



LFC Requester: Hilla

**PUBLIC EDUCATION DEPARTMENT  
BILL ANALYSIS  
2025 1ST SPECIAL SESSION**

**SECTION I: GENERAL INFORMATION**

Check all that apply:

Original  Amendment   
Correction  Substitute

Date Prepared: 09 / 30 / 25

Bill No: SB3

Sponsor: Lopez, Nava, Hochman-Vigil,  
Garratt, Serrato

Agency Name and Code: PED - 924

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Short Title: IMMUNIZATION RULES &  
RECOMMENDATIONS

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**SECTION II: FISCAL IMPACT**

(Parenthesis ( ) Indicate Expenditure Decreases)

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
None	None	N/A	NFA

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
None	None	None	N/A	NFA

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	None	None	None	N/A	N/A	NFA

Duplicates/Relates to Appropriation in the General Appropriation Act: N/A

**SECTION III: NARRATIVE**

## **BILL SUMMARY**

Synopsis: Senate Bill 3 (SB3) would amend and later repeal and replace sections of [the Immunization Act](#), [the Vaccine Purchasing Act](#), and [the Insurance Contract](#) to mandate that immunization regulations for children in educational settings and for adults be based on requirements from recognized health authorities, require vaccines purchased through the statewide program to follow Department of Health (DOH) guidelines, and prohibit certain insurance cost-sharing for recommended vaccines.

Sections 1-7 of the bill would update references to the state board of education to the Public Education Department (PED) and require that DOH consult with PED and the Early Childhood Education and Care Department (ECECD) on immunization regulations for children in public, private, home, or parochial schools, as well as child care programs. The bill would also make it unlawful for a child that is not properly exempted to enroll in a child care program without proper immunization. The bill also allows children that have begun the immunization process in the manner prescribed to enroll in child care programs. These sections of the bill would remove mentions of the federal advisory committee on immunization practices and replace their role in providing the basis of recommendations for childhood vaccinations with DOH.

Sections 8-13 would repeal and replace many of the provisions of Sections 1-7, beginning in July 2026, including removing the requirement for DOH to consult with ECECD on immunization regulations pertaining to enrollment in child care programs. These sections of the bill would also restore the role of the advisory committee on immunization practices.

Sections 1-7 of SB3 require an emergency clause for the bill to take effect immediately.

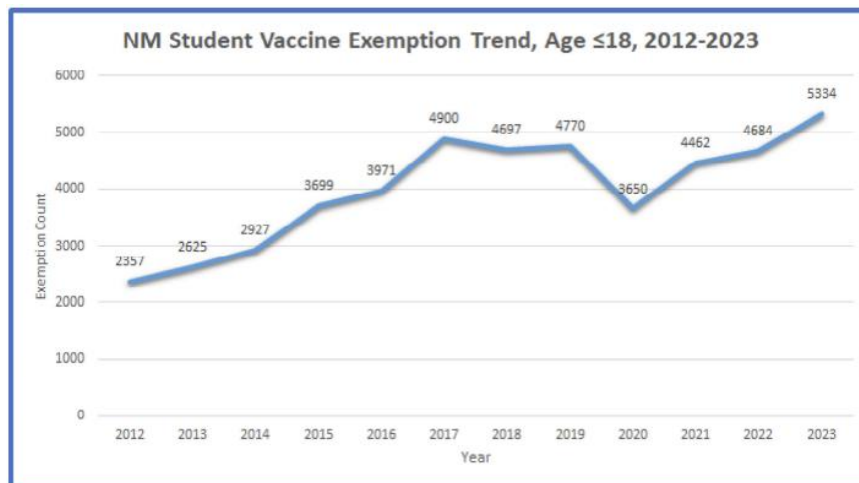
Sections 8-13 of the bill have an effective date of July 1, 2026.

## **FISCAL IMPLICATIONS**

None for PED.

## **SIGNIFICANT ISSUES**

According to the [Immunization Act](#) and subsequent regulation from DOH, all students enrolling in public, private, home, or parochial schools are required to be immunized unless properly exempted. It is important to note that while the bill would make changes to DOH rule consultation requirements, vaccination requirements for children in child care programs, and sources of which to base requirements, it would not make changes to the current requirements for student vaccinations and exemptions. The immunizations currently required by DOH as seen in [7.5.2 NMAC, Immunization Requirement](#) include diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type b, hepatitis B, varicella, hepatitis A, pneumococcal disease, and any other preventable diseases, as determined by the secretary. Allowable exemptions are medical danger to the child and religious beliefs that prohibit vaccine use, as specified in [7.5.3 NMAC, Exemption from School, Child care, and Pre-School Immunization](#). In 2024, 1.9 percent of students, or 5,948 students, were exempted from being vaccinated to attend school. This number has grown in recent years.



Source: New Mexico Statewide Immunization Information System, DOH

New Mexico’s rate of non-medical immunization exemptions among kindergartners during SY25 was also 1.9 percent, which is less than one-half the national [median of 4 percent](#). [Plaspohl, Dixon, and Vogel](#) connected school-located influenza vaccine programs with school absences, showing that schools with programs to make immunizations readily available, and students within those schools who opt into those vaccination programs have greater attendance rates than those who did not.

Every state in the United States allows students to receive an exemption from immunization requirements for medical reasons. New Mexico is among 27 states, including Nevada, Wyoming, and Massachusetts, which only allow religious exemptions as a non-medical exemption. Sixteen states, including Utah, Texas, and Ohio, allow for religious and personal exemptions to immunization requirements. In contrast, only five states, including California and West Virginia, do not allow for any non-medical exemptions.

A 2025 measles outbreak in Texas, a state which allows students to be exempted from immunizations for medical reasons, religious or personal beliefs, or if the student is in the United States military, lasted from January to August 2025 according to the [Texas Department of State Health Services](#). The outbreak resulted in about 762 confirmed cases and 99 total hospitalizations. Of these cases, 511 were children, two of which resulted in fatalities, and both children were unvaccinated. The outbreak began in Gaines County where the vaccine exemption rate for children in grades K-12 was 13.6 percent.

New Mexico also experienced a measles outbreak in 2025, which resulted in 100 cases, 47 of which were among children, including one fatality. [The Johns Hopkins Bloomberg School of Public Health](#) reported that the outbreak in New Mexico was related to measles cases exported from West Texas. New Mexico’s outbreak ended in September when DOH reported that more than 42 days had passed without any new cases.

## PERFORMANCE IMPLICATIONS

Multiple studies connect higher rates of immunization among students with better school attendance. Most of these studies use influenza immunizations to base their conclusions on, as many diseases for which students must be vaccinated, such as whooping cough and measles, have not had outbreaks until very recently. [Wiggs-Stayner, Purdy, and Hlaing](#) found significant differences in student attendance between influenza vaccinated and unvaccinated students. Similarly, [Johns Hopkins Bloomberg School of Public Health finds](#) that a 95 percent community

vaccination rate helps to prevent outbreaks of measles. As attendance is [correlated with student achievement](#), maintaining healthy schools with high vaccination rates is integral in keeping students in school and learning.

#### **ADMINISTRATIVE IMPLICATIONS**

The bill would continue to require DOH to consult with PED in the promulgation of their immunization rules.

Parents who have submitted their child's immunization documentation to their child care program will likely be required to submit that information again to their child's school.

#### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

None.

#### **TECHNICAL ISSUES**

None.

#### **OTHER SUBSTANTIVE ISSUES**

None.

#### **ALTERNATIVES**

None.

#### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

None.

#### **AMENDMENTS**

None.