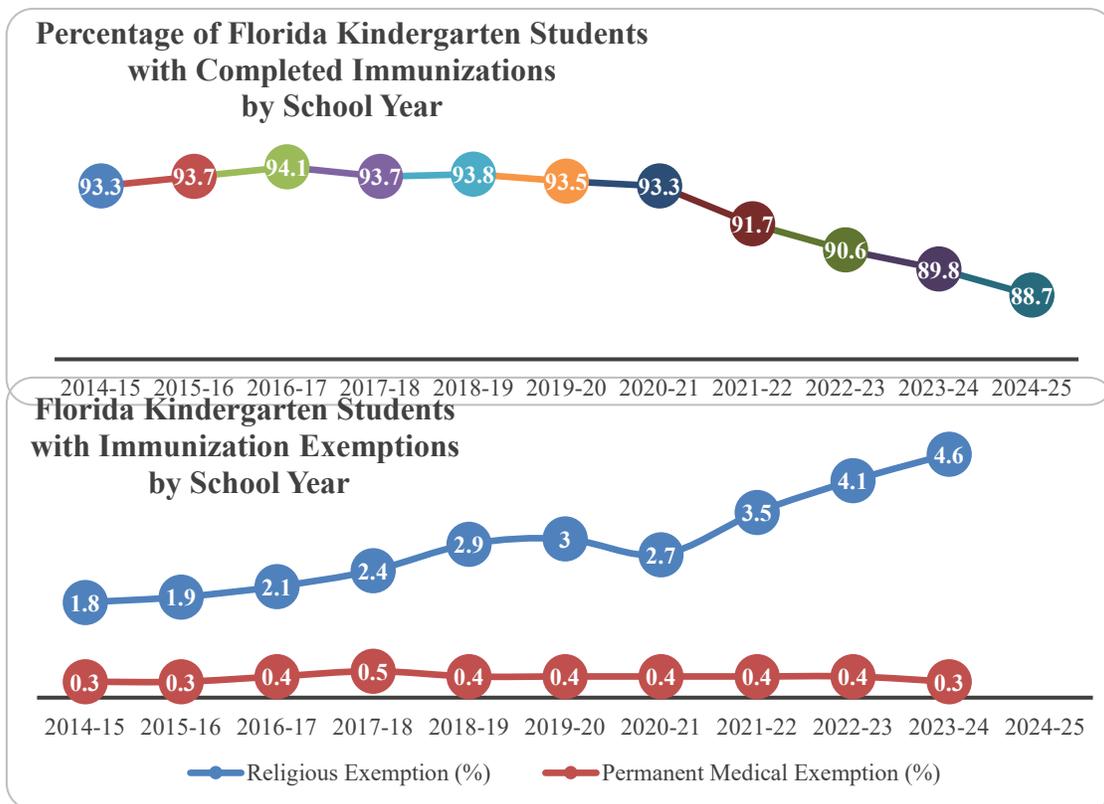
<sup>28</sup> Florida Administrative Code & Florida Administrative Register, Reference: Ref-02342 (adopting Fla. Admin. Code R. 64D-3.046, Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes; Form DH 150-615, Revised Form 150-615), <https://flrules.org/Gateway/reference.asp?No=Ref-02342> (last visited Jan. 23, 2026).

signature of the county health department director or administrator.<sup>29</sup> The exemption form must be presented to the school, preschool, child care facility, or family day care home where it is to be kept on file in order to identify unimmunized children needing exclusion during an outbreak of a vaccine-preventable disease.

Each public school and private school, including kindergarten, is required to provide to the county health department director or administrator annual reports of compliance with immunization requirements.<sup>30</sup> Those reports are generally compiled into statewide data.

**Florida Statewide Immunization Completion for Kindergarten with Exemption Data**

The following charts show immunization completion, and religious and permanent medical exemption status among children enrolled in public and private kindergarten by school year using the DOH data.<sup>31, 32</sup>



<sup>29</sup> Florida Administrative Code & Florida Administrative Register, Reference Material, Ref-02341 (64D-3.046; DH Form 681—Religious Exemption from Immunization), <https://flrules.org/Gateway/reference.asp?No=Ref-02341> (last visited Jan. 20, 2026).

<sup>30</sup> Section 1003.22(8), F.S.

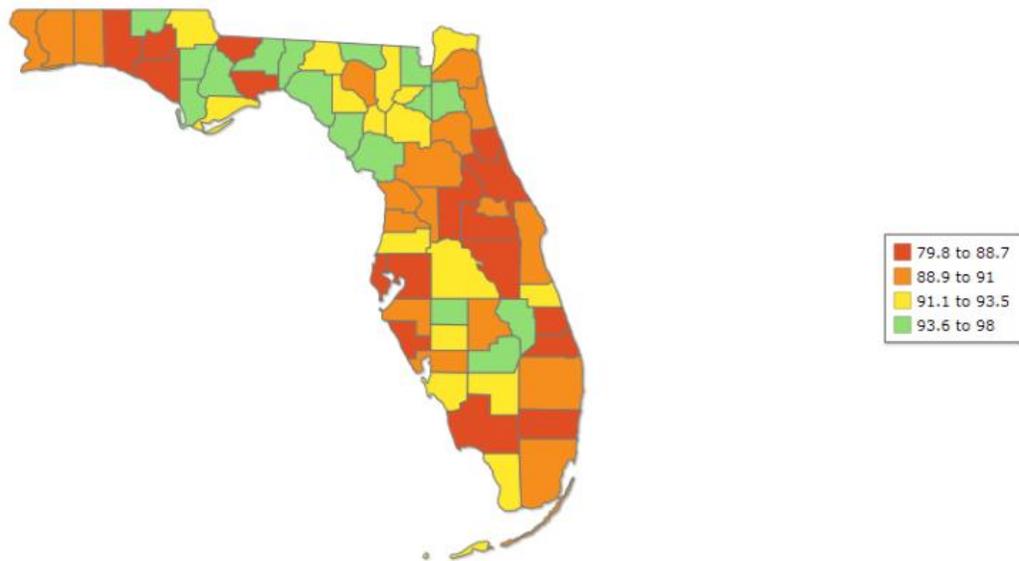
<sup>31</sup> DOH, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy).

<sup>32</sup> The 2024–2025 data point for completed immunizations was obtained from the Florida Department of Health, *Immunization Levels in Kindergarten*, Florida CHARTS: Community Health Assessment Resource Tool Set, <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026). Exemption data was requested for the 2024-25 and 2025-26 school years but was not provided before the publication of this analysis.

### Immunization Levels in Kindergarten by Florida County

The following map<sup>33</sup> reflects percentages of students who have documented completion of their immunizations on the Certificate of Immunization form. Note that this reflects *all* immunizations, so the percentages may be lower than if it were to reflect each vaccination one by one.

Immunization Levels in Kindergarten, Percent of Kindergarten Students Enrolled, 2025



Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten					
County	2023-2024 School Year <sup>34</sup>			2025-2026 School Year <sup>35</sup>	
	Students Enrolled	% Fully Immunized	% Religious exemption	Students Enrolled	% Fully Immunized
Alachua	2,484	92.7	3.9	2,432	91.9
Baker	349	96	3.2	368	95.4
Bay	2,252	84.6	3.8	2,245	85.3
Bradford	334	93.1	4.8	312	94.9
Brevard	5,811	91.6	6.4	5,380	90.9

<sup>33</sup> The 2024–2025 data point for completed immunizations was obtained from the Florida Department of Health, Immunization Levels in Kindergarten, Florida CHARTS: Community Health Assessment Resource Tool Set, <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026). Exemption data was requested for the 2024-25 and 2025 26 school years but was not provided before the publication of this analysis.

<sup>34</sup> Fl. Dept. of Health, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy).

<sup>35</sup> The 2024–2025 data point for completed immunizations was obtained from the Florida Department of Health, Immunization Levels in Kindergarten, Florida CHARTS: Community Health Assessment Resource Tool Set, <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026). Exemption data was requested for the 2024-25 and 2025 26 school years but was not provided before the publication of this analysis.

<b>Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten</b>					
	<b>2023-2024 School Year<sup>34</sup></b>			<b>2025-2026 School Year<sup>35</sup></b>	
<b>County</b>	<b>Students Enrolled</b>	<b>% Fully Immunized</b>	<b>% Religious exemption</b>	<b>Students Enrolled</b>	<b>% Fully Immunized</b>
Broward	19,964	90.7	5.1	19,128	82.2
Calhoun	161	95	0.6	149	98
Charlotte	1,178	86.3	8.5	1,191	89.2
Citrus	1,233	91.4	6.2	1,124	90.8
Clay	2,847	92.6	5	2,812	93.6
Collier	3,695	85.9	7.3	3,626	86.3
Columbia	941	92.8	5	856	92.9
DeSoto	352	94.3	4	370	91.1
Dixie	169	94.1	3.6	171	93.6
Duval	12,468	87.6	4.1	12,251	89.9
Escambia	3,628	88.4	4.3	3,661	88.9
Flagler	1,034	86.8	9.3	996	88.7
Franklin	101	94.1	2	102	91.2
Gadsden	405	84.9	1.2	346	79.8
Gilchrist	282	91.5	6	265	92.1
Glades	160	93.8	0.6	149	94
Gulf	126	85.7	4.8	146	94.5
Hamilton	139	93.5	2.9	134	97
Hardee	354	96.6	1.1	325	95.4
Hendry	610	90.5	2.3	627	91.2
Hernando	1,934	89.7	6	1,816	89
Highlands	1,031	92.1	4.8	1,019	89.8
Hillsborough	16,211	90	3.4	15,255	86
Holmes	221	93.2	5	204	93.6
Indian River	1,401	89.3	5.4	1,335	91.2
Jackson	568	90.5	3.3	498	92.2
Jefferson	88	85.2	1.1	91	97.8
Lafayette	106	92.5	4.7	98	91.8
Lake	3,855	85	3.7	3,885	86
Lee	6,981	92.6	3.9	7,867	92.4
Leon	2,894	94.5	2.9	2,954	93.8
Levy	437	90.8	6.2	437	95.4
Liberty	90	94.4	0	109	93.6
Madison	217	95.9	3.7	243	93
Manatee	3,971	90.2	5.8	3,963	89.8

