

# COVID-19 Vaccine Infrastructure and Access

## POLICY SNAPSHOT

**Vaccination** is one of the most effective ways to prevent serious, life-threatening complications from COVID-19. Research shows that COVID-19 vaccines are **safe**, that they are **very effective** at preventing COVID-19 and that they help reduce the risk of spread. Effective distribution and widespread public uptake are important aspects of protecting public health, substantially reducing hospitalizations and deaths, and ending the pandemic.

Allocation and administration of a new vaccine across the United States is a major undertaking, particularly during a public health emergency when health systems are managing simultaneous **pandemic response efforts**. States are responsible for a wide **array of vaccine activities**, such as receiving doses from the federal government, coordinating distribution, supporting vaccination sites and engaging vulnerable and underserved communities. **Some lessons learned** from previous mass vaccination campaigns recommend guiding principles such as targeting phases to groups at highest risk of severe illness, utilizing partners and community leaders to contribute to planning and implementation efforts, and frequently communicating about vaccine safety and efficacy. **Other preparedness recommendations** highlight the need to ensure funding and workforce capacity while addressing low public demand.

During initial phases of the COVID-19 vaccine rollout, demand exceeded supply and key efforts focused on immunizing groups at high risk, including essential workers, long-term care residents and those with certain chronic conditions. As doses became more widely available and more people became eligible for inoculation, the focus shifted to accessibility and engaging communities that may be hesitant to get the vaccine.

This policy snapshot covers a variety of options for legislators to use in supporting vaccination efforts or bolstering access to COVID-19 vaccines, and includes relevant state examples, federal actions and additional resources.

### State Policy Options

State legislators may consider the following policy options to support state capacities to attain widespread and effective vaccination against COVID-19:

- Support public health infrastructure.
- Coordinate vaccine plans.
- Enhance vaccine access and administration.
- Build vaccine confidence.



POLICY OPTIONS	STATE EXAMPLES
<p><b>Support public health infrastructure.</b> State public health infrastructure encompasses a wide range of services, including <a href="#">immunization activities</a>, that allow states to prevent and respond to ongoing and emergency health challenges. Massive rollout of COVID-19 vaccines relies on state public health capacity to receive, distribute and track high volumes of vaccines. Certain strategies can help boost health system capacity and ensure adequate resources to support immunization infrastructure.</p> <p><b>Allocate funding to enhance immunization infrastructure.</b> State and local public health agencies are experienced in administering effective immunization programs. The scale and speed of vaccine activities needed to address the COVID-19 pandemic, however, require maximized coordination and support.</p>	<p><b>Georgia HB 80</b> appropriated \$27 million using state and federal funds to modernize the public health surveillance system to improve the state’s COVID-19 response, including \$150,000 to issue temporary permits for nurses to administer the vaccine and monitor patients for reactions.</p> <p><b>Massachusetts HB 5164</b> appropriated over \$2 million using general and marijuana regulation funds to ensure adequate COVID-19 response services. The funding is meant to support new technology, facility adaptations and coronavirus vaccine preparation. This bill included an additional \$1 million to aid the design, development, implementation and oversight of the state COVID-19 vaccine distribution plan, directing support to municipalities in vaccination site planning and distribution.</p> <p><b>South Carolina HB 3707</b> provided over \$100 million from the contingency reserve fund to pay for the costs of administering COVID-19 vaccines, including reimbursements for staff, facility rental, storage, transportation and mobile health unit costs.</p> <p><b>Washington HB 1368</b> appropriated \$68 million in federal funds for COVID-19 vaccine activities. This bill required the expenditures to be used for culturally and linguistically appropriate, community-driven partnerships and strategies that prioritize accessibility and hard-to-reach communities.</p>
<p><b>Coordinate vaccine plans.</b> The Centers for Disease Control and Prevention’s <a href="#">Advisory Committee on Immunization Practices</a> provides <a href="#">updated recommendations</a> for COVID-19 vaccines. States are ultimately in charge of crafting <a href="#">their own plans</a> based on the committee’s guidance and their unique needs. While state health departments are primarily responsible for vaccine planning, some state legislatures may create certain requirements for their plans.</p> <p><b>Create requirements or protocols on vaccine allocation or administration.</b> All states’ COVID-19 vaccine distribution plans included older adults and those living in nursing homes in <a href="#">top priority phases</a>. Each state has unique demographic factors, including minority populations and rural communities, that create certain considerations for vaccine planning. Some legislators created additional requirements based on their state’s needs and priorities.</p>	<p><b>California AB 86</b> prioritized outreach to educator staff and required 10% of the first available doses to be offered to child care and K-12 education workers.</p> <p><b>Pennsylvania HB 326</b> directed the state’s National Guard to help plan vaccination sites in each region of the state for community distribution and administration of COVID-19 vaccines.</p> <p><b>Rhode Island HB 5948</b> requested the department of health to create guidelines for administering COVID-19 vaccines to parents or legal guardians of children undergoing chemotherapy and caregivers of adults undergoing chemotherapy.</p> <p><b>Virginia HB 5005</b> convened a work group with the state’s chief diversity, equity and inclusion officer and other stakeholders to identify and develop plans to ensure vaccines are equitably distributed and accessible to all throughout the state.</p>

