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## FISCAL IMPACT REPORT

**BILL NUMBER:** House Bill 156

**SHORT TITLE:** Repeal Special Session Vaccination Laws

**SPONSOR:** Hochman-Vigil/Thomson

**LAST ORIGINAL**  
**UPDATE:** 1/29/26 **DATE:** 1/28/26 **ANALYST:** Hilla

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\*

(dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
DOH	No fiscal impact	No fiscal impact	No fiscal impact			

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

#### Agency or Agencies Providing Analysis

Attorney General

Early Childhood Education and Care Department

New Mexico Public Schools Insurance Authority

Office of Superintendent of Insurance

Public Education Department

Department of Health

Health Care Authority

## SUMMARY

### Synopsis of House Bill 156

House Bill 156 (HB156) repeals Laws 2025 (1st S.S.), Chapter 5, Sections 8 through 13.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

## FISCAL IMPLICATIONS

This bill does not have a fiscal impact, as it does not affect state cost-sharing and maintains the status quo. As a result, no additional costs would be incurred by the state.

The Department of Health (DOH) notes that HB156 would allow children and adults to continue

having insurance coverage for vaccinations. DOH would work with the Health Care Authority and the Office of Superintendent of Insurance to decide which immunizations are covered by Medicaid and other insurance plans. DOH's Vaccine Purchase Act fund, which is used to purchase vaccines for children 18 years or younger, receives approximately \$20 million in revenue each year from health insurers and group health plans. In FY25, LFC staff estimated the department spent \$19.9 million from this fund for vaccine purchases aligned with the Vaccine Purchase Act for children.

## **SIGNIFICANT ISSUES**

Laws 2025 (1<sup>st</sup> S.S.), Chapter 5, allows DOH to create and follow its own vaccination recommendations. Prior to the enactment of this legislation during the first special session of 2025, DOH had to follow the vaccine schedules recommended by the U.S. Centers for Disease Control and Prevention (CDC).

Laws 2025 (1<sup>st</sup> S.S.), Chapter 5, removes references to the Advisory Committee on Immunization Practices (ACIP) from the Vaccine Purchasing Act. ACIP is a federal advisory committee attached to the CDC that develops recommendations on the use of vaccines in the civilian population of the United States. ACIP comprises 19 voting members and 30 nonvoting representatives from the health field who comment on ACIP's recommendations, including representatives from the American Academy of Pediatrics (AAP). ACIP generally meets three times per year, with the most recent meeting occurring in December 2025.

At the federal level, the CDC sets U.S. adult and childhood immunization schedules based on recommendations from ACIP. Prior to enactment of Laws 2025 (1<sup>st</sup> S.S.), Chapter 5, New Mexico law required the state to follow these federal recommendations for childhood immunization under the Vaccine Purchasing Act.

The new law shifts the source of childhood vaccine recommendations, including scheduling and purchasing, from federal entities to nonfederal entities: DOH or the AAP. Additionally, adult immunization recommendations are now under DOH's purview, allowing the department to follow its own recommendations or guidance from the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), or the American College of Physicians (ACP).

Laws 2025 (1<sup>st</sup> S.S.), Chapter 5, makes this change temporary, with a current repeal date of July 1, 2026. HB 156 seeks to remove the repeal date, allowing the state to permanently rely on nonfederal entities for vaccination recommendations.

Beginning in October 2025, Advisory Committee on Immunization Practices (ACIP) no longer recommends six vaccines for routine use by all children, including rotavirus, COVID-19, influenza, hepatitis A, hepatitis B, and meningococcal vaccines. ACIP continues to recommend these vaccines for narrower populations of children and adults based on specific risk factors. DOH continues to recommend these routine vaccinations for routine childhood use despite the federal recommendation changes. Though the routine recommended vaccinations for all children have changed at the federal level, DOH notes that insurance coverage for childhood vaccinations is not expected to change, with the exception potentially of the human papillomavirus (HPV). ACIP previously recommended two to three dosages of HPV vaccinations, and now just recommends one dose. Insurers will not be required to cover an additional dose should a parent

choose to vaccinate their child of more than one dose of the HPV vaccine, according to KFF, a nonprofit organization specializing in health policy,<sup>1</sup> though, this was not noted as a concern by any agency submitting analysis.

KFF reports twenty-eight states specifically identify nonfederal entities as sources for their vaccine recommendations, either in addition to or instead of ACIP or CDC guidance.<sup>1</sup> One of these states only follows this recommendation for COVID-19 and hepatitis B vaccines, two follow this for hepatitis B vaccines only, while twenty-five states follow this recommendation for all vaccines, differing from current ACIP/CDC recommendations. These twenty-five states indicate that they will follow the recommendations of independent medical associations, such as the AAP, AAFP and ACOG. This list includes states that have changed regulatory or statutory language to remove ACIP references, as well as states that may not have changed statute but announced they are using nonfederal sources for their vaccine recommendations.

In its annual performance report for FY25, which compiles data from July 1, 2024, to June 30, 2025, DOH reported that the percentage of preschoolers aged 19 to 35 months as being fully immunized was 67.2 percent, a 6 percentage point decrease from FY24. The department states that 75 percent of the same population was reported as being fully immunized in FY24. DOH classifies being fully immunized as having the following vaccines and dosages: four doses of diphtheria, tetanus and acellular pertussis (DTaP), three doses of inactivated poliovirus, one dose of measles, mumps and rubella (MMR), three doses of *Haemophilus influenzae* type b (Hib), three doses of hepatitis b, and four doses of pneumococcal conjugate, all of which are aligned with ACIP, AAP, AAFP and ACOG recommendations.

ACIP and AAP generally recommend similar childhood vaccinations and schedules, with differences related to human papillomavirus (HPV), measles, mumps, and rubella (MMR), and COVID-19. AAP recommends administering the HPV vaccine to children ages 7 to 10 with two doses, whereas ACIP states vaccination “can begin in this age group” but recommends initiating vaccination at age 11. In September 2025, ACIP recommended that children under four years of age receive separate MMR and varicella (chickenpox) vaccines rather than the combined measles, mumps, rubella, and varicella (MMRV) vaccine. In contrast, AAP recommends families be given the option of the combined vaccine. These recommendations followed DOH’s declaration that the state measles outbreak had ended, after 100 confirmed cases, 47 of which involved individuals age 17 and under. Notably, in the data DOH reports to Legislative Finance Committee staff on a quarterly basis, only MMR vaccinations are tracked; the data do not include information on chickenpox vaccinations or the combined MMRV vaccine.

New Mexico statute allows for immunization exemptions for medical and religious reasons for children to enter school, childcare or pre-school. DOH data from 2024-2025 shows that 92.2 percent of students were fully vaccinated.<sup>2</sup> Repealing the provisions set in Laws 2025 (1st S.S), Chapter 5, would allow DOH to continue working with the Public Education Department and the Early Childhood Education and Care Department on rule promulgation for children.

For adult immunization schedule, AAFP, ACIP and ACOG recently announced they do not endorse ACIP’s 2025 immunizations. Though most recommendations are the same between the

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<sup>1</sup> <https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed/>

<sup>2</sup> <https://www.nmhealth.org/about/phd/idb/imp/sreq/>

entities, the biggest difference between the ACIP and the nonfederal entities is that the latter recommends Covid-19 vaccinations, differing from ACIP's recent change to consider this vaccine as voluntary.

The Health Care Authority notes in its analysis that federal sources like the CDC show that childhood vaccinations have prevented hospitalizations, illnesses, and deaths, in addition to significant net savings in direct and societal costs.

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