<b>Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten</b>					
	<b>2023-2024 School Year<sup>34</sup></b>			<b>2025-2026 School Year<sup>35</sup></b>	
<b>County</b>	<b>Students Enrolled</b>	<b>% Fully Immunized</b>	<b>% Religious exemption</b>	<b>Students Enrolled</b>	<b>% Fully Immunized</b>
Marion	3,659	91.6	4.8	3,766	90.8
Martin	1,334	91.4	6.1	1,404	88.5
Miami-Dade	27,296	90.7	3.1	27,691	91
Monroe	725	90.9	6.5	684	92
Nassau	1,028	92.1	5.3	1,029	91.8
Okaloosa	2,454	91.2	5.5	2,351	90
Okeechobee	505	95.6	2.4	465	93.8
Orange	14,743	87	3.4	14,129	85.4
Osceola	5,551	85.3	4.5	5,638	86.3
Palm Beach	15,692	90.1	4.5	15,389	89.8
Pasco	6,385	91.8	4.7	6,236	91.9
Pinellas	7,354	88.6	7	7,042	87.3
Polk	9,181	92.8	3	9,338	92.5
Putnam	832	92.5	2.6	837	90.1
St. Johns	2,151	89.1	6	3,538	90.6
St. Lucie	3,405	83.4	12.4	3,562	88
Santa Rosa	4,803	90.1	6	2,186	91
Sarasota	3,573	90	6.5	3,438	79.9
Seminole	3,567	89.7	4.4	5,162	90
Sumter	666	91.9	3.6	777	90.6
Suwannee	470	93.6	3.6	468	89.3
Taylor	275	95.3	2.2	244	97.1
Union	196	95.4	2	185	93.5
Volusia	4,887	87.8	6	4,689	88.6
Wakulla	403	87.8	3.7	387	86.3
Walton	964	88.8	8.3	936	88.5
Washington	304	92.1	5.9	312	88.1

The following chart reflects the same 2023-2024 school year data above in an attempt to show the inherent correlation between religious exemptions and completion of vaccinations by Florida County. Generally, the more religious exemptions, the fewer students with completed Certificates of Immunization.



## Disease Outbreaks

The DOH rule defines an “outbreak” as “an increase in the number of cases of a disease or condition compared to the expected number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak.”<sup>40</sup>

### *Reporting Requirements*

All practitioners, health care facilities, and laboratories in Florida are required to notify the DOH of diseases or conditions of public health significance.<sup>41</sup> DOH rules require reporting for each disease for which the DOH seeks to immunize children under its Immunization Guidelines. For those specified diseases, practitioners must report as follows:

- Immediately upon initial suspicion, or upon ordering a test: measles; rubella; diphtheria; *Haemophilus influenzae* type b (Hib); polio; and pneumococcal disease caused by *Streptococcus pneumoniae*.
- Immediately upon confirmatory test or diagnosis: pertussis (whooping cough).
- By the next business day: hepatitis B (Hep B); mumps; tetanus; and varicella (chickenpox).<sup>42</sup>

### *Emergencies and Advisories*

While the Governor of this state has broad emergency management powers,<sup>43</sup> the statutes grant specified authority to the State Health Officer, commonly referred to as the State Surgeon General. In the State Surgeon General’s discretion, he or she may issue a public health advisory<sup>44</sup> (a warning or report giving information to the public about a potential public health threat) or may declare a public health emergency<sup>45</sup> (for any occurrence which results or may result in substantial injury or harm to the public).

During a public health emergency, the State Surgeon General has statutory authority to order an individual to be examined, tested, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health.<sup>46</sup> In 2021, the Legislature amended the statute to remove the State Surgeon General’s authority to order an individual to be vaccinated for such a disease.<sup>47</sup>

At the local level, a county health department director or administrator<sup>48</sup> may declare a communicable disease emergency if a communicable disease for which vaccination is required by the DOH is present in a public or private school.<sup>49</sup> Upon declaration of such an emergency, the district school board or the governing authority of a private school must identify all students in attendance who have not completed the required immunizations, as documented on the

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<sup>40</sup> Rule 64D-3.028, F.A.C.

<sup>41</sup> Section 381.0031, F.S.

<sup>42</sup> Rule 64D-3.029, F.A.C.

<sup>43</sup> Section 252.36, F.S.

<sup>44</sup> Section 381.00315(1)(b), F.S.

<sup>45</sup> Section 381.00315(1)(a), F.S.

<sup>46</sup> Section 381.00315(2)(d)4., F.S.

<sup>47</sup> Chapter 2021-7B, Laws of Fla.

<sup>48</sup> A county health department director or administrator is appointed by and serves at the pleasure of the State Surgeon General. See s. 154.04, F.S.

<sup>49</sup> Section 1003.22(9), F.S.

Certificate of Immunization form. Students identified as not immunized against the disease for which the emergency has been declared must be excluded from school until the county health department director or administrator specifies otherwise.<sup>50</sup> In 2024, when seven elementary school students contracted confirmed cases of measles, a communicable disease emergency was not declared. Instead, a public health advisory was issued.<sup>51</sup>

### **Measles and Community Immunity as illustrated by the Manatee Bay Elementary Outbreak of 2024**

According to the Centers for Disease Control and Prevention (CDC) website:

- “Some people think of measles as just a little rash and fever that clear up in a few days.”<sup>52</sup>
- “Measles can cause serious health complications, especially in children younger than five years of age. Common complications are ear infections and diarrhea. Serious complications include pneumonia and encephalitis.”<sup>53</sup>
- “Measles is highly contagious. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected.”<sup>54</sup>
- “It spreads through the air when an infected person coughs or sneezes.”<sup>55</sup>

The CDC further indicates that “The measles, mumps, and rubella (MMR) vaccine is very safe and effective. *When more than 95 percent of people in a community are vaccinated (coverage >95 percent), most people are protected through community immunity (herd immunity).*”<sup>56</sup>

The CDC defines “community immunity” as “a situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. Even individuals not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the disease has little opportunity to spread within the community. Also known as herd immunity.”<sup>57</sup>

In 2024, seven children at Manatee Bay Elementary in Broward County contracted confirmed cases of measles.<sup>58</sup> Broward County experienced two additional cases of measles, and there were single cases of measles in Martin, Orange, and Polk Counties in 2024, bringing the state total up to 12 confirmed cases in 2024 according to the DOH data.<sup>59</sup>

<sup>50</sup> *Id.*

<sup>51</sup> Florida Department of Health in Broward County, *Measles Health Advisory* (Feb. 18, 2024), available at <https://www.westonfl.org/home/showpublisheddocument/6597/638440458711170000> (last visited Jan. 20, 2026).

<sup>52</sup> Centers for Disease Control and Prevention, *Measles (Rubeola): About Measles*, available at <https://www.cdc.gov/measles/about/index.html> (last visited Jan. 17, 2026).

<sup>53</sup> *Id.*

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

<sup>56</sup> Centers for Disease Control and Prevention, *Measles Data and Statistics*, available at <https://www.cdc.gov/measles/data-research/index.html> (last visited Jan. 17, 2026).

<sup>57</sup> Immunization is defined as “The process of being made immune or resistant to an infectious disease, typically by the administration of a vaccine. It implies that a vaccine will trigger an immune response.” U.S. Centers for Disease Control and Prevention, *Immunization Glossary of Terms*, <https://www.cdc.gov/vaccines/glossary/index.html> (last visited Jan. 23, 2026).

<sup>58</sup> City of Weston, Florida, *Measles Cases in Weston* (Feb. 23, 2024, updated Mar. 5, 2024), available at <https://www.westonfl.org/Home/Components/News/News/1249/18> (last visited Jan. 20, 2026).

<sup>59</sup> Florida Department of Health, *Measles (Rubeola), 2024*, Florida CHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026).

The Broward County health department issued a public health advisory on February 18, 2024, in response to the outbreak of related measles cases at Manatee Bay Elementary.<sup>60</sup> Initially, the Broward County school district superintendent declared that the school was 92 percent vaccinated against measles.<sup>61</sup> It is probable that the school district obtained initial data from the Florida SHOTS immunization registry to quickly assess the school's immunization rate. Children whose parents have opted them out of Florida SHOTS would not be counted in the initial data pull.

State Surgeon General Ladapo has reiterated that “people with a history of prior infection or vaccination of the full series of the Measles, Mumps, Rubella (MMR) immunization are 98 percent protected and are unlikely to contract measles.”<sup>62</sup>

The county health department began offering MMR immunizations at the school.<sup>63</sup> The measles vaccination is typically given in a combined vaccine formulation also protecting against mumps and rubella. The Broward County school district superintendent later gave an update claiming that 33 of 1,067 Manatee Bay students were unimmunized against measles.<sup>64</sup> This mathematically suggests that 97 percent of students had at least one dose of the MMR vaccine, reflecting a 5 percent increase in immunization, with roughly 3 percent of students totally unprotected from the virus. The on-site vaccination efforts, together with the inclusion of students who acquired immunity through infection, appears to have increased the overall immunization rate.

According to both the CDC Child and Adolescent Immunization Schedule and the DOH Immunization Guidelines, the first dose of the MMR vaccine is recommended at one year of age, so infants under one year of age are unprotected and have no immunity from measles, mumps, and rubella. While some vaccines, such as Tdap<sup>65</sup>, that are given during pregnancy can pass protective antibodies to the baby, the MMR vaccine should not be administered during pregnancy.<sup>66</sup> The second recommended dose of the MMR vaccine is recommended at four years

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<sup>60</sup> Florida Department of Health in Broward County, *Measles Health Advisory* (Feb. 18, 2024), available at <https://www.westonfl.org/home/showpublisheddocument/6597/638440458711170000> (last visited Jan. 20, 2026).

