

Summary of the AAP v. Kennedy Ruling

March 16, 2026

What Happened

A federal judge in Boston has [temporarily blocked three major actions](#) taken by HHS Secretary RFK Jr. and the CDC that changed childhood vaccine recommendations, by issuing a stay. The court found that the government likely broke the law by bypassing the expert committee Congress designated to advise the CDC Director and provide input on vaccine policy – the Advisory Committee on Immunization Practices (ACIP), rushing the appointment of 13 new unqualified members to ACIP without following legally required processes, and failing to provide the reasoned explanations required by law.

The court issued three specific **stays** (temporary blocks pending a full trial):

1. **The January 2026 Memo** – which had reduced routine childhood vaccine recommendations from 17 to 11 and downgraded several others to "Shared Clinical Decision Making" (SCDM) status, is now stayed.
2. **The reconstituted ACIP membership** – the 13 members Secretary Kennedy appointed are now stayed from service, effectively freezing the committee.
3. **All votes taken by the reconstituted ACIP** – the June, September, and December 2025 votes (on flu/thimerosal, COVID, and hepatitis B) are stayed.

While the court did **not** explicitly stay the original May 2025 COVID-19 vaccine-related directive (related to pregnancy and healthy children), the court reasoned that *the memo has no independent legal effect*. The court declined to decide whether the memo is not a final agency action (in which case it has no legal effect), or whether it was superseded by the January 2026 memo, which would also mean that the memo on its own has no legal effect.

Why the Court Ruled This Way

The judge found three core legal problems:

1. The CDC bypassed ACIP – which Congress requires CDC to consult. Multiple federal laws – covering insurance coverage, Medicaid, veterans' benefits, and the Vaccines for Children program – explicitly tie benefits and obligations to ACIP's recommendations. The CDC Director simply cannot change immunization schedules without ACIP involvement. The court rejected the government's argument that a general authority "assist" and "advise" trumps these specific statutory requirements.

2. The new ACIP was not "fairly balanced" as required by the Federal Advisory Committee Act (FACA) and did not follow its own procedures. Of the 15 members, the court found only about 6 had meaningful vaccine-related expertise. ACIP's own charter requires members to be knowledgeable in immunization practices, vaccine use, or vaccine safety research. The court specifically noted that several members – including a pharmacist, an OB/GYN, a psychiatrist, a pediatric cardiologist, and an emergency physician – had no documented vaccine-related expertise. The rushed appointment process (replacing all 17 members in roughly 2 days, without normal outreach or vetting) further undermined the committee's legitimacy.

3. The changes were arbitrary and capricious. The government gave no real explanation for departing from decades of established process, other than following a presidential memo. That's not enough under the Administrative Procedure Act.

What This Means for Health Leaders

Vaccine schedule: The federal vaccine recommendations - for children and adults - that were in place before June 2025 are back in effect for now. The 17 routine childhood vaccinations that had been in effect before the January 2026 Memo should be treated as the operative guidance again. The downgraded SCDM designations for COVID, influenza, hepatitis B, rotavirus, and others from that memo are paused.

The summer/fall 2025 votes are also stayed. This includes the votes to remove thimerosal from flu vaccines, downgrade COVID vaccine recommendations for adults and children to SCDM, recommend against the combined MMRV vaccine for certain ages, and move hepatitis B birth-dose decisions to individual decision-making. Those changes are paused.

Liability protection: Although no changes have yet been made to the CDC Vaccine Injury Table, which governs the vast majority of provider liability with respect to vaccinations, providers have been concerned about potential civil liability that might arise from following scientific consensus as opposed to now-stayed CDC recommendations.

Billing and reimbursement: Insurance coverage for vaccines is legally tied to ACIP recommendations under the ACA, including shared clinical decision-making vaccines. Insurers had already [committed to covering](#) pre-September 2025 recommendations without cost-sharing through the end of 2026, and most Medicaid program coverage and the Vaccines for Children program had remained unchanged. With the January 2026 memo legally blocked, however, there is even greater reassurance that insurance coverage remains unchanged.

ACIP is effectively frozen. The 13 stayed members cannot serve, which means ACIP as constituted cannot function. The court was explicit that it cannot hold meetings without nearly its entire membership. The ACIP meeting scheduled for March 18–19 has been postponed.

This is preliminary, not final. The court has not issued a final judgment. This ruling holds while the case proceeds to a full merits hearing. The federal government can appeal, and the situation could change. Health leaders should monitor closely.

What This Means for Patients and Families

In plain terms: Though a number of states have [taken action](#) to reduce statutory and operational reliance on federal recommendations in recent months, this ruling means the federal vaccine recommendations that were in place before June 2025 are back in effect for now.

- **Routine childhood vaccines** that were downgraded or restricted since Summer 2025 regain their status as standard recommendations.
- **Insurance coverage** for those vaccines at no out-of-pocket cost remains in place, since coverage is tied to ACIP recommendations under federal law (and insurers had already [committed to coverage](#) through the end of 2026).
- **Families should be reassured** that their pediatrician or family physician's longstanding guidance – consistent with the prior CDC schedule – remains unchanged.

What families should do: Talk to their child's doctor. This ruling restores the prior schedule, but some families may have missed doses or delayed vaccines during the period of uncertainty. Providers can help assess what, if any, catch-up is needed.