POLICY OPTIONS	STATE EXAMPLES
<p><b>Enhance vaccine access and administration.</b> Ensuring easy access to vaccines and increasing the number of those who are authorized to administer them can help ensure coronavirus vaccines are more widely distributed.</p>	
<p><b>Bolster coverage and reimbursement for vaccines.</b> The federal government is <a href="#">providing the vaccine at no cost</a>. Some states pursued their own coverage or reimbursement requirements.</p>	<p><b>Maine SB 29</b> required insurance carriers to provide coverage for all costs associated with COVID-19 vaccines.</p> <p><b>Minnesota HF 1438</b> increased the Medicaid reimbursement rate for COVID-19 vaccine administration to match the Medicare rate.</p>
<p><b>Modify scope of practice to increase the number of vaccinators.</b> Vaccines can be offered at doctors' offices, <a href="#">pharmacies</a>, community health centers and other locations. To help make COVID-19 vaccines more widely accessible, the federal government <a href="#">authorized</a> additional qualified professionals to administer them during the public health emergency. Many states enacted their own laws to authorize <a href="#">pharmacists</a> and other qualified providers to administer coronavirus vaccines.</p>	<p><b>Georgia SB 46</b> authorized emergency medical technicians and cardiac technicians to administer vaccines during declared public health emergencies.</p> <p><b>New Jersey AB 5222</b> added the administration of immunizations against coronavirus and influenza to the practice of optometry.</p> <p><b>North Carolina SB 704</b> created a process to authorize pharmacists to provide coronavirus vaccines through a statewide <a href="#">standing order</a>.</p> <p><b>Wisconsin SB 13</b> and <b>Indiana HB 1079</b> authorized dentists to administer COVID-19 and other vaccines in the case of a state or national emergency.</p>
<p><b>Provide employees time off for vaccination.</b> During the pandemic, employers may claim <a href="#">refundable tax credits</a> that reimburse them for the cost of providing paid leave to employees who take time off to get a COVID-19 vaccine. Some states enacted laws requiring employers to provide paid time off.</p>	<p><b>Nebraska LB 241</b> (pending at time of publication) permits employees of meatpacking plants to receive COVID-19 vaccines on paid work time.</p> <p><b>New York AB 3354</b> and <b>California SB 95</b> required employers to provide paid leave for employees to get vaccinated for COVID-19.</p>
<p><b>Build vaccine confidence.</b> Many Americans have been or are planning to be vaccinated against COVID-19, but some may have questions or want more information first. Many elements, including social, cultural and political factors, can influence vaccine decision-making and contribute to varying immunization rates across demographic populations. Certain communication strategies can help provide people with accurate information about the vaccine, <a href="#">build confidence</a> and increase vaccine uptake.</p>	
<p><b>Communicate clearly and equitably.</b> Frequent and effective communication through trusted community sources using clear and accessible messaging is an important aspect of building trust. Public messaging that is tailored to fit the social and cultural aspects of local communities can help address particular concerns among underserved or disenfranchised groups. State legislatures may work with state agencies, community leaders and other stakeholders to engage the public and strengthen COVID-19 vaccine uptake.</p>	<p><b>Arkansas HB 1547</b> required all data and information about the safety and effectiveness of COVID-19 vaccines to be available on a public website maintained by the health department in a manner that is understandable and accessible to all.</p> <p><b>Florida HB 9</b> prohibited the dissemination of any knowingly false or misleading information about coronavirus vaccines, including on websites, social media platforms or other media.</p> <p><b>Illinois HR 78</b> urged the state vaccination plan to be made fully transparent and readily accessible to the public.</p> <p><b>Massachusetts HB 5164</b> required the state's vaccine plan to include a culturally and linguistically diverse public education and outreach campaign about coronavirus vaccines.</p>