<sup>61</sup> NBC 6 South Florida, Ari Odzer, *Doctors Worry Herd Immunity Against Measles Is Fading as Cases at Manatee Bay Rise to 6* (Feb. 20, 2024), available at <https://www.nbcmiami.com/news/local/doctors-worry-herd-immunity-against-measles-is-fading-as-cases-at-manatee-bay-rise-to-6/3238882/> (last visited Jan. 20, 2026).

<sup>62</sup> Executive Office of the Governor, Florida Department of Health: “Leading the Nation Again, Florida Successfully Balances Personal Responsibility, Parents’ Rights, and Public Health” (Mar. 8, 2024), available at <https://www.flgov.com/eog/news/press/2024/florida-department-health-leading-nation-again-florida-successfully-balances> (last visited Jan. 17, 2026). See also Florida Department of Health, *Measles (Rubeola)*, available at <https://www.floridahealth.gov/diseases-and-conditions/disease/measles/> (last visited Jan. 17, 2026).

<sup>63</sup> NBC 6 South Florida, *Florida Surgeon General Doesn’t Urge Vaccinations Amid Measles Outbreak* (Feb. 21, 2024), available at <https://www.nbcmiami.com/news/local/florida-surgeon-general-measles-vaccinations-outbreak/3239826/> (last visited Jan. 20, 2026).

<sup>64</sup> *Id.*

<sup>65</sup> Centers for Disease Control and Prevention, *Tdap Vaccination During Pregnancy*, available at <https://www.cdc.gov/pertussis/vaccines/tdap-vaccination-during-pregnancy.html> (last visited Jan. 17, 2026). The CDC Child and Adolescent Immunization Schedule recommends the first DTaP vaccine be given to infants at two months of age.

<sup>66</sup> American College of Obstetricians and Gynecologists, *Practice Advisory: Measles, Mumps, Rubella (MMR) Vaccination and Management of Obstetric–Gynecologic Patients During a Measles Outbreak* (Mar. 2024), available at

of age. Because this outbreak occurred in an elementary school rather than a day care or preschool, the students had significantly higher immunity due to having received the second dose.

It is likely that several of the Manatee Bay Elementary students had a permanent medical exemption in place. A medical doctor or osteopathic physician may advise against a measles vaccine if the child has a known life-threatening allergy to MMR ingredients such as gelatin or neomycin, has a serious immune system condition that makes live vaccines unsafe, or has a documented history of severe brain inflammation or injury that would make MMR vaccination dangerous. Certainly, some students had a temporary medical exemption in place with the intent of completing the second recommended dose.

A child may have a religious exemption in place while still receiving selected immunizations. For the 2023-2024 school year, Broward County reported that 5.1 percent of its Kindergarten students in public and private schools had a religious exemption.<sup>67</sup> It is likely that the majority of the school's 33 unimmunized students had a religious exemption in place.

Assuming the superintendent's updated data are accurate, with roughly 97 percent of students immunized from measles, the CDC's 95 percent threshold was exceeded within the school, offering most students protection through community immunity.

The school remained open.<sup>68</sup> The DOH deferred to parents and guardians to make decisions about school attendance and provided virtual learning options for students whose parents or guardians chose to keep them at home.<sup>69</sup> On March 8, 2024, the DOH issued a press release entitled "Leading the Nation Again, Florida Successfully Balances Personal Responsibility, Parent's Rights, and Public Health."<sup>70</sup> The disease outbreak was contained due to the DOH and county health department's response measures which appear to have boosted the school's already high immunization rate, exceeding the threshold needed to achieve community immunity.

It should be noted that the percentage of kindergarten students fully immunized in Broward County has fallen dramatically from 90.7 percent during the 2023-2024 school year to 82.2 percent during the 2025-2026 school year.<sup>71</sup>

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<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/03/management-of-obstetric-gynecologic-patients-during-a-measles-outbreak> (last visited Jan. 17, 2026).

<sup>67</sup> Fl. Dept. of Health, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy).

<sup>68</sup> Letter from Joseph A. Ladapo, M.D., Ph.D., State Surgeon Gen., to Parents and Guardians of Students Attending Manatee Bay Elementary School (Feb. 20, 2024), available at

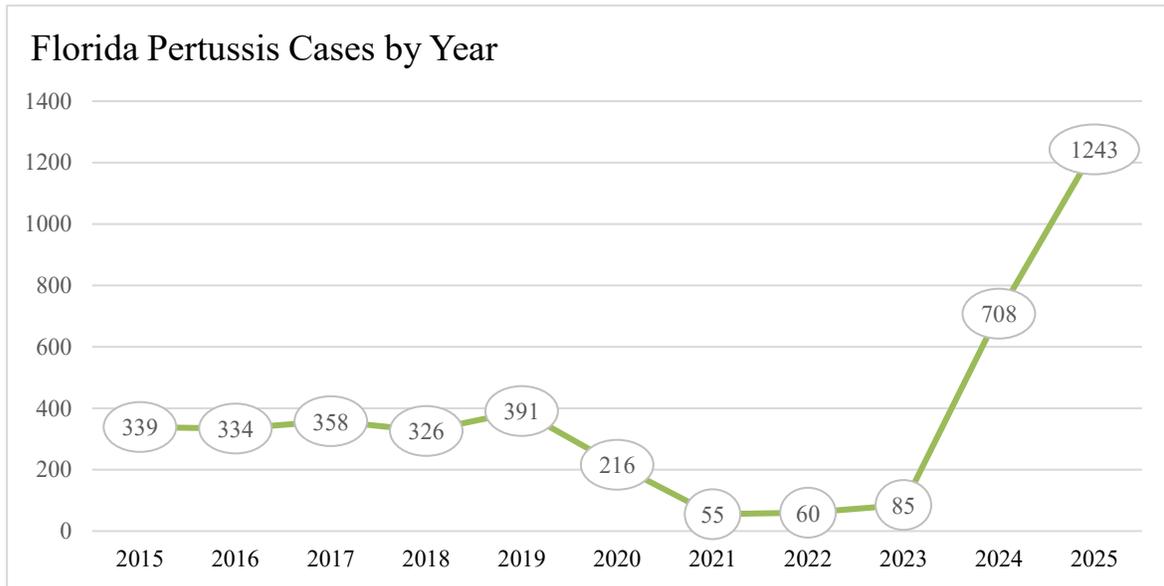
<https://www.westonfl.org/home/showpublisheddocument/6609/638917115733530000> (last visited Jan. 21, 2026).

<sup>69</sup> *Id.*

<sup>70</sup> Executive Office of the Governor, Florida Department of Health: "Leading the Nation Again, Florida Successfully Balances Personal Responsibility, Parents' Rights, and Public Health" (Mar. 8, 2024), available at <https://www.flgov.com/eog/news/press/2024/florida-department-health-leading-nation-again-florida-successfully-balances> (last visited Jan. 17, 2026). See also Florida Department of Health, Measles (Rubeola), available at <https://www.floridahealth.gov/diseases-and-conditions/disease/measles/> (last visited Jan. 17, 2026).

<sup>71</sup> The Fl. Dept. of Health, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy). The 2024–2025 data point for completed immunizations was obtained from

Community immunity thresholds vary from disease to disease. Pertussis (whooping cough), which most commonly affects infants and young children, also requires a relatively high vaccination rate to achieve community immunity, estimated to be between 92-94 percent.<sup>72</sup> The pertussis vaccine is typically provided in a combined vaccine formulation along with diphtheria and tetanus, known as DTaP or Tdap.<sup>73</sup>



This chart shows the total number of confirmed pertussis cases in Florida according to DOH data.<sup>74</sup>

### Localized Data and the Spartanburg, South Carolina Measles Outbreak

The DOH data indicates that Florida has had three confirmed cases of measles between January 1-17 of this year, one each in Hillsborough, Manatee, and St. Johns counties; two cases were acquired in Florida.<sup>75</sup> According to CDC data, Florida has six confirmed cases of measles

the Florida Department of Health, Immunization Levels in Kindergarten, Florida CHARTS: Community Health Assessment Resource Tool Set, <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026). Exemption data was requested for the 2024-25 and 2025-26 school years but was not provided before the publication of this analysis.

<sup>72</sup> NOVA PBS, Laura Helft & Emily Willingham, What Is Herd Immunity? (Sept. 5, 2014), available at <https://www.pbs.org/wgbh/nova/article/herd-immunity/> (last visited Jan. 20, 2026).

<sup>73</sup> DTaP is recommended for children under 7 years of age. Tdap is recommended for older children and adults. Different dosages are recommended for different age groups. Ctrs. for Disease Control & Prevention, *Whooping Cough Vaccination* (Dec. 2, 2025), available at <https://www.cdc.gov/pertussis/vaccines/index.html> (last visited Jan. 20, 2026).

<sup>74</sup> Florida Department of Health, *Pertussis: 10 Year Report*, Florida CHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/charts/> (last visited Jan. 27, 2026). Florida Dep’t of Health, Reportable Diseases Frequency Report (select all counties, “pertussis,” “confirmed” “all ages” and Jan. 1, 2025-Dec. 31, 2025), FLHealthCHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=FrequencyMerlin.Frequency&FirstTime=True> (last visited Jan. 27, 2026).

<sup>75</sup> Florida Dep’t of Health, Reportable Diseases Frequency Report (select “Measles (rubeola)”), FLHealthCHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=FrequencyMerlin.Frequency&FirstTime=True>

as of January 22, 2026, which is 75 percent of the eight total confirmed cases in Florida in 2025; CDC defines a measles outbreak as three or more related cases that have occurred this year in the U.S.<sup>76</sup> Based on publicly available information, it is unclear whether the 2026 Florida cases are related.

