

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 _____