

House Committee on Human Services

RECORD OF ACTION ON BILL

H. 545 _____ S _____ DR# (for committee bills) _____

TITLE: **An act relating to issuing immunization recommendations**

DATE of VOTE (mm/dd/yy): **01/20/2026**

Vote Type — CIRCLE ONE:

Committee Bill **Favorable** **Favorable with Amendment** **Other** _____

For *Committee Bills* and *Favorable with Amendment*, provide final version DRAFT NUMBER and DRAFT DATE (ex. Draft 2.1, 02/21/25): **Draft 5.1, 1/16/2026**

MEMBERS		VOTE		
		on Committee Bill or Committee Report		
		Yes	No	Absent
Rep. Bishop		X		
Rep. Cole		X		
Rep. Donahue		X		
Rep. Eastes		X		
Rep. Garofano		X		
Rep. Maguire		X		
Rep. McGill		X		
Rep. Nielsen			X	
Rep. Noyes		X		
Rep. Steady		X		
Rep. Wood		X		

VOTE TALLY: 10-1-0 _____
(Yes – No – Absent)

REPORTER: Rep. Eastes _____