Assessing local outbreak risk based on statewide data is of limited utility. On January 27, 2026, 557 people in South Carolina were in quarantine and 20 were in isolation.<sup>77</sup> The South Carolina Department of Public Health reported 789 measles cases associated with a single outbreak, including 89 new cases identified between the 23<sup>rd</sup> and 27<sup>th</sup> of January.<sup>78</sup> The epicenter of the outbreak is Spartanburg County, where the majority of cases are concentrated.<sup>79</sup>

<b>Age Breakdown of 789 Cases<sup>80</sup></b>	
Under 5	203
5-17	493
18+	65
Unknown	28

Of the confirmed cases, 695 were unvaccinated, 14 were partially vaccinated with one of the recommended two-dose MMR sequence, 20 were fully vaccinated, and 60 are unknown. On January 27, students in at least 23 South Carolina schools were in quarantine.<sup>81</sup>

Although approximately 90 percent of students in Spartanburg County meet school immunization requirements, significant variation exists at a more granular level.<sup>82</sup> Some schools in the county reportedly have vaccination rates as low as 20 percent.<sup>83</sup> When assessing outbreak risk, county- and school-level immunization data provide more meaningful insight than statewide averages.

Approximately eight percent of students in Spartanburg County have a nonmedical religious exemption from immunization requirements, reflecting a jump from three percent in 2020.<sup>84</sup> An eight-percent figure suggests that the county as a whole will not achieve the CDC community immunity threshold for measles of at least 95 percent. The religious exemption is the only

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(last visited Jan. 27, 2026).

<sup>76</sup> Ctrs. for Disease Control & Prevention, *Measles Cases and Outbreaks* (Jan. 22, 2026), available at <https://www.cdc.gov/measles/data-research/index.html> (last visited Jan. 27, 2026).

<sup>77</sup> S.C. Dept. of Public Health, “TUESDAY MEASLES UPDATE: DPH Reports 89 New Measles Cases in Upstate, Bringing Outbreak Total to 789, Additional School and Public Exposures” (Jan. 27, 2026), available at <https://dph.sc.gov/news/tuesday-measles-update-dph-reports-89-new-measles-cases-upstate-bringing-outbreak-total-789> (last visited Jan. 27, 2026).

<sup>78</sup> *Id.*

<sup>79</sup> *Id.*

<sup>80</sup> *Id.*

<sup>81</sup> *Id.*

<sup>82</sup> NPR, “Measles Outbreak in South Carolina Has Some Parents Rethinking Vaccines as Cases Spread Among Children” (Jan. 16, 2026), available at <https://www.npr.org/2026/01/16/nx-s1-5677299/measles-outbreak-vaccines-kids-health> (last visited Jan. 27, 2026).

<sup>83</sup> *Id.*

<sup>84</sup> *Id.*

nonmedical exemption available under South Carolina law.<sup>85</sup> The South Carolina Department of Public Health has made the religious exemption form available on its website, warning parents that unvaccinated children are more likely to get sick.<sup>86</sup>

Consistent with the Spartanburg outbreak, a recent study concluded that nonmedical vaccine exemptions tend to be geographically concentrated in a fraction of counties, creating localized pockets of increased vulnerability.<sup>87</sup>

### **Nonmedical Exemptions in Other States<sup>88</sup>**

Nationally, all 50 states and the District of Columbia require specified immunizations for K–12 school attendance and allow medical exemptions. For nonmedical exemptions, state statutes fall into four nonmedical exemption categories.

- **Religious-only (and no personal/philosophical):** Alabama, Alaska, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, and Wyoming. (Washington, D.C., is also religious-only.)
- **Both religious and personal/philosophical exemptions:** Arizona, Arkansas, Colorado, Idaho, Michigan, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Washington, and Wisconsin.
- **Nonmedical allowed but not specified as religious or personal:** Louisiana and Minnesota.
- **Medical exemptions only:** California, Connecticut, Maine, New York, and West Virginia.

Procedurally, states that allow nonmedical exemptions generally require a parent or guardian (or adult student) to submit a state-required form (sometimes vaccine-specific), a signed statement or affidavit attesting to the basis for the exemption, and depending on the jurisdiction, renewal at defined grade levels or annually, with explicit notice that an exempt child may be excluded from school attendance during outbreaks. Some states also narrow the scope of personal/philosophical exemptions (for example, D.C. and Virginia allow a personal-belief exemption only for HPV, and Washington removed the personal/philosophical option for MMR). In a smaller subset, the exemption is not merely filed with the school; it is processed through a health agency workflow (e.g., state or county health department intake), or it must be notarized.

### ***Parental Education Requirements for Nonmedical Exemptions***

Several states require parents seeking a nonmedical vaccine exemption to complete an education or counseling step rather than simply filing a form. Colorado and Oregon allow two routes, either completing an online education module or obtaining documentation after a health care provider consultation. Michigan requires education through the county health department before issuing the waiver form, and Utah similarly requires either an online module or an in-person local health

<sup>85</sup> S.C. Department of Public Health, *Exemptions from School Vaccine Requirements*, available at <https://dph.sc.gov/health-wellness/child-teen-health/vaccine-requirements-info/school-vaccination-coverage-data-0> (last visited Jan. 27, 2026).

<sup>86</sup> *Id.*

<sup>87</sup> Fattah *et al.*, *Trends in County-Level Childhood Vaccination Exemptions in the U.S.*, JAMA (published online Jan. 14, 2026), available at <https://jamanetwork.com/journals/jama/article-abstract/2843870> (last visited Jan. 27, 2026).

<sup>88</sup> Nat'l Conf. of State Legislatures, Letter to Senior Attorney, Florida Senate Committee on Health Policy (Oct. 22, 2025) (on file with Senate Committee on Health Policy).

department consultation. Mississippi requires an in-person county health department appointment that includes watching an education video and discussing vaccine information, while Vermont requires an annual religious-exemption statement confirming the parent has reviewed evidence-based educational materials. Washington generally requires a health care practitioner signature on the exemption certificate to document that the required information was provided (with separate limits on certain personal/philosophical exemptions, such as for MMR).

### ***Legal Challenges***

The U.S. Supreme Court has long recognized that compulsory vaccination falls within a state's police power for the protection of public health.<sup>89</sup> Nonmedical exemptions have given rise to recent challenges.

West Virginia state law provides for compulsory school immunization with medical exemptions and does not codify a nonmedical exemption. On January 14, 2025, West Virginia Governor Morrisey issued Executive Order 7-25, directing an exemption process for families asserting religious objections in K–12 schools and state-regulated child care.<sup>90</sup> On March 24, 2025, West Virginia Senate Bill 460, which would have established a religious exemption and related changes, was defeated on the House floor (42–56).<sup>91</sup> On December 2, 2025, the West Virginia Supreme Court granted a stay of a ruling that would have allowed students to attend school with the religious exemption.<sup>92</sup> Litigation is ongoing.

New York removed its religious exemption from the state's school-immunization law in 2019, leaving medical exemptions as the only statutory basis for attending school without the required vaccines. That change brought forth litigation in *Miller v. McDonald*.<sup>93</sup> In that case, Old Order Amish parents and Amish schools challenged the 2019 repeal on federal constitutional grounds (principally the Free Exercise Clause), arguing that eliminating the religious exemption while retaining a medical exemption unlawfully burdened their religious exercise. In a decision issued March 3, 2025, the U.S. Court of Appeals for the Second Circuit upheld dismissal of the challenge, concluding that New York's post-2019 scheme is neutral and generally applicable for Free Exercise purposes despite the continued availability of medical exemptions.

The U.S. Supreme Court intervened, vacating the Second Circuit's judgment and remanding the case for further consideration on December 8, 2025.<sup>94</sup>

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<sup>89</sup> *Zucht v. King*, 260 U.S. 174, 176–77 (1922) (“*Jacobson v. Massachusetts* ... had settled that it is within the police power of a State to provide for compulsory vaccination.”), and *id.* at 177 (“[T]hese ordinances confer not arbitrary power, but only that broad discretion required for the protection of the public health.”); *see also* *Jacobson v. Massachusetts*, 197 U.S. 11, 25-27 (1905) (upholding a state's authority to mandate smallpox vaccination as a valid exercise of its police power to protect public health).

<sup>90</sup> State of West Virginia, Exec. Order No. 7-25 (Jan. 14, 2025), available at <https://apps.sos.wv.gov/adlaw/executivejournal/readpdf.aspx?DocID=97525> (last visited Jan. 27, 2026).

<sup>91</sup> House Rejects Senate Vaccine Bill, *Blog of the West Virginia Legislature* (Mar. 24, 2025), available at <https://blog.wvlegislature.gov/house-floor-session/2025/03/24/house-rejects-senate-vaccine-bill/> (last visited Jan. 27, 2026).

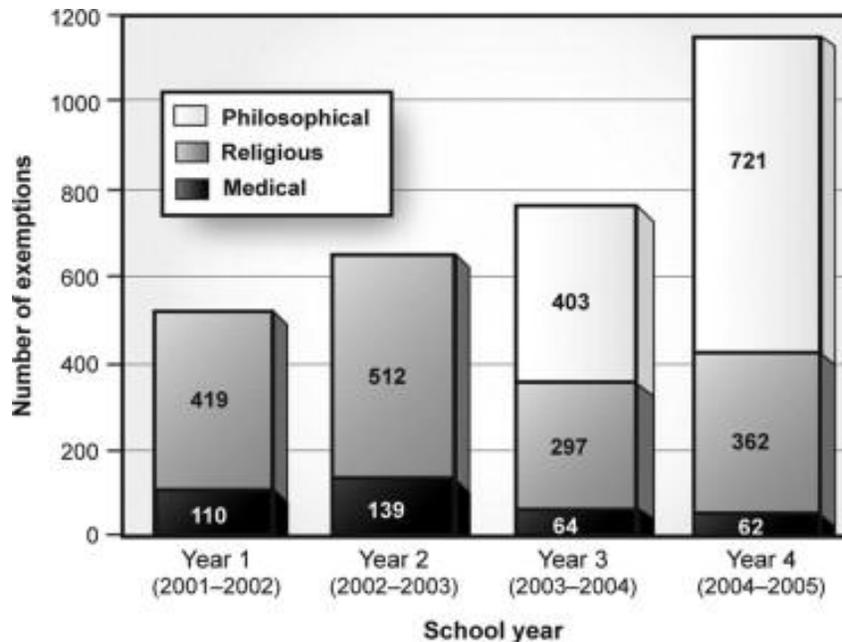
<sup>92</sup> West Virginia again bans religious reasons for school vaccine exemptions after state Supreme Court pauses injunction, *Associated Press* (Dec. 3, 2025), available at <https://apnews.com/article/e61c5814de407a1aa280ce3916f82cc6> (last visited Jan. 20, 2026).