In addition to increasing access, several state legislatures have also [enacted legislation](#) to prohibit discrimination based on a person's vaccination status or to prohibit mandatory COVID-19 vaccines, such as **Montana HB 702** and **Utah HB 308**, respectively. Other bills relate to students or minors, including **Ohio HB 6**, which requires providers to first obtain written permission from a minor's parent or guardian before administering a COVID-19 vaccine. Please visit NCSL's [State Action on COVID-19 Database](#) to view all legislation referencing the COVID-19 vaccine (under Health: Vaccine).

## Federal Action

In September 2020, the Centers for Disease Control and Prevention [provided \\$200 million](#) from the CARES Act to jurisdictions for COVID-19 vaccine preparedness, and in December 2020 [awarded an additional \\$140 million](#). The [Consolidated Appropriations Act of 2021](#) provided [\\$8.75 billion to support vaccine efforts](#), including \$4.5 billion to the CDC for state, local, territorial and tribal public health departments and \$300 million for a targeted effort to distribute and administer vaccines to high-risk and underserved populations. The [American Rescue Plan Act](#), enacted in March 2021, provided [\\$8.5 billion](#) to the CDC for vaccine activities and invested more than [\\$6 billion for community health centers](#) nationwide to expand coronavirus vaccinations, testing and treatment for vulnerable populations.

In addition to funding, the federal government promulgated several rules and created programs to increase access to coronavirus vaccines. [Federal rules](#) require private insurance providers and public programs to offer coronavirus vaccines free of charge. Several [amendments](#) to the [Public Readiness and Emergency Preparedness Act](#) allow additional qualified professionals to order and administer coronavirus vaccines in every state. Under the [American Rescue Plan Act](#), employers may claim [refundable tax credits](#) that reimburse them for the cost of providing paid leave to employees who take time off related to COVID-19 vaccinations.

The [Federal Retail Pharmacy Program for COVID-19 Vaccination](#) expands access to vaccines for the public by allocating doses directly to pharmacies nationwide. Another [program](#) launched by the CDC and the Health Resources and Services Administration allocates COVID-19 vaccines directly to HRSA-funded health centers that specialize in caring for disproportionately affected communities, including those who are experiencing homelessness and lower income and rural populations. The [U.S. Departments of Health and Human Services and Housing and Urban Development](#) are leveraging the health center vaccination program to target multifamily housing properties, homeless shelters and public housing properties across the country. HRSA also announced a [reimbursement program](#) to cover the cost of administering coronavirus vaccines to underinsured patients whose health plans may not cover vaccination fees.

## Additional Resources

- [State Action on Coronavirus](#) (NCSL)
- [COVID-19: State Health Actions](#) (NCSL)
- [Building Confidence in COVID-19 Vaccines](#) (CDC)
- [COVID-19 Social Media Toolkit](#) (CDC)
- [Building COVID-19 Vaccine Confidence](#) (The National Academies of Sciences, Engineering, and Medicine)
- [Prioritizing Equity in COVID-19 Vaccinations: Promising Practices from States to Reduce Racial and Ethnic Disparities](#) (Duke Margolis Center for Health Policy)
- [State COVID-19 Vaccine Resources](#) (National Governors Association)

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