<sup>93</sup> *Miller v. McDonald*, No. 24-681 (2d Cir. Mar. 3, 2025).

<sup>94</sup> *Joseph Miller, et al. v. James V. McDonald, Commissioner, New York State Department of Health, et al.*, No. 25-133 (U.S. docketed Aug. 4, 2025) (linked with application No. 24A987; petition granted, judgment vacated and remanded).

***Arkansas: Addition of a Philosophical Exemption***

A 2007 study examined Arkansas school immunization exemption data before and after the state introduced a philosophical exemption in 2003, in addition to its preexisting religious exemption and medical exemptions.<sup>95</sup> The authors reported that total exemptions increased significantly over time after the philosophical exemption became available. They also found that nonmedical exemptions were geographically clustered, which could concentrate outbreaks and risk within communities smaller than an entire county.



*The chart above shows the number of Arkansas students requesting immunization exemptions by type, 2001-2005. Exemptions include all students reported to Arkansas Division of Health who attended day care, pre-K programs, K-12, and colleges/universities.<sup>96</sup>*

Among Florida’s counties and nationwide, higher percentages of students with nonmedical exemptions are associated with lower vaccination rates.<sup>97</sup>

**Federal Oversight of Vaccinations**

While states generally establish and enforce vaccination requirements for school attendance, the federal government plays a central role in regulating vaccine products, issuing recommendations

Dec. 8, 2025), available at <https://www.supremecourt.gov/docket/docketfiles/html/public/25-133.html> (last visited Jan. 27, 2026).

<sup>95</sup> Joseph W. Thompson et al., *Impact of Addition of Philosophical Exemptions on Childhood Immunization Rates*, 32(3) Am. J. Prev. Med. 194–201 (Mar. 2007), available at [https://www.ajpmonline.org/article/S0749-3797\(06\)00497-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(06)00497-1/fulltext) (last visited Jan. 27, 2026).

<sup>96</sup> *Id.*

<sup>97</sup> Florida Dept. of Health, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy).

on vaccine use and supporting vaccine access through coverage and purchase programs. The U.S. Department of Health and Human Services (HHS) is the federal department principally responsible for public health policy and administration. Federal vaccine activity is coordinated through HHS and its operating divisions, including the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). In addition, federal law directs the HHS Secretary to establish a National Vaccine Program to lead national planning efforts aimed at preventing infectious disease through immunization and preventing adverse reactions.<sup>98</sup>

### ***CDC, ACIP, and the Recommended Childhood Immunization Schedule***

The CDC's vaccine-use guidance is traditionally developed through the Advisory Committee on Immunization Practices (ACIP).<sup>99</sup> The CDC publishes consolidated recommendations for clinicians and public health professionals as the Recommended Child and Adolescent Immunization Schedule.<sup>100</sup> The CDC publishes the schedule as an annual, consolidated summary of current ACIP recommendations and organizes the schedule in standard components used in pediatric practice, including an age-based schedule, a catch-up schedule, and notes that describe routine, catch-up, and special-situation guidance.<sup>101</sup> Because school-age vaccination compliance frequently depends on vaccinations received in infancy and early childhood (as well as adolescent boosters and series), the schedule serves as a central federal reference point for routine pediatric vaccination and catch-up vaccination for children who are behind schedule.

The current schedule is being revised to reflect updated CDC guidance.<sup>102</sup> The new schedule was not established, reviewed, or revised by ACIP.<sup>103</sup> Interest groups and associations such as the American Academy of Pediatrics have filed a lawsuit in federal court to challenge the procedure by which the guidance was adopted, citing conflict with federal laws and regulations.<sup>104</sup> A hearing is scheduled for February 13, 2026, before the U.S. District Court for the District of

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<sup>98</sup> 42 U.S.C. § 300aa-1 (2022). See also U.S. Department of Health and Human Services, *Vaccines National Strategic Plan 2021–2025* (Jan. 19, 2021), available at <https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf>.

<sup>99</sup> Ctrs. for Disease Control & Prevention, *ACIP Vaccine Recommendations and Guidelines*, available at <https://www.cdc.gov/acip/vaccine-recommendations/index.html> (last visited Jan. 27, 2026).

<sup>100</sup> Ctrs. for Disease Control & Prevention, *Child and Adolescent Immunization Schedule by Age* (Content is being revised to reflect updated CDC recommendations), available at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html> (last visited Jan. 27, 2026).

<sup>101</sup> Ctrs. for Disease Control & Prevention, *Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2025*, 74(2) *Morbidity & Mortality Wkly. Rep.* 26–29 (Jan. 16, 2025), available at <https://www.cdc.gov/mmwr/volumes/74/wr/mm7402a2.htm> (last visited Jan. 27, 2026).

<sup>102</sup> Ctrs. for Disease Control & Prevention, *Child and Adolescent Immunization Schedule by Age* (Content is being revised to reflect updated CDC recommendations), available at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html> (last visited Jan. 27, 2026).

<sup>103</sup> Georgetown Univ. Health Policy Inst., Ctr. for Children & Families, *HHS Announces Changes to Recommended Vaccine Schedule for Children* (Jan. 15, 2026), available at <https://ccf.georgetown.edu/2026/01/15/hhs-announces-changes-to-recommended-vaccine-schedule-for-children/> (last visited Jan. 20, 2026).

<sup>104</sup> See *Fourth Amended Complaint for Declaratory and Injunctive Relief*, Am. Acad. of Pediatrics, et al. v. Kennedy, et al., Case No. 1:25-cv-11916 (BEM) (D. Mass. filed Jan. 19, 2026) (ECF No. 180-1), available at <https://www.washingtonpost.com/documents/9e2848fb-6b04-49b5-94c5-05906811e882.pdf> (last visited Jan. 21, 2026).

Massachusetts.<sup>105</sup> The American Academy of Pediatrics no longer endorses the CDC's schedule and instead maintains its own recommended schedule.<sup>106</sup>

### ***National Childhood Vaccine Injury Act: Disclosure, Reporting, and Compensation***

The National Childhood Vaccine Injury Act of 1986 (Act) established an interconnected set of federal requirements and programs intended to strengthen the childhood immunization system by standardizing pre-vaccination information, requiring the recording and reporting of certain adverse events, and creating a no-fault compensation program for certain vaccine-related injuries.<sup>107</sup>

Federal law imposes informed-consent-adjacent requirements specific to vaccines. The Act requires development of Vaccine Information Statements (VIS) for covered vaccines and imposes duties on vaccine providers to furnish those materials prior to administration of each dose of a covered vaccine. Specifically, each health care provider who administers a vaccine set forth in the Vaccine Injury Table must provide the Vaccine Information Statement to the child's parent or guardian prior to administration of the vaccine.<sup>108</sup> The HHS requires providers to document in the patient's permanent medical record the VIS edition date and the date the VIS was provided at the time the VIS is given.<sup>109</sup>

In addition, federal law requires providers administering covered vaccines to record specified information in the patient's permanent medical record (or in a permanent office log/file):

- The date of administration,
- The manufacturer and lot number, and
- The name/address (and, if appropriate, title) of the provider administering the vaccine.<sup>110</sup>

The Act requires each health care provider and vaccine manufacturer to report specified events to the HHS Secretary, including events set forth in the Vaccine Injury Table within the applicable time period.<sup>111</sup> The national reporting mechanism used for this purpose is the Vaccine Adverse Event Reporting System (VAERS), a passive reporting system co-managed by CDC and FDA. Anyone (health care providers, manufacturers, and the public) may submit a report.<sup>112</sup> VAERS is primarily an early warning signal-detection system; it is not designed to determine whether a vaccine caused a reported event.<sup>113</sup>

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<sup>105</sup> Nate Raymond, *Medical groups challenge Kennedy-backed cuts to vaccine recommendations for children*, Reuters (Jan. 20, 2026), available at <https://www.reuters.com/legal/government/medical-groups-challenge-kennedy-backed-cuts-vaccine-recommendations-children-2026-01-20/> (last visited Jan. 21, 2026).

<sup>106</sup> Am. Acad. of Pediatrics, *Immunization Schedule*, in Red Book Online, available at <https://publications.aap.org/redbook/resources/15585> (last visited Jan. 27, 2026).

<sup>107</sup> National Childhood Vaccine Injury Act of 1986, H.R. 5546, 99th Cong. (1986), available at <https://www.congress.gov/bill/99th-congress/house-bill/5546> (last visited Jan. 20, 2026).

<sup>108</sup> Ctrs. for Disease Control & Prevention, *Instructions for Using VISs* (May 29, 2025), available at <https://www.cdc.gov/vaccines/hcp/about-vis/instructions.html> (last visited Jan. 20, 2026).

<sup>109</sup> *Id.*

<sup>110</sup> *Id.*

<sup>111</sup> Health Res. & Servs. Admin., *Covered Vaccines*, Nat'l Vaccine Injury Comp. Program, available at <https://www.hrsa.gov/vaccine-compensation/covered-vaccines> (last visited Jan. 20, 2026).

<sup>112</sup> U.S. Food and Drug Administration, *VAERS Overview*, available at <https://www.fda.gov/vaccines-blood-biologics/vaccine-adverse-events/vaers-overview> (last visited Jan. 27, 2026).

<sup>113</sup> *Id.*

The Act sought to incentivize manufacturers to develop vaccinations for market by offering some protection from litigation. The Act established the National Vaccine Injury Compensation Program (VICP), administered by the HHS, under which compensation may be paid for a vaccine-related injury or death. HRSA describes VICP’s objectives: to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to have been injured by certain vaccines.<sup>114</sup>

VICP claims are adjudicated in the U.S. Court of Federal Claims by special masters in the Court’s Office of Special Masters (sometimes referred to as “vaccine court”). The Court describes the program as a no-fault compensation system in which petitions for compensation may be brought by or on behalf of persons alleging injury or death from covered vaccines.<sup>115</sup> The vast majority of VICP claims filed are related to influenza vaccinations (flu shots).<sup>116</sup>

According to the CDC, from 2006 to 2023, over 5 billion doses of covered vaccines were distributed in the U.S.<sup>117</sup> For petitions filed in this period, 13,948 petitions were adjudicated by the Court, and of those, 10,193 were compensated.<sup>118</sup> This means for every 1 million doses of vaccine that were distributed, approximately one individual was compensated.<sup>119</sup>

The VICP covers most vaccines routinely administered in the U.S., but it does not cover claims associated with COVID-19 vaccines, which have never been added to the table. Instead, HRSA directs that claims related to COVID-19 vaccines be filed under the Countermeasures Injury Compensation Program.<sup>120</sup>

### ***Vaccines for Children Program and No-Cost Vaccines for Eligible Children***

Separate from the Act’s reporting and compensation framework, federal law supports access to pediatric vaccines through the Vaccines for Children program, a pediatric vaccine distribution program established in the Social Security Act.<sup>121</sup> The CDC states that there is no cost for vaccines themselves provided by program providers to eligible children.<sup>122</sup>

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<sup>114</sup> Health Res. & Servs. Admin., *About the National Vaccine Injury Compensation Program* (last reviewed Jan. 2026), available at <https://www.hrsa.gov/vaccine-compensation/about> (last visited Jan. 27, 2026).

<sup>115</sup> United States Court of Federal Claims, *Vaccine Claims: Office of Special Masters*, available at <https://www.uscfc.uscourts.gov/vaccine-claims-office-special-masters> (last visited Jan. 20, 2026).

<sup>116</sup> Health Res. & Servs. Admin., *National Vaccine Injury Compensation Program Data Report* (Jan. 1, 2026), available at <https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats-01-01-26.pdf> (last visited Jan. 20, 2026).

<sup>117</sup> *Id.*

<sup>118</sup> *Id.*

<sup>119</sup> *Id.*

<sup>120</sup> Health Res. & Servs. Admin., *Covered Vaccines, Nat’l Vaccine Injury Comp. Program*, available at <https://www.hrsa.gov/vaccine-compensation/covered-vaccines> (last visited Jan. 20, 2026).

<sup>121</sup> Ctrs. for Disease Control & Prevention, *About the Vaccines for Children (VFC) Program* (Sept. 30, 2025), available at <https://www.cdc.gov/vaccines-for-children/about/index.html> (last visited Jan. 20, 2026).

<sup>122</sup> *Id.*

### ***FDA Regulation of Vaccines***

Vaccines are regulated as biological products. The FDA licenses (approves) vaccines for introduction into interstate commerce.<sup>123</sup> In general terms, the FDA evaluates evidence of safety, effectiveness, and manufacturing quality to determine whether a vaccine may be marketed in the U.S.<sup>124</sup>

Before a vaccine may be evaluated by the FDA for licensure, it typically proceeds through preclinical testing and clinical development:<sup>125</sup>

- Preclinical phase. A company or researcher conducts laboratory research and animal testing. If the sponsor is ready to begin studies in humans, it submits an Investigational New Drug application to the FDA. If the application meets the FDA's criteria and is authorized to proceed, clinical development begins and the vaccine enters phased human trials.
- Phase 1 (safety). Generally involves 20-100 healthy volunteers and focuses on initial safety and dosing. If no significant safety concerns arise, the product may proceed to Phase 2.
- Phase 2 (initial efficacy). Generally involves hundreds of participants and evaluates dosing, immune response, and additional safety data across broader demographic groups.
- Phase 3 (confirmatory efficacy and safety). Generally involves thousands of participants and is designed to generate the principal evidence of effectiveness and additional safety data. Participants are randomized into a treatment group and a control group to generate critical information on effectiveness and additional important safety data. The treatment group gets the vaccine and the control group gets the placebo. For a new vaccine, the placebo is saline or similar. In the case of childhood vaccinations, the currently given vaccinations are updated versions of older vaccines. When updated versions of older vaccines are tested in trials, the treatment group gets the new vaccine and the control group gets the old vaccine as the placebo.<sup>126</sup>

After Phase 3, the sponsor generally submits a biologics license application for FDA review of data, proposed labeling, and manufacturing.<sup>127</sup> If the FDA approves the application and licenses the vaccine, the product may be marketed and distributed in interstate commerce.<sup>128</sup> Once distribution begins, the FDA and the CDC continue post-licensure safety monitoring through systems such as VAERS.

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<sup>123</sup> 42 U.S.C. § 262; 21 C.F.R. § 601.2. See also U.S. Food and Drug Administration, *Biologics License Applications (BLA) Process (CBER)*, available at <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/biologics-license-applications-bla-process-cber> (last visited Jan. 15, 2026).

<sup>124</sup> U.S. Food and Drug Administration, *Vaccine Development 101*, available at <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101> (last visited Jan. 27, 2026).

<sup>125</sup> *Id.*

<sup>126</sup> It is considered unethical to deny individuals in a trial access to a proven treatment. U.S. Food & Drug Admin., *Non-Inferiority Clinical Trials to Establish Effectiveness* (explaining that active-controlled/noninferiority designs are used when placebo/no-treatment would be unethical because effective therapy exists), available at <https://www.fda.gov/media/78504/download> (last visited Jan. 20, 2026).

<sup>127</sup> U.S. Food and Drug Administration, *Vaccine Development 101*, available at <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101> (last visited Jan. 27, 2026).

<sup>128</sup> *Id.*

## Ivermectin

As of September 30, 2025, the DOH has received 59 total complaints involving licensed health care practitioners related to the prescribing or dispensing of ivermectin. The DOH reports that none of these complaints were deemed legally sufficient for probable cause to be found.

### *FDA Approval of Ivermectin (for Treatment of Parasitic Conditions)*

The FDA website details how the ivermectin drug is used: “Ivermectin tablets are approved by the FDA to treat people with intestinal strongyloidiasis and onchocerciasis, two conditions caused by parasitic worms. In addition, some topical forms of ivermectin are approved to treat external parasites like head lice and for skin conditions such as rosacea. Some forms of animal ivermectin<sup>129</sup> are approved to prevent heartworm disease and treat certain internal and external parasites in animals. It’s important to note that these products are different from the ones for people, and safe only when used in animals as labeled or as prescribed. The FDA has not authorized or approved ivermectin for the treatment or prevention of COVID-19 in people or animals. The FDA has not determined that ivermectin is safe or effective for these indications (uses).”<sup>130</sup>

Similar to how the FDA licenses vaccines and other (“large-molecule”) biologics, the FDA also authorizes most conventional (“small-molecule”) drugs for marketing by approving a New Drug Application.<sup>131</sup> After pre-clinical testing and with approval to proceed, the drug sponsor runs a series of clinical trials in people (typically Phase 1-3) to evaluate safety and efficacy, and then submits those data to the FDA for review.<sup>132</sup> The FDA’s review teams then evaluate the submitted evidence (along with manufacturing and labeling information) and decide whether the benefits outweigh the risks for the intended use.<sup>133</sup>

The FDA has granted marketing approval for ivermectin tablets for specified parasitic worm conditions.<sup>134</sup> Those FDA-approved indications are the drug’s “on-label” uses. However, a licensed prescriber has the authority to prescribe an FDA-approved human drug for an off-label use when, in the prescriber’s professional judgment, such use is medically appropriate for an individual patient.<sup>135</sup>

<sup>129</sup> Heartgard, Heartgard Plus, Tri-Heart Plus, Iverhart Plus, Iverhart Max, PetTrust Plus, Aicarexx, Ivomec, Zimecterin, Eqvalan, Noromectin, Bimectin, etc.

<sup>130</sup> U.S. Food and Drug Administration, *Ivermectin and COVID-19* (Apr. 5, 2024),

<https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19> (last visited Jan. 23, 2026).

<sup>131</sup> 21 U.S.C. § 355.; U.S. Food and Drug Administration, 21 C.F.R. pt. 314; Food and Drug Administration, *New Drug Application (NDA)*, available at <https://www.fda.gov/drugs/types-applications/new-drug-application-nda> (last visited Jan. 20, 2026).

<sup>132</sup> U.S. Food and Drug Administration, Step 3: Clinical Research, available at <https://www.fda.gov/patients/drug-development-process/step-3-clinical-research> (last visited Jan. 20, 2026).

<sup>133</sup> U.S. Food and Drug Administration, *Step 4: FDA Drug Review*, <https://www.fda.gov/patients/drug-development-process/step-4-fda-drug-review>.

<sup>134</sup> U.S. Food and Drug Administration, *Ivermectin and COVID-19* (Apr. 5, 2024), <https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19> (last visited Jan. 23, 2026).

<sup>135</sup> U.S. Food and Drug Administration, *Compliance Policy Guide Sec. 300.600: Use of Approved Drugs for Unlabeled Indications*; United States Supreme Court, *Buckman Co. v. Plaintiffs’ Legal Committee*, 531 U.S. 341, 350 (2001).

The FDA at one time led a “You are not a horse!” social media campaign attempting to deter people from using both animal ivermectin drugs and FDA-approved prescription ivermectin drugs as an off-label COVID-19 treatment.<sup>136</sup> The campaign gave rise to litigation clarifying the role of the FDA. The U.S. Court of Appeals for the Fifth Circuit opined that the “FDA is not a physician. It has authority to inform, announce, and apprise—but not to endorse, denounce, or advise.”<sup>137</sup>

The American Association of Poison Control Centers reported 2,337 ivermectin poison control reports nationally in 2021.<sup>138</sup> One of the clearest datasets tying veterinary ivermectin to severe outcomes comes from Oregon. A poison center study of COVID-19-related ivermectin exposures that led to a health care visit (Aug. 14, 2021–Jan. 31, 2022) reported 37 cases, including 21 hospitalizations, 13 treated in emergency departments, and one death. Seventeen cases involved veterinary formulations, and 15 involved prescription-only tablets.<sup>139</sup>

### ***Clinical Studies: Ivermectin and COVID-19***

Early in the COVID-19 pandemic, ivermectin drew attention because a mix of small clinical studies and early meta-analyses appeared to show benefit, but the limited evidence and its underlying data sets were highly disputed. A CDC health alert issued on August 26, 2021, explained: “Clinical trials and observational studies to evaluate the use of ivermectin to prevent and treat COVID-19 in humans have yielded insufficient evidence for the NIH COVID-19 Treatment Guidelines Panel to recommend its use. Data from adequately sized, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.”<sup>140</sup>

As the evidence base matured, larger, better-controlled randomized trials did not confirm those early signals that appeared to show benefits of off-label ivermectin use. In the TOGETHER outpatient trial, ivermectin did not reduce the need for hospitalization or prolonged emergency observation.<sup>141</sup> In the U.S. ACTIV-6 platform trial, which included a participation site at the University of Florida, ivermectin likewise did not improve time to sustained recovery, even when tested at higher doses and longer courses.<sup>142</sup>

<sup>136</sup> *Apter v. Dep’t of Health & Hum. Servs.*, 80 F.4th 579, 595 (5th Cir. 2023), also available at <https://www.ca5.uscourts.gov/opinions/pub/22/22-40802-CV0.pdf>.

<sup>137</sup> *Id.*

<sup>138</sup> American Association of Poison Control Centers, *National Poison Data System (NPDS) Bulletin: COVID-19 (Ivermectin)—Ivermectin Case Counts 2019 vs. 2020 vs. 2021 (Jan. 1–Dec. 31)* (2021), available at <https://npr.brightspotcdn.com/06/8e/72f45189455ea8d3561012b1608e/poisoncontrolpdf.pdf> (last visited Jan. 27, 2026).

<sup>139</sup> Ruby Hoang et al., *Characteristics of Ivermectin Toxicity in Patients Taking Veterinary and Human Formulations for the Prevention and Treatment of COVID-19*, *Clinical Toxicology* (Phila.) 60(12):1350–1355 (Dec. 2022), available at <https://pubmed.ncbi.nlm.nih.gov/36374218/> (last visited Jan. 27, 2026).

<sup>140</sup> Ctrs. for Disease Control & Prevention, Health Alert Network (HAN), *Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19* (Aug. 26, 2021), available at [https://archive.cdc.gov/emergency\\_cdc\\_gov/han/2021/han00449.asp](https://archive.cdc.gov/emergency_cdc_gov/han/2021/han00449.asp) (last visited Jan. 20, 2026).

<sup>141</sup> Gilmar Reis et al., *Effect of Early Treatment with Ivermectin among Patients with Covid-19*, *New England Journal of Medicine* (published online Mar. 30, 2022), available at <https://www.nejm.org/doi/full/10.1056/NEJMoa2115869>.

<sup>142</sup> Popp M. et al., *Ivermectin for COVID-19: Systematic Review and Meta-Analysis of Randomized Controlled Trials*, *Frontiers in Medicine* (2023), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC9941969/> (last visited Jan. 27, 2026). **See also** University of Florida, Division of Pulmonary, Critical Care & Sleep Medicine, *UF Health Joins National Study to Test COVID-19 Treatments* (Mar. 23, 2022), available at <https://pulmonary.medicine.ufl.edu/2022/03/23/uf-health-joins-national-study-to-test-covid-19-treatments/> (last visited Jan. 18, 2026).

Because the most rigorous trials have failed to demonstrate meaningful clinical benefit, clinical guidelines largely do not recommend ivermectin for COVID-19 outside of research settings.<sup>143</sup>

### ***Ivermectin Classified as Rx-Only Status; Federal Misbranding***

When the FDA approves a drug application for marketing, the agency also determines whether the product will be prescription-only or nonprescription (over-the-counter or “OTC”), and it approves the product’s conditions of use and labeling consistent with that status. Under the Federal Food, Drug, and Cosmetic Act, a drug is classified as prescription-only if it is not safe for use without a clinician’s supervision (e.g., due to toxicity, method of use, or required monitoring), and prescription drugs must bear the “Rx only” legend consistent with this statutory scheme.<sup>144</sup> If a drug sponsor later seeks to move a drug from prescription to nonprescription status, that occurs through a separate Rx-to-OTC switch process that typically relies on consumer-focused evidence (e.g., label comprehension and self-selection studies, and sometimes actual-use studies) to show the product can be used safely and effectively without a prescriber.<sup>145</sup>

Ivermectin remains classified federally as a prescription drug for human use. Federal law requires that, prior to dispensing, the drug’s labeling bear the legend “Rx only.” A prescription drug that does not bear this legend before dispensing is deemed misbranded under federal law. Ivermectin is generally well tolerated when used at FDA-approved doses for approved indications; however, adverse effects may occur and can be dose-related. The FDA has warned that ivermectin can interact with other medications, including anticoagulants (“blood thinners”).<sup>146</sup> These interaction risks are particularly relevant when ivermectin is obtained without individualized prescriber oversight, as patients taking anticoagulants may not recognize the potential for increased bleeding risk.

For purposes of labeling and misbranding law, nonprescription (OTC) drug labeling must “stand on its own” for a lay consumer and must include adequate directions for use so that an ordinary person can use the product safely and for its intended purpose without professional supervision.<sup>147</sup> By contrast, prescription (Rx-only) drugs are intended to be used under the supervision of a licensed practitioner and therefore generally fall within the FDA’s regulatory exemptions from the “adequate directions for use” requirement, because such directions cannot feasibly be written for safe self-use by the general public. As a result, attempts to market a product for self-directed use without consumer-usable directions (or with labeling that implies an

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<sup>143</sup> Am. Med. Ass’n, *AMA, APhA, ASHP Statement on Ending Use of Ivermectin to Treat COVID-19* (Sept. 1, 2021), available at <https://www.ama-assn.org/press-center/ama-press-releases/ama-apha-ashp-statement-ending-use-ivermectin-treat-covid-19> (last visited Jan. 20, 2026).

<sup>144</sup> 21 U.S.C. § 353(b)(1)(A), (b)(4)(A).

<sup>145</sup> U.S. Food & Drug Admin., *Prescription-to-Nonprescription (Rx-to-OTC) Switches* (content current as of Dec. 9, 2025), available at <https://www.fda.gov/drugs/drug-application-process-nonprescription-drugs/prescription-nonprescription-rx-otc-switches> (last visited Jan. 20, 2026).

<sup>146</sup> U.S. Food and Drug Administration, *Ivermectin and COVID-19* (Apr. 5, 2024), <https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19> (last visited Jan. 23, 2026).

<sup>147</sup> U.S. Food & Drug Admin., *Labeling Requirements—Exemptions From Adequate Directions for Use* (content current as of Feb. 21, 2018), available at <https://www.fda.gov/medical-devices/general-device-labeling-requirements/labeling-requirements-exemptions-adequate-directions-use> (last visited Jan. 20, 2026).

OTC use that actually requires practitioner oversight) raise heightened misbranding risk under federal labeling standards.

### *State Trends in Ivermectin Laws*

When a state authorizes a pharmacist to furnish a prescription drug without a patient-specific prescription, questions arise as to whether the transaction constitutes “dispensing” under state law and what labeling and documentation requirements apply, particularly in light of the federal “Rx only” classification.

Several states have enacted laws authorizing pharmacists to provide ivermectin without an individual patient-specific prescription, notwithstanding ivermectin’s federal prescription-only status. These laws generally fall into two models: an OTC authorization declaring that ivermectin suitable for human use may be sold or purchased without a prescription, or a standing order or collaborative practice model authorizing dispensing pursuant to a non-patient-specific prescriptive order or protocol.

### **III. Effect of Proposed Changes:**

**Section 1** creates a short title. The act may be cited as the “Medical Freedom Act.”

**Section 2** amends s. 381.00315(2)(d)4., F.S. That statute currently provides that the State Surgeon General, upon declaration of a public health emergency, may order an individual to be treated for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. The bill amends this subparagraph to clarify that the State Surgeon General’s authority to order an individual to be treated does not include authority to order the individual to be vaccinated.

In 2021, the Legislature amended the statute to remove the State Surgeon General’s overt authority to order an individual to be vaccinated for such a disease.<sup>148</sup> Although the State Surgeon General’s authority to order an individual to be vaccinated was already removed from this section, this bill goes a step further to state that limitation affirmatively. The bill forecloses negative-implication and prevents arguments that vaccination is simply a form of “treatment” authorized within that section.

**Section 3** amends s. 456.0575, F.S., to revise procedures surrounding vaccinations of minor children.

“Health care practitioner” is defined for ch. 456, F.S., in s. 456.001(4), F.S.,<sup>149</sup> but only the following professions are granted authority in their respective practice acts to administer vaccinations to minors: allopathic physicians and physician assistants, osteopathic physicians and physician assistants, registered nurses, advanced practice registered nurses, and licensed practical nurses.

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<sup>148</sup> Chapter 2021-7B, Laws of Fla.

<sup>149</sup> Section 456.001(4), F.S. “Health care practitioner” means any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I, part II, or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491.

Under s. 401.272(2)(c), F.S., paramedics may administer immunizations in a nonemergency environment, within the scope of their training, and under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols.

Under the bill, before administering a vaccine to a minor child, such health care practitioner or paramedic must:

- Provide the child's parent or guardian with information on the risks, benefits, safety, and efficacy of each vaccine being administered, using materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine (collectively, the Boards).
- Obtain the signature of the parent or guardian acknowledging receipt of those informational materials.

The Boards will need to jointly determine how to convey to parents the risks, benefits, safety, and efficacy of each vaccine that may be administered to a minor child.

The National Childhood Vaccine Injury Act establishes a federal requirement for health care providers to provide a Vaccine Information Statement (VIS) to a child's parent or guardian prior to administration of vaccines covered by the Act, a category that includes most routine pediatric immunizations and flu shots.<sup>150</sup> Federal law requires providers to record in the medical record that the VIS (or other required patient information, as applicable) was provided, including the date it was given and the VIS edition (publication) date.

Combined with the requirements in the bill, the provider must document in the medical record that the federal information materials as described were provided and obtain the signature of the parent or guardian acknowledging receipt of the Board's approved informational materials.

Unless the Boards jointly approve the applicable VIS as the bill's required informational materials for each vaccine, the informational materials required to be presented to parents under the bill will be provided in addition to the federally-required VISs.

If more than one vaccine is to be administered, the bill requires a health care practitioner to discuss the timing of multiple vaccinations with the child's parent or guardian and the parent or guardian's options for such timing before administering the initial vaccination. The bill affirmatively authorizes the health care practitioner to administer vaccines to a child over multiple encounters if the parent or guardian requests it.

The Department of Health (DOH) has indicated that the Board of Medicine, Board of Osteopathic Medicine, Board of Nursing, and Board of Pharmacy may need to amend their disciplinary guideline rules to create a range of penalties for violating the new requirements in s. 456.0575, F.S., as amended by the bill.<sup>151</sup>

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<sup>150</sup> While COVID-19 vaccines are not NCVIA-covered vaccines, CDC guidance indicates that vaccinators should provide the COVID-19 VIS before each dose. U.S. Ctrs. for Disease Control & Prevention, *COVID-19 Vaccines by Product*, available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html> (last visited Jan. 20, 2026).

<sup>151</sup> Florida Department of Health, *Legislative Bill Analysis: SB 1756* (Jan. 22, 2026) (On file with Senate Committee on Health Policy).

**Section 4** provides that the amendments to s. 456.0575(2)(a) and (b), F.S., in section 3 of the bill relating to information that must be provided to parents or guardians before vaccinating a minor, become effective 30 days after the Board of Medicine and the Board of Osteopathic Medicine adopt the informational materials by joint rule. The Boards must notify the Division of Law Revision immediately upon adoption. The bill, if enacted, would take effect before the informational materials are finalized. This delayed effective date relating to the informational materials ensures that practitioners and paramedics can continue to provide vaccinations to minors with parental consent, as generally required for the provision of all health care services pursuant to s. 1014.06, F.S., while the materials are being developed by the boards.

**Sections 5, 6, and 7** create ss. 458.3351, 459.0156, and 464.0181, F.S., respectively, to grant immunity from civil or criminal liability and disciplinary action under Florida law to a health care practitioner licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing authority, for prescribing or administering ivermectin<sup>152</sup> to an adult, in good faith, in accordance with the applicable practice act and pertinent rules.

Section 5 grants such immunities to allopathic physicians, and physician assistants delegated prescriptive authority by their supervising physician, licensed under ch. 458, F.S.

Section 6 grants such immunities to osteopathic physicians, and physician assistants delegated prescriptive authority by their supervising physician, licensed under ch. 459, F.S.

Section 7 grants such immunities to advance practice registered nurses (APRNs) operating within the framework of an established protocol, or autonomous APRNs, licensed under ch. 464, F.S.

**Section 8** amends the Florida Pharmacy Act by creating s. 465.1897, F.S., to authorize a licensed pharmacist to provide ivermectin<sup>153</sup> to a person who is 18 years of age or older without a prescription as a behind-the-counter medication until the U.S. Food and Drug Administration (FDA) approves ivermectin for over-the-counter sale. Current prescription-only ivermectin drugs include oral tablets for the treatment of parasitic conditions and topical ivermectin for the treatment of rosacea.

Before providing ivermectin under this provision, the pharmacist must provide written information regarding indications and contraindications, appropriate dosage, and the need to seek follow-up care from the person's primary care physician. Because the FDA has classified all tablet forms and some topical forms of ivermectin as prescription-only drugs, meaning that the drugs may be dispensed to a specific patient pursuant to a practitioner's prescription and used under that practitioner's supervision, they are exempted from federal "adequate directions for use" requirements. This exemption would no longer apply if they were to be dispensed without a prescription.

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<sup>152</sup> These sections address ivermectin broadly and could be interpreted to encompass all formulations for on- and off-label use, including drugs manufactured for human use and animal use.

<sup>153</sup> The bill does not specify whether the ivermectin authorized to be dispensed by pharmacists under this section must be manufactured for human use.

The bill provides that a pharmacist acting in good faith is immune from civil or criminal liability or disciplinary action for providing ivermectin to an adult in accordance with this portion of the bill. However, any prescription drugs so dispensed would be misbranded in violation of federal law.<sup>154</sup> Although the bill provides protection from state actions, a pharmacist or pharmacy acting in accordance with this section would risk federal enforcement.

The Board of Pharmacy is authorized, but not required, to adopt rules to implement this new section of law.

**Section 9** amends s. 1003.22, F.S., to create a statutory nonmedical exemption from immunization requirements for a child attending a K-12 school if the administration of immunizing agents conflicts with the parent’s conscience.

Like the existing religious exemption, the conscience exemption would also be available to children attending preschool or day care in a child care facility<sup>155</sup> or family day care home facility<sup>156</sup> who are subject to immunization requirements pursuant to rules of the Department of Children and Families.

Under the bill, a single nonmedical exemption form would provide for both conflicts with religious tenets or practices and conflicts with conscience.<sup>157</sup> In accordance with current DOH rule for the religious exemption form, the new form must be approved and provided by the DOH.

The bill statutorily requires the nonmedical exemption form to be made available on the DOH website. Nothing in current law prevents the DOH from making the form available on its website today. Under the bill, the DOH would be required to do something it may already do of its own volition but has chosen not to.

A parent seeking a nonmedical exemption must obtain a signature from the director or administrator of the county health department pursuant to existing DOH rule before presenting the form to the school or facility, as required by the bill and in accordance with rule, effectively exempting their child from immunization requirements.

The bill makes a technical change to paragraph (5)(b) regarding a permanent medical exemption to clarify that a child may be exempt from one or more required immunizations, which is in accordance with Part C of the DOH’s current Certificate of Immunization Form.

The bill also makes a technical change to paragraph (5)(c) to correct verbiage providing that a child who has a temporary medical exemption, which may be issued by an allopathic physician,

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<sup>154</sup> See Constitutional Issues. See Present Situation: Ivermectin Classified as Rx-Only Status; Federal Misbranding.

<sup>155</sup> Fla. Dep’t of Children & Fams., *Child Care Facility Handbook*, <https://flrules.org/Gateway/reference.asp?No=Ref-13928> (last visited Jan. 20, 2026).

<sup>156</sup> Section 402.313, F.S.

<sup>157</sup> Neither the bill nor the Florida Statutes define the term “conscience.” Section 381.00321(1)(b), F.S., defines the term “conscience-based objection” for purposes of that section as an objection based on a sincerely held religious, moral, or ethical belief.” One Merriam-Webster definition of “conscience” is “conformity to what one considers to be correct, right, or morally good.” Merriam-Webster, *Conscience*, available at <https://www.merriam-webster.com/dictionary/conscience> (last visited Jan. 20, 2026).

an osteopathic physician, or a chiropractic physician under current law, is in the process of completing the other required immunizations. The bill conforms to Part B of the DOH's current Certificate of Immunization Form.

The bill makes other non-substantive edits to improve clarity within this statutory section and to improve consistency within the statutes. For example, the bill replaces "permit" with "allow" to clarify that no formal permit is issued, and hyphens are added to "follow-up."

**Section 10** provides an effective date of July 1, 2026.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

Because the bill authorizes behind-the-counter access to an U.S. Food and Drug Administration (FDA) Rx-only ivermectin product, a court could find conflict preemption under the Supremacy Clause because the state authorization would permit conduct that federal law treats as unlawful misbranding for prescription-only drugs. *See Present Situation: Ivermectin.*

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

**C. Government Sector Impact:**

CS/SB 1756 requires the Board of Medicine and the Board of Osteopathic Medicine to jointly adopt informational materials to convey to parents the risks, benefits, safety, and efficacy of each vaccine that may be administered to a minor child. The Department of Health (DOH) will be required under the bill to update its Immunization Guidelines and its Exemption from Immunization for Religion form. The Department of Children and Families will need to update its handbooks for childcare facilities and family day care home. It is expected that these operational impacts may be absorbed within existing resources.<sup>158</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 381.00315, 456.0575, and 1003.22.

This bill creates the following sections of the Florida Statutes: 458.3351, 459.0156, 464.0181, and 465.1897.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Health Policy on January 26, 2026:**

The committee substitute adds provisions not found in the underlying bill to grant immunity from civil or criminal liability and for disciplinary action under Florida law to health care practitioners licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing authority, for prescribing or administering ivermectin to an adult, in good faith, in accordance with the applicable chapter under which the practitioner is licensed and rules pertaining to his or her practice.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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<sup>158</sup> Florida Department of Health, *Legislative Bill Analysis: SB 1756* (Jan. 22, 2026) (On file with Senate Committee on Health Policy)